The Canadian Neurosurgical Society Executive:

- President: Stephen P. Lownie MD FRCSC, Western University, London, Ontario
- Vice-President: Patrick McDonald MD FRCSC, University of British Columbia, Vancouver BC
- Secretary-Treasurer: Dhany Charest MD FRCSC, The Moncton Hospital, Moncton, New Brunswick
- Past President: Ian Fleetwood MD FRCSC, Vancouver Island Health Authority, Victoria BC

The Canadian Neurosurgical Society (CNSS) focuses on continuing education for Canadian neurosurgeons. Current membership numbers as at May 9th 2018 total 265 members, including 142 Full/Active, 13 Retired; 12 Senior; 3 Associate; 20 1st-years; and 76 Junior. In addition to the CNSS Executive listed above, the Board of Directors includes representatives from each Canadian province. For 2017-2018 these include: Dr. Gary Goplen – Director and BC representative; Dr. John Wong – Director and AB representative (and incoming Secretary-Treasurer 2018-202); Dr. Lissa Peeling – Director and SK representative; Dr. Colin Kazina – Director and MB representative; Dr. Eric Massicotte – Director and ON representative; Dr. David Mathieu – Director and QC representative; Dr. Robert Adams – Director and NB representative; Dr. Sean Christie – Director and NS representative; and Dr. Roger Avery – Director and NL representative. The Board also includes the neurosurgery resident representatives Dr. Mark Bigder (Manitoba) and Dr. Michael Taccone (Ottawa), and the CEO of the CNSF, Mr. Dan Morin.

Neurosurgical Highlights of the 2018 CNSF Congress (Drs. Megyesi, O'Kelly and Lownie):

The 2018 Penfield Lecturer is Dr. Wouter Schievink. Last year's popular Neurosurgery Fireside Chat is on the evening of Sunday June 24. The CNSS courses will comprise sessions on Hot Topics in Neurosurgery, including Dr. Stacey Q. Wolfe providing insights into learning and teaching styles, new methods of evaluation, trends in US recruitment and retention of neurosurgery residents, and characteristics of the millennial "psyche." Dr. David Steven shares his experience in global neurosurgery in South America and the Middle East. Dr. Patrick McDonald speaks on ethics, with particular emphasis on the media's role. Lastly Dr. Raj Midha
speaks on advances in peripheral nerve surgery. Joint society half-day courses with the Canadian Spine Society (Dr. Sean Christie, President) figure prominently. Dr. Wouter Schievink will co-chair a Course on Spontaneous Intracranial Hypotension which will provide participants a comprehensive exposure to the clinical presentation, diagnosis and management of this often vexing disorder. Dr. Cian O’Kelly has convened a course/workshop on the Future Directions of the CNSF Congress.

Coincident with the 2018 CNSF conference, the CANN Canadian Association of Neuroscience Nurses is running its annual meeting in Halifax as well. A luncheon has been organized by the CNSS at which the leadership of the CACN, CNS and CNSS will offer thanks and appreciation to our neuroscience nursing colleagues. All three Societies have contributed substantially to this event.

Concerning future CNSF meeting venues, it is the opinion of the CNSS Executive that future CNSF meetings should be in as many different Canadian neuro centres as possible, as opposed to the recent trend favouring the ‘big three’ (Toronto Montreal and Vancouver). The medium-sized cities have much to offer, as they have in previous decades of CNSF meetings, and the siting of the meeting at different venues also helps to engage local neuro clinicians in the vision of the CNSF and its respective societies.

2. Canadian Neurosurgical Society CNSS Financial Position / Activities:

The CNSS’ Revenue is derived exclusively from membership dues (approx. 35K per annum). Expenditures include donations to causes such as Think First (Parachute Canada); support for the PGY1 Rookie Camp for new neurosurgery trainees (July 2018, Halifax N.S.); support for the Canadian Neurosurgery Research Collaborative (CNRC); invited speakers’ expenses; and journal subscriptions (the Canadian Journal of Neurological Sciences). Office expenses are covered by the CNSF. The CNSS remains in a good financial position in 2018.

3. Canadian Neurosurgical Society Membership:

Membership in the CNSS has been essentially unchanged for the past three years, after a decrease 5 years ago, but may be still less than optimal. The Society is focused on strategies to retain existing members and recruit new ones. These include increased neurosurgical content at the CNSS; linking CNSS benefits to membership; and determining areas of deficiency or perceived deficiency through both current members and non-members. As of 2015 almost all Program Directors are Active CNSS members. Quebec’s provincial society fulfills many of their members’ societal needs, such that national membership is somewhat lower than in the other provinces. Membership among trainees remains high throughout the country.

4. CNSS Subcommittee (1): Mackenzie Prizes:

Dr. John Wong has provided exemplary service as Chair of the Mackenzie Prize Committee. The CNSS thanks him for his service. The Chair will be assumed by Dr. Joseph Megyesi for the 2019 competition. Welcome Dr. Megyesi. The CNSS extends a formal Thank You as well to the judging panel (Drs. Casha, Findlay, Kelly, and Megyesi) for their continued commitment to supporting resident research.

5. CNSS Subcommittee (2): Lifetime Achievement Award / Charles Drake medal:

The rejuvenation of the CNSS’ Lifetime Achievement Award (the Charles Drake Medal) has been well received by the Society. The awarding of the L.A.A. has become an enjoyable component of the formal program at the Annual Dinner of the CNSS held in conjunction with the CNSF.
6. **CNSS Subcommittee (3): Subcommittee on Concussion:**

With the rising interest in and awareness of concussion in Canadians’ health, the CNSS developed a subcommittee on this important subject a few years ago. Dr. Dhany Charest and Dr. Michael Ellis have served as co-chairs, with Dr. Charest officially representing the CNSS and its Executive. Dr. Ellis recently (May 9th) updated the CNSS Board as follows: “…our work with the Parachute Concussion Protocol Harmonization Project is nearly complete. We have published the Canadian Guideline on Concussion in Sport, continue to work with the NSOs to finalize the national concussion protocols, and have completed a national CME course for primary care providers and physicians that is undergoing final review with the Public Health Agency of Canada. We are also working with the Canadian Concussion Collaborative to revise the Parachute Guidelines for the use of baseline testing document so that it will be endorsed by other members of the CCC and will help prevent its widespread non-evidence based use. The CCC is functioning well and there is a plan in place to replace its leader Pierre Fremont who has been a champion of chiropractor/sport therapist concussion care. One of the limitations that the CCC has identified is a lack of well defined scopes of practice for concussion among different healthcare providers in Canada. One of the reasons we are having such difficulty regulating concussion care is because it remains unregulated across most healthcare disciplines. As such, I think it would be great idea for [the CNSS] to draft a position statement summarizing the training and licensed scope of practice for neurosurgeons as it relates to concussion and mTBI. I would be pleased to lead the development of this document which we could complete by the end of the summer and have published in CJNS. I think this would be great contribution for our concussion sub-committee and could include a template that other providers could use.”

7. **CNSS Provincial Board Members’ / CNSS Divisional Highlights:**

7.1. **Dr Sean Christie (Nova Scotia Board member & CNSS Spine Division):**

For Nova Scotia neurosurgery, the government recognizes that no neurosurgery will be done outside Halifax in the future. This means that when Sydney’s neurosurgeon retires he will not be replaced. In anticipation of that occurrence, we have been given the go-ahead to start recruiting for a 10th FTE in Halifax. The advertisement for that position has been, or very shortly will be, posted. Our focus is on someone with a strong academic focus with the expectation that the successful candidate will be allotted a significant component of protected time to develop a research program. At this point we are not specifying a particular clinical sub-speciality, however paediatrics and vascular are discouraged as we currently have a full clinical complement for those specialties. Skull base is encouraged, but the emphasis will be placed on research potential.

The CSS/CNSS spine day is coming along although a little behind schedule. The morning will be on cervical myelopathy. This will comprise a debate format with talks on anterior/posterior/combined approaches. There will be audience voting as well and a brief presentation on opportunities to contribute to the CSS national registry. The afternoon will be on
lumbar spondylolisthesis, again debate with fusion vs decompression alone. Additional talks in the afternoon will be on the concept of sagittal balance as well as a discussion around what should a neurosurgery resident be comfortable doing. This is based on a paper done within CSS on development of a fellowship curriculum and published in Spine.

7.2 Dr. Joseph Megyesi (CNSS Tumour Division):
There is good neurosurgical representation at the Canadian Neuro-oncology Meeting in Banff including myself, Gelareh Zadeh, John Kelly, Brian Toyota, and others. Also a number of Canadian neurosurgeons have been invited to present and participate at the International Conference on Brain Tumour Research and Therapy (ICBTRT) taking place in Norway in June - myself, James Rutka, Michael Taylor, Gelareh Zadeh. This is a world class multidisciplinary neuro-oncology meeting that is by invite only and includes the international brain tumor community - basic scientists, neurologists, neurosurgeons, neuropathologists, etc. It will likely impact the neuro-oncology presence at the CNSF meeting as it is being held the last week of June (unfortunately CNSF got scheduled for the last week of June this year instead of its more traditional first or second week of June). For my part I am trying to work it so that I can be at both but it is proving to be difficult in order to give my presentation at the ICBTRT meeting. Anyway I think it is a feather in the cap of Canadian neurosurgery that we have such a strong proportional presence at this meeting.

7.3 Dr. David Mathieu (Quebec Board member and CNSS Stereotactic Division):
In Quebec, the big news is the new agreement that was recently signed for specialized medicine with the province. The agreement will cover the 2015-23 period. There will be no new money for specialists during that time period. There will be a formal study performed by CIHI which will look at the difference between Quebec and the rest of the country in terms of income. If they find a significant difference, there will be adjustments made. I might get in touch with the other provincial councilors to get a feeling of what is the status of neurosurgery in all the other provinces.

Regarding stereotactic neurosurgery, there is now a gamma knife center in activity in Edmonton since November 2017.

7.4 Dr. Lissa Peeling (Saskatchewan Board Member and CNSS Women in Neurosurgery Division):
Regarding Saskatchewan news, we have a new single provincial health authority in the province. We also have a new division head, Dr. Mike Kelly, and I have taken on the program director role. We have had 2 new hires in the province in the last year. Dr. Julia Radic, a new paediatric neurosurgeon, will help staff the new children’s hospital, which will be up and running in 1 year. Dr. Turker Dalkilic is a spine surgeon in Regina. Dr. Luke Hnenny is returning following his skull base and spine fellowships this summer. We are looking for a new AFP negotiation for January 2019.

Regarding Women in Neurosurgery, Dr. Radic and I were discussing this. We think there would be value in surveying departments and divisions and residency programs across the country to determine how many women are working in Neurosurgery, what subspecialty, and in what capacity (administrative/academic or community roles). From here we could consider future recruitment efforts. We noted a number of women who were cerebrovascular neurosurgeons. This may be a nice paper/project for next year’s CNSF.

7.5 Dr. Albert Isaacs (CNSS Website Development):
As of May 9th 2018, the website is functional with accurate information since last year. Thanks to Donna Irvin for her support. The website averages 5-10 users/day with peaks around when the CNSF congress and awards are announced. It is important to remember that a majority of the pages are locked off to the general public (members access only) so non-members rarely return
as they are not able to navigate past the few open-access pages. That also means that a majority of the daily visits are new visitors, which is fairly good for a small society. I met with Dr. Toyota a week ago (briefly) and we discussed a few issues but we are happy to hear the thoughts of the board. There is need for getting more help with the management but I will leave that in the hands of the board if they feel it necessary to invest in the website. I also think it will be a good idea to consider removing any sensitive data from the website and making it open access, as our members do not tend to use the site as often as new users. We could consider piloting that.

7.6 Additional Notes (Ontario):
The Province of Ontario Neurosurgery Advisory Committee (PNAC), now known as Provincial Neurosurgery Ontario (PNO) continues to thrive under the able leadership of Dr. Jim Rutka. Over the past few years, a Systems Capabilities Working Group and a Neurosurgery Consultations Working Group has been led by Dr. Rick Moulton to address guidelines, triage and appropriateness of referral of spine and brain tumour patients in Ontario. Web and print based tools have been developed. These tools are available for study by other provincial neurosurgery leaders via request of Dr. Moulton.

8. Canadian Neurosurgeon Employment:
Underemployment is defined as a trainee still doing fellowships; doing locum work; doing non-surgical practice; working less than FTE; or effecting a career change. A recent study found that 12% of Canadian neurosurgery graduates remain underemployed 5 years after completing residency. This study will be submitted for publication imminently. Similar trends have been observed in Canada in cardiac and orthopedic surgery, where there are higher numbers of unemployed or underemployed surgeons. For the period 1997 – 2014, Canadian neurosurgery match (CaRMS) data were reviewed and it was found that there were increasing numbers of training positions and increasing numbers of applicants. National Canadian summits on neurosurgeon employment have been held over the past three years. Some programs have reduced training positions which unfortunately has put some high quality Canadian training programs in potential jeopardy. Rotation of voluntary reductions in residency positions across disciplines has been implemented at some centres.

9. Canadian Neurosurgical Residency Training & Education:
Dr. Genevieve Milot (Quebec City) continues to serve as Chair of the Examination Committee for Neurosurgery. Dr. David Steven (Western) serves as Vice-Chair of the Committee. The Royal College Specialty Committee is chaired by Dr. Vivek Mehta (University of Alberta). The average pass rate percentage during 2013-2015 was 90.3 ± 12.0% (mean ± S.D.). In 2016, there were 24 candidates and the pass rate for the Canadian trained residents taking the exam for the first time was 90%. In November 2017, Dr. Mehta and RCPSC officials led the Specialty Committee through the final polishing of the CBD documents. CBD implementation is occurring in 2018. Competency documents will replace the previous Objective of Training. The first CBD exam will be in 2024. The successful Neurosurgery Boot Camp for PGY1 trainees will be held in Halifax in July. Beginning in 2019, Western will serve as a new venue in this important educational activity.

Respectfully submitted,

Stephen Lownie

STEPHEN P. LOWNIE
President, the Canadian Neurosurgical Society