1. Medical education past, present, future.

2. Where is medical education heading? There is a push from Royal College to focus on competency-based education. What does this mean, what's the rationale, and how will this affect future ophthalmology training (e.g. length of program). And is competence the same as excellence?

3. Is the current practice model in Canada sustainable? What are the trends in practice patterns for each subspecialty.

4. Comparison of existing practice models/patterns with those around the world: US, UK, Australia, etc

5. What are some common practices? e.g. peri-operative regimen for cataract surgery.

6. What changes have occurred over time in the expanding scope of practice of allied health professionals involved in delivery of Canadian eye care at various levels and in various geographic settings? (eg optometrists, nurse practitioners, pharmacists) What are future implications and how can ophthalmologists respond to these changes to optimize quality of care delivered to patients in a cost-effective and timely manner? What responses have already been formulated in this regard in various regions of Canada? (eg Eye Health Council in Ontario; more informal negotiations between ophthalmology, governmental bodies and other allied health groups in other provinces).

7. What changes have occurred over time in government driven health care trends and policies affecting ophthalmological practice in Canada? What are the implications regarding sustainability of continued patient access to emerging new technologies as they become established? This might address issues such as the following:
   - the proportion of eye care provided in outpatient vs inpatient facilities
   - the proportion of eye care provided by "primary" providers such as optometrists, vs "secondary" such as comprehensive ophthalmologists vs "tertiary" such as subspecialist ophthalmologists
   - how has government funding for new technologies in ophthalmology changed over time, including capital expenditures to purchase/house & maintain such technologies (eg proportion incorporated into inpatient/hospital based settings supported directly by government vs proportion in outpatient clinic settings in which ophthalmologists bear the direct capital costs)
   - how has government funding in ophthalmology in various provinces for clinical reimbursement tariffs for use of new technologies (to indirectly support their costs) changed over time in regards to proportion of new technologies that are "covered" once incorporated into widely accepted standards of practice (eg OCT, HRT, UBM, anterior segment OCT, corneal topography, fundus autofluorescence, etc as examples of relatively newer technologies vs automated perimetry, fluorescein
angiography, indocyanine green, posterior segment ultrasound, fundus photography, etc as examples of older technologies)

8. How have manpower/workforce and other human resource related issues changed over time in the practice of Canadian ophthalmology? Some of this data could perhaps be captured with nationwide surveys administered through COS or other comparable means. This might address topics such as the following possibly with comparisons regarding current figures vs past:

- per capita number of ophthalmologists including comparison against other industrialized nations
- number of new ophthalmology graduates per annum (possibly relative to the total Canadian population at various time points now & in past)
- female vs male ophthalmologists (eg building upon or citing recent work done by Dr Buys)
- average number of years worked until retirement and average retirement age
- numbers of surgical (defined as having surgical privileges in hospital) vs nonsurgical ophthalmologists, possibly broken down as newer grads vs older grads and for those who are non-surgical, a breakdown as to the percentage who are non-surgical by choice vs those who have been unable to procure surgical time