

Leadership Knowledge Community

Annual Report
2009 – 2010



**Canadian
Cardiovascular
Society**

Leadership. Knowledge. Community.

**Société
canadienne
de cardiologie**

Communauté. Connaissances. Leadership.

Message from the President & the CEO

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We share a tremendous sense of accomplishment and pride as we approach the end of 2010 and the final year of the Canadian Cardiovascular Society™ (CCS)'s current, 3-year strategic cycle. During this period, members of the CCS identified the following 3 priorities:

- Deliver outstanding programs in cardiovascular knowledge translation;
- Advocate for quality cardiovascular care by working to shape health care policy; and
- Strengthen the CCS membership.

As you will note from this Annual Report, the CCS's achievements and growth in each of these priority areas is attributed to: Our continued *Leadership* as a national, collective voice for our members. Our ability to successfully impart *Knowledge* from evidence-based research and consensus; and the *Community* of members that we have established, and continue to foster, through multiple programs and dialogue on initiatives of identified importance.

We are very proud that the CCS is a strong, growing community that continues to meet the needs of its members and makes an important contribution to the optimum cardiovascular health and care of Canadians.

Canadian Cardiovascular Society

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One of these major legacy pieces is the CCS's closed-loop guidelines program model initiated by the Heart Failure Knowledge Translation Program. This program demonstrated itself as a highly effective vehicle for translating current guidelines into practice within the Canadian cardiovascular community. The model is based on a continuous, quality improvement framework that puts knowledge into action through annually-updated guidelines that are supported by user-friendly dissemination tools, such as pocket reference cards, regional symposia and a very active reference website www.hfcc.ca. The success of this program can also be attributed to a group of highly dedicated members who drive the guidelines development with rigorous timelines. This established formula has paved the way for our next program on Atrial Fibrillation (AF). The AF guidelines will be released in October 2010 and the associated knowledge translation program will roll out over the coming years.

The Canadian Cardiovascular Congress (CCC) also continues as a valued educational and knowledge translation meeting that brings together all members of the cardiovascular team for four days of science and professional interaction. Over the past three years, Congress has been a platform to introduce programs that support our strategic focus. For example, the CCC is now home to a very successful *Clinical Cardiology Day*. While structured to meet the interests of community cardiology, we are thrilled that this program now attracts a much broader audience, thanks to the organizational talents of program co-chairs David Bewick and Milan Gupta. The CCC also provides many CCSA/CCS trainee and student-focused initiatives, such as the *Trainee Day* and the growing *Have a Heart Bursary Program*.

The CCS's policy and advocacy work at a national level is also expanding. Since 2007, the CCS has established a Health Policy and Advocacy (HPA) portfolio and hired a staff director to advance three major strategic priorities. These include contributions towards the development and implementation of the Canadian Heart Health Strategy and Action Plan (CHHS-AP); the development of national guidelines for training and maintenance of competency in cardiovascular subspecialties; and ongoing research and advocacy relating to wait times and the CCS Access to Care Benchmarks that are now being used by centres in all 10 provinces. In addition, we are now well along in the second phase to facilitate the establishment of Pan-Canadian data definitions and quality indicators, a direct offshoot of the CHHS-AP recommendations. Along with the contributions of many stakeholders across the country, we also gratefully acknowledge the Public Health Agency of Canada for their support of this important initiative. As the Society enters its next strategic planning cycle, health policy and advocacy will continue to grow as a priority for CCS members.

Without doubt, the success of all of our initiatives is made possible through a highly committed and engaged membership. Membership and member satisfaction is always a priority for the CCS. In 2009,

we undertook a Member Needs Assessment that provided valuable input for our next strategic plan. CCS members at all levels – trainees, clinical cardiologists, researchers, surgeons and other cardiovascular professionals—highly value the programs we deliver. These include, among many things, a quality scientific meeting, a high caliber journal, guidelines and position statements that help manage increasingly complex patient care issues, regional and e-programming that addresses time constraints, and a national leadership voice on issues relating to cardiovascular health and care, such as wait times. The CCS's contributions, and its membership, continue to grow: from 1703 members in 2007, to more than 1900 members today -- all looking to be involved in the important work of the Society in one way or another.

This is a good news story for the CCS but there is still so much more to do! In June 2010, we began a new, five-year strategic planning cycle involving many of our members and learning from the success stories of our past three-year plan. Blair O'Neill is the in-coming CCS President and, with such a committed membership and staff, he will most certainly be enthusiastic about beginning our next strategic priority cycle; sustaining current, successful initiatives; and launching new programs that arise from our strategic plan. We look forward to the continued contributions of our members in helping us to fulfill these goals and invite you to become involved today.



Charles R Kerr, President
and Anne E Ferguson,
Chief Executive Officer

Membership

CCS Strategic Priority 2007-2010:

Strengthen membership, enhance member satisfaction, retain and recruit trainees and cardiologists, cardiac surgeons, and cardiovascular researchers in Canada.

2009 Member Needs Assessment: Encouraging feedback, growth opportunities

The response to the 2009 Member Needs Assessment was astounding! Over 400 members, members-in-training and non-members provided their invaluable perspectives on key issues and the Society's performance. Overall feedback was positive, with respondents telling us that the CCS has either met or exceeded expectations. THANK YOU!

We were pleased to see that our niche programs, such as the Trainee Review Programs in adult, pediatric cardiology and cardiac surgery, as well as Trainee Day at CCC, continue to receive overwhelming approval from participants. As such, we will continue to deliver these successful programs in the year ahead.

Community Cardiologists Program - A huge success!

The Year in Review Program for Clinical Cardiologists was a new offering at the 2009 Canadian Cardiovascular Congress (CCC) that stemmed from the need for clinically relevant programming to address day-to-day issues faced by community cardiologists. The program consisted of a review of the latest advances in clinical practice and was a welcomed addition to the 2009 CCC educational and networking experience. Over 300 cardiovascular professionals attended the initial program and we anticipate more delegates at CCC 2010 in Montréal.



Membership Statistics

	2005	2007	2009
Regular	812	917	1010
Honorary	4	3	3
Life	198	206	213
In-Training	449	561	689
Associate	14	16	22
Total	1477	1703	1937

Member Services 2009-2010 Committees and Chairs

Adult Cardiology Trainee Review Program, **Simon Douglas Jackson**

Canadian Perspectives Planning Committee, **Milan Gupta**

Cardiac Surgery Trainee Review Program, **Yoan Lamarche**

Community Cardiologist Committee, **Milan Gupta**

Member Needs Initiative 2009, **Blair O'Neill**

Membership Committee, **Roy Masters**

Pediatric Cardiology Trainee Review Program, **Kenny Wong**

Trainee Committee, **Gilbert Tang**

Trainee Day Planning Committee, **Jay Udell**

Canadian Perspectives

The Canadian Perspectives program is now a complement offering of the CCS program portfolio. Canadian Perspectives is an important educational initiative that helps to connect the cardiovascular community in Canada with information released at international cardiovascular meetings and provide insights on how this information impacts on clinical practice. Each Canadian Perspectives program is videotaped and posted on the CCS website for future viewing.

These are examples of several initiatives providing value to all CCS members, with an emphasis on clinical and community cardiologists, as well as internists.

Official CCS Affiliate Organizations and Presidents

The CCS continues to collaborate closely with our official subspecialty Affiliate groups in many areas, including initiatives of a national interest such as programming at the Canadian Cardiovascular Congress, the development and updating of national guidelines for training and maintenance of competency, practice guidelines and other areas of issues as required.

In addition, CCS provides its Affiliate organizations with administrative services, such as dues collection, communications, website development and meeting planning, to name a few.

- Canadian Association of Interventional Cardiology, **Erick Schampaert**
- Canadian Heart Rhythm Society, **Peter Guerra**
- Canadian Nuclear Cardiology Society, **Gerald Wisenberg**
- Canadian Pediatric Cardiology Association, **Reeni Soni**
- Canadian Society of Cardiac Surgeons, **Paul Hendry**
- Canadian Society of Echocardiography, **James Tam**



CCS has either met or exceeded members' expectations.

Source 2009 Member Needs Assessment

Engaging the Community

Unlike other forms of practice in which cardiologists frequently interact with their colleagues, community cardiologists were comparatively isolated in the 1990s. Wanting to change that, Dr. Milan Gupta started the Greater Toronto Area Community Cardiovascular Specialists Association (GTACC), which still enjoys great success.

News of the association reached Dr. Hugh Scully, then president of the CCS, who asked Gupta to contribute his insight on what the under-represented community cardiologist needed from the Society. One thing led to another, and Dr. Gupta has been involved with the CCS ever since—on *ad hoc* committees, on Council, on the Executive.

“I wanted to further the community cardiology agenda,” he says, “and to learn more about the Society, cardiology and networking. Being on the Executive gave me a new perspective on the people behind the Society and the work they do.”

When the Society formed a standing committee on community cardiology, Dr. Gupta leapt at the opportunity to chair it. Through its efforts, a community cardiologist now sits on every committee, the Council and the Executive.

In 2007, the committee launched a CME-type program (which Dr. Gupta also chairs) called Canadian Perspectives. The program provides insight on how findings presented at international meetings apply to the Canadian clinical setting. The program has grown from a regional workshop to being available online by video on the Society’s website.

“I’m particularly proud of Perspectives,” says Dr. Gupta. “It always receives outstanding evaluations. I’m proud of the committee’s work and that the Society responded to our needs.”

Dr. Gupta and the committee also campaigned to add a new component to the Canadian Cardiovascular Congress. The Community Cardiology Program is a half-day review session of the latest developments led by engaging speakers that the RCPSC has approved as a learning activity. With 300+ participants at its inaugural session in 2009, it was one of the most-attended events at Congress.

“I’ve always wanted more dedicated content at Congress for community cardiologists,” says Dr. Gupta. “This is a big first step, and there’s more to come....”

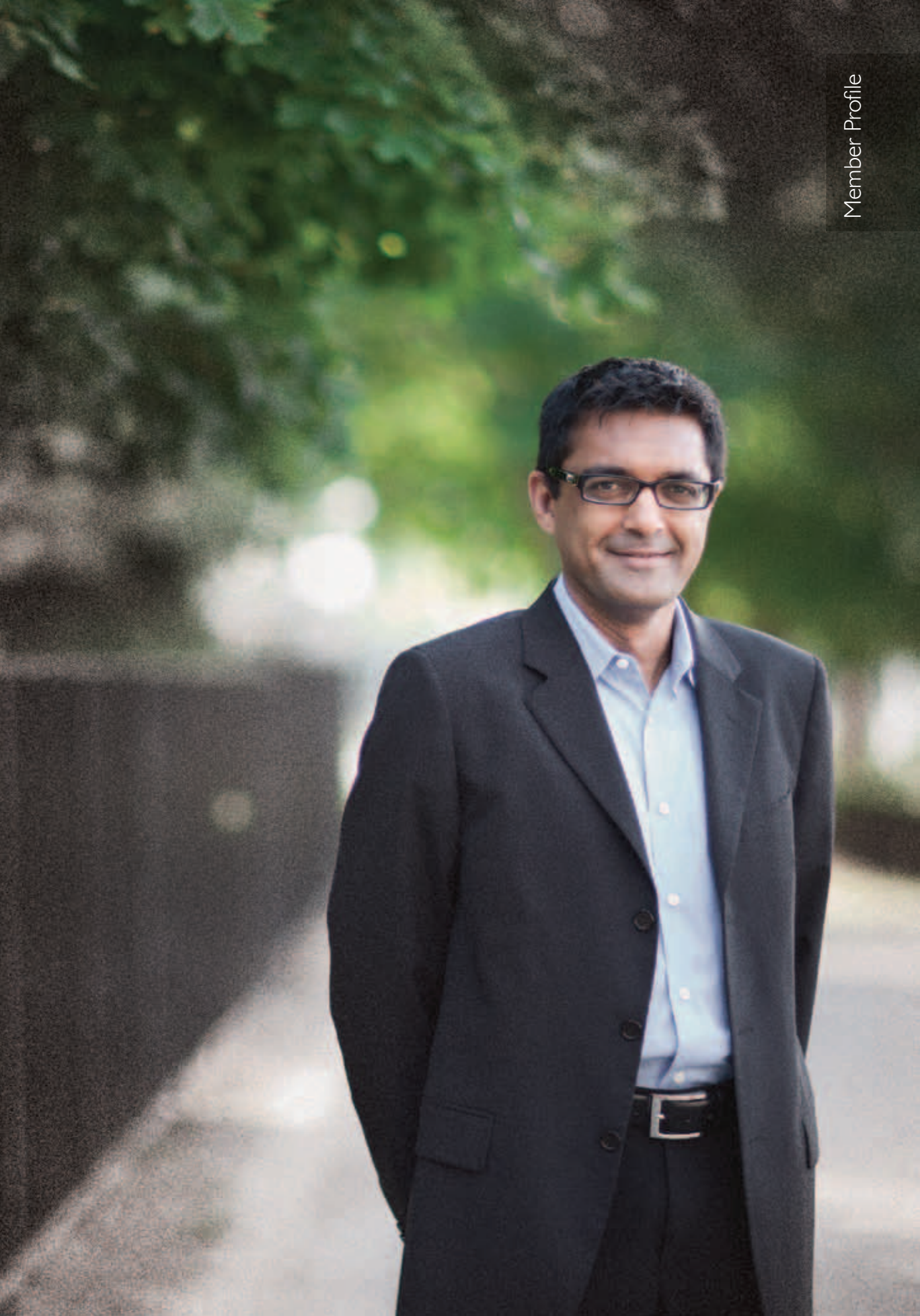
Dr. Gupta recommends that all community cardiologists volunteer with the Society. His experience has brought him a mighty network of interesting contacts and the opportunity to make national his goal of improved educational offerings (GTACC being regional).

“My membership keeps me current,” he says. “I attend Congress, I’m involved in educational programs, I read journals to translate the latest developments into better care. I’m a better cardiologist for having been involved with the Society.”

Dr. Milan Gupta

Chair, CCS Community Cardiology Committee;
Chair, Canadian Perspectives Planning Committee; and
CCS Treasurer

“I wanted to further the community cardiology agenda,” he says, “and to learn more about the Society, cardiology and networking. Being on the Executive gave me a new perspective on the people behind the Society and the work they do.”



Knowledge Translation

CCS Strategic Priority 2007-2010:

Strengthen our role as a leader in knowledge translation by aggregating and disseminating leading-edge research and providing needs-based educational opportunities.

Quantifying the impact of clinical practice on the health outcomes of Canadians

While practitioner and patient-level outcomes data can be challenging and expensive to collect, analyze and report, within the CCS membership there is strong willingness to achieve this goal. To this end, the CCS has made concerted efforts to secure partners willing to make the significant, long-term investments that projects of this nature demand. Partnerships around long-term outcomes measurement have been a challenge to cultivate. While we continue to seek opportunities, the CCS conducts extensive formative and summative evaluations of our knowledge translation programs, most notably the Heart Failure KT Program. This information is used systematically to develop and refine programs.

As we move into our next strategic planning cycle, outcomes evaluation will continue to be a goal. The CCS is broadening its search for partners beyond our traditional stakeholders and anticipates opportunities through government and NGO partnerships that may, in part, be driven by the recommendations of the Canadian Heart Health Strategy and Action Plan.

Innovative channels of dissemination

Through applying our “closed-loop model” for Knowledge Translation and adhering to RCPSC guidelines as an accredited provider of continuing professional development programs, the CCS has greatly expanded strategies for knowledge dissemination and program evaluation. Along with tools such as the CJC and the CCS website, the CCS offers live, guidelines-based, interactive, case-based workshops; free, user-friendly print and electronic resources such as pocket cards and slide kits; synchronous and asynchronous e-learning programs; and webinars. In the fall 2010, we will launch our first smartphone apps for Blackberry and iPhone. We collect data on end-user uptake and feedback about these approaches, and use data to make decisions about program improvements and new offerings.

Knowledge Translation 2009-2010 Committees and Chairs

Guidelines Committee, **Michelle Graham**

Heart Failure Guidelines KT Program,
Robert McKelvie, Gordon Moe

Heart Failure Guidelines Workshop Initiative, **Justin Ezekowitz**

Atrial Fibrillation Guidelines KT Program,
Anne Gillis and Allan Skanes

Continuing Professional Development Committee, **Paul Hendry**

CCS Honoraria Policy Working Group, **Charles R Kerr**

Canadian Cardiovascular Congress

CCC as we know it has evolved over the last 10 years. CCC 2010 in Montréal had several new sessions: an International Joint CCS/Saudi Heart Association Symposium; the CCS 2010 Guidelines Symposium; Live Case Demonstrations; Public Health Agency Symposium; and Clinical Case sessions.

At the request of delegates, Clinical Case submissions were added to the CCC 2010 call for science. Over 81 submissions were received which allowed for the inclusion of one clinical case session each day over the 4 day duration of Congress.

Congress

2009-2010 Committees and Chairs

Congress Advisory Committee, CCS Co-Chair,
Robert SB Beanlands

Local Arrangements Committee, Co-Chairs,
Nadia Giannetti, Renzo Cecere

Scientific Program Committee, **Philippe Pibarot**

Stakeholders Roundtable, CCS Co-Chair, **Robert SB Beanlands**

Jewel Document Working Group, **D George Wyse**

2010 CCC

Submission Rates

- 755 Abstract submissions
- 53 Workshop proposals
- 16 LBFCT submissions, doubled from 2009

2010 CCC Scientific Program Offerings

- 14 Accredited Symposia
- 30 Workshops, increasing year over year
- 16 Plenary Sessions



Knowledge Translation
in the context of CCS
means “bridging the gap
between what we know
and what we do.”

Dr. Robert McKelvie

Bringing Together the Cardiovascular Community

Canadian Cardiovascular Congress

“The Society’s annual Congress is the driving force behind cardiovascular science and care in Canada,” affirms Dr. Philippe Pibarot, professor of Medicine at Université Laval, Canada Research Chair in Valvular Heart Disease and chair of the Society’s Scientific Program Committee, which plans the Canadian Cardiovascular Congress.

Dr. Pibarot is extremely proud of Congress—and well he may be. It is the premier cardiovascular event in Canada, bringing together up to 3,500 attendees from 20 subspecialty associations. As chair of the committee, it is his objective to make sure that the breadth of expertise Congress represents, the interaction it facilitates, and the diversity it embraces, evolve beyond the must-attend event it already is into one that stretches even farther to reach the wider cardiovascular community.

Dr. Pibarot brings a completely new perspective to his chairmanship to help him achieve this. His background is not in “people” medicine but in veterinary medicine, making him the first non-physician in the role.

“It sends a positive message that Congress is wide open,” he says. “Everybody is welcome. Everybody has a voice. I accepted this position because cardiology is not just for physicians and clinical scientists. So many more specialists are involved, and we must open our arms to them.”

Dr. Pibarot and the committee of representatives from subspecialty associations work hard to make sure the scientific content of Congress and its excellence responds to the needs of participants. Part of that involves maintaining a delicate balance of content, Canada-wide representation and a fair distribution among the professional groups. To this end, the committee members—themselves chosen to represent that balance—prove invaluable. It is to them that Dr. Pibarot looks for advice on topics, speakers, format and a host of details. And, after much discussion and debate, it is they who make the decisions.

“I am the conductor,” says Dr. Pibarot. “The committee members make the music.”

His experience on the committee has brought Dr. Pibarot into closer touch with the cardiovascular community. At the hub of the committee’s communication channels, everything comes to him—be it feedback, suggestions or news of the latest discoveries. It has also been an opportunity for him to reach out to specialists and subgroups who may not have considered Congress before.

“I tell my non-physician colleagues that they are welcome,” he says. “Congress is here for everybody.”

Dr.
Philippe
Pibarot

Chair, Scientific
Program Committee

“Congress is here for everybody. Everybody has a voice. I accepted this position because cardiology is not just for physicians and clinical scientists. So many more specialists are involved, and we must open our arms to them.”



Health Policy and Advocacy

CCS Strategic Priority 2007-2010:

Advocacy for quality cardiovascular care by working to shape health care policy.

Access to Cardiovascular Care

In 2005, the CCS took a leadership role and achieved national consensus on benchmarks for access to cardiovascular services and procedures across a broad continuum of care, from access to the specialist consult through to cardiac rehabilitation. The CCS, through its Standing Committee on Access to Care and its membership on the Canadian Medical Association's Wait Time Alliance (WTA) has worked tirelessly to promote awareness and adoption of these benchmarks. Now in 2010, the CCS has achieved an important milestone: almost all Chiefs of Cardiology respondents to a recent CCS survey reported that "most" of the CCS benchmarks have been adopted at their centre. Furthermore, over half (7/12) indicated a "very likely" response that their province will adopt ALL of the CCS targets by 2013.

In recognition of this tremendous success, the CCS and WTA are well aware that unfinished business remains to ensure the optimum cardiovascular health and care of Canadians. Access to care in areas such as EP and cardiac rehabilitation, and concerns with appropriateness of care and complexity of care, have come to the fore and are commanding further attention by the CCS. Christopher Simpson, Chair of the CCS Standing Committee on Access to Care, and long-time CCS representative to the Wait Time Alliance, will continue to champion the CCS's national voice on access to care over the coming year.

Guidelines for Training and Maintenance of Competency

The CCS has long recognized the priority need to ensure that pan-Canadian guidelines for training and maintenance of competency are in place for subspecialty areas of cardiovascular medicine. Under the leadership of Dr. Catherine Kells (NS), CCS Working Group Chair, the CCS worked with three of its Affiliate groups (CHRS, CAIC and CSE) to facilitate the update of these guidelines. Final guidelines will reflect stakeholder input, be co-branded with the CCS, and will be broadly disseminated for uptake by the national cardiovascular community. At the time of writing this report, it is expected that these three guidelines will receive final approval by CCS Council at its October 2010 meeting; other areas for updating or development will be identified for the coming year. The CCS gratefully acknowledges the stellar efforts and leadership of the representatives from the CHRS, CAIC and CSE in bringing these draft guidelines to fruition.

Simultaneous to its guidelines development initiative, the CCS has also provided a strong national voice to the Royal College of Physicians and Surgeons of Canada's two proposals to promote excellence in specialty care. While, on the one hand, the CCS has been very supportive of the College's plan to establish a Diploma Program to recognize added competencies and skills through a DRCPC designation; conversely, it has voiced strong opposition to

the College's Foundations in Internal Medicine proposal that would, among other things, extend length of training. The CCS continues to advocate for programs that would assure patients and others that the highest standards of training are being consistently and formally applied Canada-wide and are an assurance of quality care to Canadians. It is expected that the Royal College will make its final decision on its two proposals in early 2011.

Canadian Heart Health Strategy and Action Plan (CHHS-AP)

The CCS was one of the lead organizations involved in the development of the CHHS-AP. Many CCS members also actively contributed to discussions over a two year period and were represented on various theme working groups as well as the Steering Committee, which was chaired by Dr. Eldon Smith.

Since the official release of the CHHS-AP in February 2009, the CCS has continued to work closely with the Heart and Stroke Foundation of Canada and other stakeholders to advocate for adoption of the Strategy. In 2010, the federal government renewed its commitment to the CHHS-AP recommendations by approving the CCS's proposal to take a lead role in facilitating the development of pan-Canadian quality indicators and data definitions -- with the ultimate goal of improving the health and care of Canadians.

The CCS is receiving up to \$350,000 to March 2011 to carry out these initiatives through two national, multi-stakeholder Steering Committees that comprise representation from the provincial cardiovascular database registries, CIHI, CCORT and others. Multiple, national sub-working groups have also been struck. The Cardiac Care Quality Indicators Steering Committee is chaired by Dr. David Johnstone (Alberta); Dr. Chris Buller (Ontario) chairs the Data Definitions Steering Committee. The CCS is also working to promote to the federal government the need to sustain and support these important initiatives beyond 2011.

Health Policy and Advocacy 2009-2010 Committees and Chairs

Standing Committee on Access to Care, **Christopher Simpson**

Guidelines for Training and Maintenance of Competency, **Catherine Kells**

Cardiac Quality Indicators National Steering Committee, **David Johnstone**

Data Definitions National Steering Committee, **Christopher Buller**

Coalitions and CCS Representatives

Canadian Medical Association Wait Time Alliance, **Christopher Simpson**

Society of Obstetricians and Gynecologists of Canada's Canadian Menopause Coalition, **Michelle Turek**



“The CCS
continues
to advocate for
adoption of the
CHHS-AP
recommendations.”

Dr. Charles Kerr

Training Excellence in Canada

Dr. Catherine Kells's nine years of experience as director of the cardiology residency program at Dalhousie University, membership on the RCPSC nucleus committee on cardiology, strong interest in education and experience on the Society's Council made her the perfect candidate to chair its Working Group on Guidelines for Training and Maintenance of Competency. The group has the mammoth task of developing training guidelines for the cardiology subspecialties.

"The RCPSC is responsible for training standards in cardiology, but not the subspecialties," explains Dr. Kells, "so the training programs currently go unrecognized. Training programs in the US are accredited now and many European countries are going that route, too. Our job is to develop standards so that, whether you train in Halifax or Vancouver, patients receive the same care."

The group started by contacting the Heart Rhythm Society, the Canadian Association of Interventional Cardiology and the Canadian Society of Echocardiography (these being the first subspecialties targeted for guidelines) as well as other subspecialty cardiology groups to inform them of their work and encourage them to develop their own guidelines. The group is also collaborating with the American Board of Internal Medicine and the Accreditation Council for Graduate Medical Education in the US towards eventual reciprocity.

As chair, Dr. Kells's role is to oversee the development of timelines, processes and templates. For example, the template membership of each subgroup consists of practitioners from across Canada, ranging from community cardiologists to academics, trainees, surgeons and others, as appropriate. The subgroup's instructions are to write the guidelines according to RCPSC principles on educational objectives to ensure scholarly, ethical and core curricula are present.

"We ask the subgroups to follow these templates because we're also encouraging the RCPSC to accredit the programs," says Dr. Kells. "It's educationally sound practice, but it will also facilitate recognition."

Approval from Council for the guidelines of the first three subspecialties is expected in 2010. The guidelines will then be published and disseminated nationally.

"We have some of the best training and practices in the world," says Dr. Kells. "We just haven't been good at documenting it so we don't often get the credit. I hope to be part of changing that for the future. I'd like it to be done right."

Dr. Catherine Kells

Chair, CCS Guidelines
for Training and
Maintenance of
Competency Working
Group

"We have some of the best training and practices in the world," says Dr. Kells. "We just haven't been good at documenting it so we don't often get the credit. I hope to be part of changing that for the future. I'd like it to be done right."



CCS Awards

Congratulations to the 2010 CCS Award Recipients!

The Canadian Cardiovascular Society Awards reflect peer recognition for excellence in research, teaching, exemplary care, prevention of cardiovascular disease and overall career contribution. We celebrate our colleagues' achievements at the CCS Awards Ceremony held during the annual Canadian Cardiovascular Congress. Thank you to all recipients for your outstanding contributions!

Annual Achievement Award: **Dr. Hugh Scully**

Research Achievement Award:

Dr. Philippe Pibarot

Distinguished Teacher Award: **Dr. Martin Green**

Dr. Harold N. Segall Award of Merit:

Dr. Andrew Pipe

Young Investigator Award – Clinical Science

Category: **Dr. Jack CJ Sun**

Young Investigator Award – Basic Science

Category: **Dr. Sébastien Bonnet**

Young Investigator Award, Runner-Up – Basic

Science Category: **Dr. Zamaneh Kassiri**

Trainee Excellence in Education Award:

Dr. Gilbert Tang

Announced at the 2010 Canadian Cardiovascular Congress:

Student Presentation Award Recipients

Dr. Robert E. Beamish

Award Recipient

2009-2010 Nominating Committees and Chairs

CCS Nominations and Awards Committee,

Lyall A Higginson

Research Achievement Award Selection

Committee, **Bruce McManus**

Governance

Executive Committee and Council

Charles R Kerr, President

Blair O'Neill, Vice-President

Lyall A Higginson, Past-President

Milan Gupta, Treasurer

Roy G Masters, Secretary

Ross Davies, Member-at-Large

Gilbert Tang, Trainee Representative

Chris EH Buller, Council Member

Renzo Cecere, Council Member and Co-Chair, Local Arrangements Committee

Michelle Graham, Council Member

William KK Hui, Council Member

Simon Douglas Jackson, Council Member

Eva Lonn, Council Member

Thomas G Parker, Council Member

Mario Talajic, Council Member

Andrew Warren, Council Member

Michel White, Council Member

Ex-Officio Members

Anne Ferguson, Chief Executive Officer

Rob SB Beanlands, Chair, CCS Annual Meeting

Nadia Giannetti, Co-Chair, Local Arrangements Committee

Stanley Nattel, Editor-in-Chief, Canadian Journal of Cardiology

Philippe Pibarot, Chair, Scientific Program Committee

Financial Statement

Past Presidents

- 2006-08 **Lyll Higginson** (Victoria)
2004-06 **Denis Roy** (Montréal)
2002-04 **David Johnstone** (Halifax)
1999-02 **Ruth L Collins-Nakai** (Edmonton)
1998-99 **Hugh E Scully** (Toronto)
1996-98 **Peter M Olley** (Edmonton)
1994-96 **Peter R McLaughlin** (Toronto)
1992-94 **Gilles R Dagenais** (Montréal)
1990-92 **Eldon R Smith** (Calgary)
1988-90 **Wilbert J Keon** (Ottawa)
1986-88 **John O Parker** (Kingston)
1984-86 **E Douglas Wigle** (Toronto)
1982-84 **Anthony R Dobell** (Montréal)
1980-82 **Richard E Rossall** (Edmonton)
1978-80 **Robert N Anderson** (Halifax)
1976-78 **Ronald J Baird** (Toronto)
1974-76 **T Edward Cuddy** (Winnipeg)
1973-74 **Lucien Campeau** (Montréal)
1971-72 **Wilfred G Bigelow** (Toronto)
1968-70 **Robert E Beamish** (Winnipeg)
1966-68 **David R Murphy** (Montréal)
1964-66 **Robert S Fraser** (Edmonton)
1963-64 **Irwin M Hilliard** (Toronto)
1961-62 **W Ford Connell** (Kingston)
1958-60 **Paul David** (Montréal)
1957-58 **Francis A Mathewson** (Winnipeg)
1955-56 **George F Strong** (Vancouver)
1953-54 **Harold N Segall** (Montréal)
1951-53 **John Hepburn** (Toronto)
1950-51 **John McEachern** (Winnipeg)
1949-50 **John A Oille** (Toronto)
1947-49 **Cecil C Birchard** (Montréal)

Summary of Operations

April 1, 2009 - March 31, 2010

Revenue	\$ 4,944,902
Expenses	\$ 4,736,927
Revenue Over Expenses	\$ 207,975

Summary of Financial Position

Assets	\$ 4,597,235
Liabilities	\$ 2,126,169
Net Assets	\$ 2,471,084

Complete financial statements and the auditor's report for fiscal year April 1, 2009 to March 31, 2010 are available to any CCS Member upon request.



Canadian Cardiovascular Society Academy™

The Canadian Cardiovascular Society Academy (CCSA) is a charitable organization that was created in 2000 by the Canadian Cardiovascular Society. All CCS members are members of the Academy. The Academy offerings include the *Trainee Review Programs*, *Trainee Day* and the *Have a Heart Bursary Program*. This year has been particularly rewarding because we are now seeing some of our very first bursary winners starting their own practices in cardiology or cardiac surgery – some of whom are helping to bring the program full circle by being actively involved in developing and delivering CCSA programs.

The CCSA continues to believe that supporting our trainees is instrumental to ensuring a strong cardiovascular sector in the future. Several years ago, the Academy chose to focus on providing support to students, prospective cardiovascular specialists and scientists in training, and developing programs to engage trainees, promising young students and researchers pursuing careers in the cardiovascular field.

CCS members who donated to the CCSA annually has risen steadily from 43 in 2004 to 159 in 2010; however, this represents only 12% of the membership. We firmly believe increasing member support will be crucial to the long-term success of the Academy and its programs.

**Help increase the number of member donations
– Are you on the donors list? Donate Today!**

- CCSA President, Anne M Gillis

Canadian Cardiovascular Society Staff

Office of the Chief Executive Officer

Anne Ferguson, Chief Executive Officer
Cathy Curtis, Executive Assistant

Knowledge Translation

Carolyn Pullen, Director, Knowledge Translation
Melissa Keown, Associate Director, Congress
Robin Kinch, Manager, Continuing Professional Development
Jacqueline Lane, Program Coordinator, Congress
Gillian Bentley, Data Coordinator
Huei-Ling Tsuei, Team Assistant, Knowledge Translation

Membership Services and Trainee Programs

Linda Palmer, Director, Membership Services
Lynn Taylor, Membership Database and Logistics Coordinator
Odette McNeely, Programs Coordinator

Health Policy and Advocacy

Louise Marcus, Director
Carol De Haros, Administrative Assistant (half-time)

Communications

Holly Fan, Communications Manager

Operations and Technology

Susan Oliver, Associate Director, Operations and Technology
Andrea Lee, Manager, Finance and Administration
Carol De Haros, Administrative Assistant (half-time)

Plan to attend:
Canadian
Cardiovascular Congress
Vancouver 2011
October 22 - 26, 2011



CANADIAN
CARDIOVASCULAR
CONGRESS

CONGRÈS CANADIEN
SUR LA SANTÉ
CARDIOVASCULAIRE