Challenges for the Canadian Cardiovascular Society in the 1990s

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During the 1990s, under the leadership of Dr Eldon R Smith, the first five-year strategic plan was created. Partly as a result of this plan, a review of the annual meeting of the Canadian Cardiovascular Society (CCS) was undertaken. I was fortunate enough to have been chosen to chair this review and the subsequent Annual Meeting Committee. The initial review revealed significant areas for improvement, including finances, location, partners, sponsors, threats and opportunities.

Each issue was tackled systematically, with an emphasis on producing a high-quality learning and networking experience, eventually resulting in a joint partnership with the Heart and Stroke Foundation of Canada (HSFC) in creating the Canadian Cardiovascular Congress, which has since become the largest medical meeting in Canada.

The success of the CCS annual general meeting and the Canadian Cardiovascular Congress resulted in significant revenue for the Society in the early years. Because of tax constraints, these residuals were placed in a separate charitable account, eventually morphing into the CCS Academy, and most recently, the CCS Foundation, whose focus is on recruiting and retaining outstanding young people into the clinical, teaching and research aspects of cardiovascular sciences. Bursaries are provided to support a number of young people each year to attend the Canadian Cardiovascular Congress and to support some other specific learning or research projects for the Society.

During the 1990s, there was also an increasing emphasis on the need for evidence-based guidelines. The consensus conferences, ever-popular with members and nonmembers alike, became more focused on the evidence available for recommendations, and the consensus conferences became a regular feature of *The Canadian Journal of Cardiology*. For the first time in Canada, the issue of prevention and the role of the cardiovascular specialist in prevention were identified. The Harold N Segall Award of Merit was created and focused on prevention. Guidelines were created for adult congenital heart disease, as well as women and cardiovascular disease. Issues such as heart failure, atrial fibrillation, implantable cardiac defibrillators (and others) were analyzed from the Canadian perspective, and Canadian guidelines were created and disseminated.

Also during this time, The Royal College of Physicians and Surgeons of Canada devolved specialty continuing professional development (CPD) to the specialty professional associations, and created CPD accreditation guidelines. The Society, which had

always been strong in CPD, was the first of any specialty groups to be given accreditation assessor status, and created within the CCS a separate committee and staff position to further develop learning and knowledge translation capacity and opportunities for the Society. This too has spawned a trainee day at the congress, further support for adult cardiology and, now, pediatric cardiology fellowship examination review symposia on an annual basis.

An award for the distinguished teacher was created to honour outstanding teachers in cardiovascular sciences and to complement the existing awards for research achievement and annual achievement awards. In addition, a new award for the paper with maximum impact for the preceding year was created: the Dr Robert E Beamish Award, which is supported by the *Journal*.

Because of the focus on excellence and the recognition of excellence among the members of the cardiovascular community, the CCS partnered with the HSFC to create an awards reception. Others followed, including the Anemia Institute for Research and Education Award (supported by the Canadian Anesthesiologists' Society), the Richard Rowe Research Prize (supported by the Canadian Pediatric Cardiology Association), the Dr Paul Cartier Cardiac Surgery Resident Research Award (supported by the Canadian Society of Cardiac Surgeons) and, of course, the many research awards sponsored by both the HSFC and Canadian Institutes of Health Research.

The increasing activities of the Society have resulted in a more complex organization with an increasing staff, but also increasing membership and increasing visibility and political influence. The headquarters was relocated to Ottawa, Ontario, during this decade, and a full-time executive director was hired. There is no doubt that the CCS is viewed by other specialty associations as one of the premier professional specialty organizations in the country. Closer links were established with the American College of Cardiology, and the CCS began to play a more significant role in the InterAmerican Society of Cardiology, culminating in the InterAmerican Congress of Cardiology being held in Toronto, Ontario, hosted jointly by the CCS and the HSFC in 2001.

In summary, the 1990s were, for the CCS, a 'decade of doing', and tribute should be given to the many members who freely gave their time and expertise to individual projects, manuscripts, research and organizational support and leadership. Without them, the Society would not be able to continue to focus on what members need to better serve their patients and on excellence in teaching and research.