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Knowledge is power." These words from Sir Francis Bacon ring true for the CUA, especially in these times. The scope of the CUA has expanded over the last 5 years. The association has major new programs and projects, including the *CUAJ*, the Office of Education and a professional staff in the Central Office — these projects were mere ideas just 5 years ago! These new initiatives bring new opportunities, but also raise questions about resource allocation and the future direction of the association. To address these issues, we initiated a formal strategic planning process (the first in the history of the CUA). The process culminated in a 1-day retreat on Jan. 29, 2009, just before the winter executive meeting. It was productive, and resulted in many recommendations that would help us to realize our goals and objectives over the next 5 years. These recommendations will be part of a report to be presented to members at the CUA conference in Toronto (June 28–July 1, 2009).

One of the issues we addressed was the role of the CUA as a national advocate. There are a number of domains where the association could play a role. For example, at the moment, there is no harmonization of fee schedules across the country. Urologists in different provinces are paid widely disparate fees for the same service. Ironically, although most provinces have a single fee for a given service, the cost of medical practice varies more within a single province (i.e., urban v. rural) than it does among provinces. The CUA could play a major role in providing information about fee schedules across the country, and could pressure regional funding constituencies where reimbursement is inadequate.

A second potential strategic area is in lobbying for federal and provincial resource allocation. Here are a few examples:

- Many urologists across the country struggle to obtain adequate resources from their hospitals. The CUA could define and advocate for the minimum standards required by a urologist to adequately serve their patients' needs.
- The CUA could be at the forefront of advocating for the use of important technology. For example, if the da Vinci surgical robot (Intuitive Surgical, Inc.) is demonstrated to improve the outcome of radical prostatectomy, the CUA could play a major role in advocating for the introduction of this device across the country. The CUA would provide accurate and unbiased information on the benefits of robot-assisted prostatectomy and any other new technology.
- Advocating for public health in the context of urology is a domain in which we have rarely ventured. Policies regarding funding for prostate-specific antigen tests vary across the country, and there is an obvious role for the CUA in promoting consistency in this area. Other controversial areas where we could have useful input as a national association include in vitro fertilization, pediatric circumcision, sex reassignment surgery, smoking cessation and prostate cancer prevention.

A third area is national manpower planning. The Socioeconomic Committee of the CUA executive has attempted for many years to access the relevant data. Although some information has been forthcoming, much more is needed to support human resources planning in urology. Further, the ongoing process of manpower planning would benefit from the development of a comprehensive database of urologists, regional resources and population requirements.

In summary, the participants in the strategic planning process achieved a remarkable degree of consensus regarding the direction of the CUA. The product of our reflection will be shared with members shortly. We welcome members' input, either by email or in person at the meeting. I encourage you to attend the June conference in Toronto. It will be a terrific 3 days!