



2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
**Evidence
to Practice:
Making a
Difference
in Women's
Health**



THE SOCIETY OF OBSTETRICIANS AND
— GYNAECOLOGISTS OF CANADA —

Annual Report

Our mission:

To promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education.



2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

President's Message – Dr. Michael E. Helewa



In my inaugural remarks as President one year ago I pledged to concentrate on two issues: human resources in the delivery of primary maternity care and the promotion of the SOGC's International Women's Health Program. As I come to the end of my term as President of the Society of Obstetricians & Gynecologists of Canada, I am proud to see that the Multidisciplinary Collaborative Primary Maternity Care Project has been completed. Multidisciplinary collaborative maternity care is being considered to overcome health human resource shortages and improve access to primary maternity care. This project was instrumental in creating national guidelines and prototypes that will facilitate the establishment of collaborative practice models for obstetrical care in Canada. The Society also has made significant achievements in the international arena and is acknowledged and appreciated as a key partner in developing countries by FIGO, CIDA, and many other institutions that are working hard to achieve the Millennium Development Goals as set forth by the United Nations.

The future success in these two domains will require us to have the courage to persevere, to be patient and to continue the great efforts required to move forward.

Through my activities nationally and internationally over the course of this past year, my already high regard for the Society was strengthened. Exposure to our international partners, government officials, policy makers, and the Canadian media made me realize the impressive scope and breadth of the SOGC's activities. The SOGC skillfully combines the expertise from women's health care practitioners to collaborate and advocate for our shared vision of women's health and sexual and reproductive rights.

We must be proud of the strategic directions set by our Society. They are not only multifaceted but ensure we move forward with various health issues facing all women, from all backgrounds. The human resource challenges we face today must be addressed if we are to provide optimal women's health care. And we cannot ignore the enormous challenges that exist in the international arena. These may be noble causes, but more importantly, they are critical to the future of women's health in Canada and around the world.

I now leave the Presidency in the able hands of Dr. Don Davis and I pledge to see the strategic directions of our esteemed Society fully implemented. I extend my gratitude to the Council and Executive of the SOGC for their support and wisdom. The wise assistance provided by Dr. André Lalonde, the SOGC Executive Vice-President, and by Dr. Vyta Senikas and Dr. Ken Milne, our Associate Executive Vice-Presidents, was beyond my expectations. I wish to thank all the officers of the SOGC for their continuous support of the President's activities and without whom my job would have been far more difficult and complex.

A handwritten signature in black ink, appearing to read 'Michael E. Helewa'. The signature is stylized and fluid.

Michael E. Helewa, MD, FRCS, FRCOG

Executive Vice-President's Message – Dr. André B. Lalonde

The theme of this year's annual report is "Evidence to Practice: Making a Difference in Women's Health". This reveals the core of the Society of Obstetricians and Gynaecologists of Canada. From our professional learning, to our medical guidelines and public education initiatives, to our work around the world, we begin with an evidence-based pool of knowledge.

The year began with a national consultation process to establish a new five year plan for the Society. Our strategic directions for 2006 to 2011 provide a stronger focus on aboriginal women's health and women's health advocacy. The Society is now poised to have a stronger impact on the policy decisions affecting women's health and continues to be a voice for those in low resources countries.

The culmination of putting into practice solid evidence based guidelines produced the much heralded "Canadian Consensus Conference on Menopause" published in the Society's main publication, *The Journal of Obstetrics and Gynaecology of Canada*. This document provides a much needed updated guide for the management of menopause and dispels many myths on hormone replacement therapy.

Keenly aware of the need for evidence-based educational health information, the Society also published the latest editions of "Healthy Beginnings" and "Sex Sense" along with enhanced online services providing Canadians with access to the latest guidelines on sexual and reproductive health. These are the only publications on these topics produced by Canadian health experts.

The MORE^{OB} Patient Safety Program is now firmly established in more than 130 Canadian hospitals and continues its excellent track record in patient safety with an expansion of the program to the United States.

Outside of Canada, the SOGC's ALARM International Program began a new collaboration in the Ukraine and is establishing partnerships in Iraq.

This report celebrates our accomplishments and, as our theme illustrates, is solid evidence of the combined dedication and energy of the SOGC members, volunteers and staff. We are clearly making a difference in women's health.

Thank you, members, colleagues, partners and staff. It is with pride that I invite you to peruse this report and learn more about our successes.



André B. Lalonde, MD, FRCSC, FSOGC, FACS, MSc.



2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

SOGC Executive and Council 2005-2006

President: Dr. Michael Elias Helewa, Winnipeg, Manitoba
Past President: Dr. Gerald W. Stanimir, Mont-Royal, Quebec
President Elect: Dr. Donald B. Davis, Medicine Hat, Alberta
Executive Vice President: Dr. André B. Lalonde, Ottawa, Ontario
Treasurer: Dr. Douglas Moreton Black, Ottawa, Ontario
Vice-President, Atlantic: Dr. Scott Alexander Farrell, Halifax, Nova Scotia
Vice President, Ontario: Dr. Guylaine Gisele Lefebvre, Toronto, Ontario

Regional and Alternate Chairpersons

Chair, Western Region: Dr. Nicole Racette, New Westminster, British Columbia
Alternate Chair, Western Region: Dr. Sandra de la Ronde, Calgary, Alberta

Chair, Central Region: Dr. Margaret Burnett, Winnipeg, Manitoba
Alternate Chair, Central Region: Dr. Annette Epp, Saskatoon, Saskatchewan

Chair, Ontario Region: Dr. Catherine Jane MacKinnon, Brantford, Ontario
Alternate Chair, Ontario Region : Dr. Richard Johnston, Orillia, Ontario

Président, région du Québec: Dr. Philippe-Yves Laberge, Ste-Foy, Québec
Président suppléant, région du Québec: Dr. Diane Francoeur, Montreal, Québec

Chair, Atlantic Region: Dr. Terry O'Grady, St. John's, Newfoundland
Alternate Chair, Atlantic Region: Dr. Ward Murdock, Fredericton, New Brunswick

Other Representatives

Public Representative: Ms. Jane E. Caskey, Toronto, Ontario
Junior Member Representative: Dr. Tiffany Wells, Edmonton, Alberta
Associate Members (MD) Representative: Dr. Owen Hughes, Ottawa, Ontario
Associate Members (RN) Representative: Ms. Sandra Gwen Christie, RN, Halifax, Nova Scotia
Associate Members (RM) Representative: Ms. Michelle Kryzanauskas, RM, Collingwood, Ontario
APOG Representative: Dr. Wylam Faught, Edmonton, Alberta
Corresponding Member: M^{me} Lucie Pépin, Senator, Ottawa, Ontario

SOGC's Strategic Plan 2006–2011

Having successfully completed a five year plan for guiding strategy in 2005, the SOGC consulted with Council, its members, community members and key decision makers to establish a new strategic plan. The strategic directions outlined below build on the growth and successes of the past five years. The 2006–2011 Strategic Plan was approved by the SOGC Council at its June 2006 meeting.

The following provides an overview of an ambitious vision that will guide the Society's activities over the course of the next five years.

Aboriginal Health

To advance culturally safe health and healing for aboriginal women.

Advocacy

To increase the influence of the SOGC on the public policy agenda as it relates to women's health and the practice of obstetrics and gynaecology.

Continuous Professional Learning

To become the preferred provider of knowledge and continuous professional learning in obstetrics and gynaecology.

Human Resources

To develop and implement human resources strategies for ob/gyn care.

International Women's Health

To collaborate internationally, focusing on capacity-building initiatives aimed at improving women's health, especially in low-income settings.

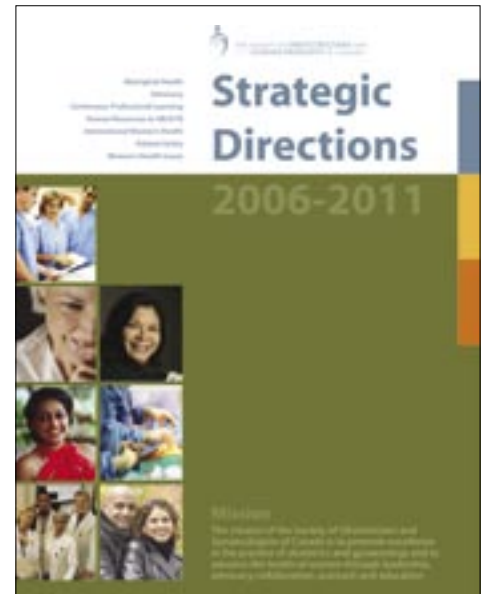
Patient Safety

To overcome the barriers to patient safety and to promote equitable access.

Women's Health Issues

To promote access for all women to obstetrical and gynaecological care, facilitate public education about women's health issues and highlight the determinants of health essential to women's health.

These strategic directions, which represent the most ambitious five year strategic plan to date, demonstrate the SOGC role in Canada and internationally to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education.



2005-2006
2005-2006
2005-2006

2005-2006
2005-2006
2005-2006

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

Best Obstetrics Poster – Junior Member: Blair Butler

P-OBS-JM-007 – Predictors of Adverse Perinatal and Long-Term Neurodevelopmental Outcomes in Infants Born <31 Weeks: A Population-Based Linked Database Study

Best Obstetrics Poster – First Runner-Up – Junior Member: Heather Cockwell

P-OBS-JM-001 – Cephalohaematoma Following Vacuum Extraction: Is Scalp Sampling the Cause?

Best Gynaecology Poster – First Runner-Up – Junior Member: Kimberly Daniel

P-GYN-JM-001 – Surgical Approach to the Adnexal Mass: Factors Affecting Decision Making and Clinical Outcomes

Best Gynaecology Paper – First Runner-Up – Junior Member: Wael Jamal

O-GYN-JM-005 – Role of Vaginal Packing Post Vaginal Hysterectomy

Best Obstetrics Paper – Fellow: Graeme Smith

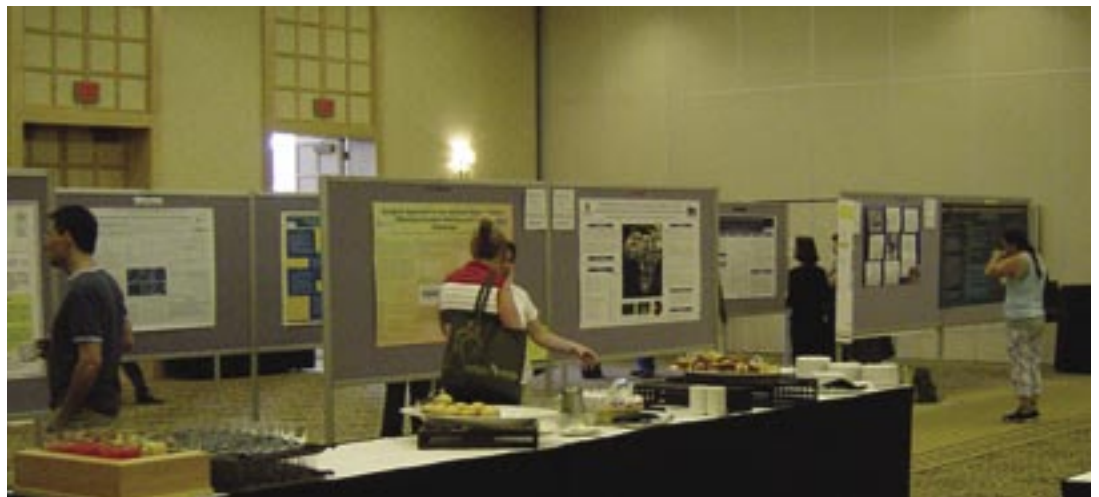
O-OBS-005 – The Use of Transdermal Nitroglycerin for Preterm Labour

Best Gynaecology Paper – Fellow: Laurie Elit

O-GYN-MD-001 – Outcomes for Surgery in Ovarian Cancer

Best Obstetrics Poster – Fellow: Kenneth Lim

P-OBS-008 – Fetal Pulmonary Artery Diameters and Ratios Standardized for Fetal Biometric Parameters



Abstract Day during the SOGC's Annual Clinical Meeting in Vancouver, in June 2006.

Continuing Professional Learning

The strength of the SOGC Continuing Professional Learning programs lies in the quality of its events and the scope of its educational program. Between July 1, 2005 and June 30, 2006 the Society presented 7 educational events, including five regional CME programs, one international event and the annual clinical meeting.

Regional CME Events		
SOGC/AOGQ/SOLAMER ^{*New}	October 6-8, 2005 Loew's Le Concorde Québec, Québec	206 participants
Ontario CME	November 24-26, 2005 Toronto Marriott Eaton Centre Toronto, Ontario	275 participants
FMC du Québec (OBS) ^{*New}	November 17-18, 2005 Ritz Carleton Montréal, Québec	193 participants
West Central CME	March 30-April 1, 2006 The Rimrock Resort Hotel Banff, Alberta	184 participants
Gynaecology ON CME	April 7-8, 2006 Toronto Marriott Eaton Centre Toronto, Ontario	166 participants

International CME, Beaches Resort in Turks and Caicos, March 6-10, 2006

The 19th International CME Conference 2006 offered a learning experience to 141 health professionals within a unique and exotic setting. The scientific sessions included discussions on the underestimated morbidities of Cesarean sections, followed by a series of presentations in maternity and women's health. Interactive sessions were also delivered on medical therapy of ectopic pregnancies, the role of fibroid treatment in infertility, management of endometriosis, new technologies for stress incontinence, menstrual suppression and many more. Three local doctors and a nurse from Providenciales Island were invited to attend the conference. The SOGC will continue to invite local health care providers in women's health to share best practices and knowledge in international settings.

"Members can be assured that the SOGC is working very hard on their behalf. CME events, clinical guidelines and ways to make new clinical information readily available are top priorities. The organization feels accountable to its members and the patients we serve."

Don Davis, SOGC President 2006-2007

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

Annual Clinical Meeting, Vancouver, June 22-27, 2006

The 62nd Annual Clinical Meeting (ACM) was well attended with over 800 delegates attending more than 50 learning sessions. Leading experts in obstetrics, gynaecology, midwifery, contraception, infectious disease, endocrinology and reproduction shared their knowledge with the attendees and the media. SOGC media relations activities were instrumental in putting women's health at the forefront of the news coverage, not only in the local Vancouver media but across the country.

The Medical Student Program attracted more than 65 medical students who participated in the educational program. Organized by the SOGC's Promotion of the Specialty Committee, this program is designed to increase recruitment into obstetrics and gynaecology.

ALARM Program

The ALARM program continues to succeed with 350 nurses, midwives, family physicians and ob/gyn participating in 10 ALARM courses (seven regularly scheduled courses; one special request course; two resident courses). The two-day ALARM program examines all aspects of intrapartum and immediate post-partum practice in Canada and is comprised of case-based plenary sessions, hands-on workshops and a comprehensive examination process. The ALARM program is designed to review, update and maintain professional competence in obstetrics and to ensure the most progressive, effective standard of maternity care possible to Canada's mothers and their newborns.

In February 2006 the ALARM course was presented, for the first time, in Canada's North. Twenty-four health professionals participated in a course offered at the Inuvik Regional Hospital in Inuvik at the request of the Beaufort Delta Health and Social Services Authority.

The 13th edition of the ALARM course syllabus was completed and published in early February 2006.

ACM ... by the numbers!

811	Registered Delegates
133	Abstract Presentations
56	Media interviews
55	Conjoint/Committee Meetings
39	Sponsors/Exhibitors
20	Best Practice Sessions
19	Past Presidents in attendance
14	Post Graduate Courses
11	International Symposia
9	Sessions sold out
6	Subspecialty Sessions
4	Receptions
2	Luncheon Symposia

Maintenance of Certification Program

The SOGC is an Accredited Continued Professional Development (CPD) provider of the Royal College of Physicians and Surgeons of Canada. The SOGC received a total of 25 applications that were reviewed and approved within the framework of the Royal College's Maintenance of Certification Program.

Millennium Technology

The SOGC offered the Millennium Technology Course as a two-hour breakout session at both Ontario CME events and at the West Central CME. The Millennium Technology Course is designed to help SOGC members gain the technological skills they need for the optimal use of computer technology. The course content is reviewed at regular intervals to ensure it encompasses the most recent advances in technology. As the technology continues to evolve, this breakout session will continue to be a very popular element of CME events.

The Journal of Obstetrics and Gynaecology Canada

The Journal of Obstetrics and Gynaecology Canada is the SOGC's professional publication and is widely distributed to over 7,700 health care professionals and relevant stakeholders. The Journal is an important knowledge dissemination tool with the publication of the recent advances in ob/gyn research, clinical guidelines, policy statements, committee opinions and other relevant scientific information. Over the course of this year, more than 20 guidelines were published in The Journal, including a 25 page special edition on menopause and osteoporosis.

The Journal of Obstetrics and Gynaecology Canada is contributing substantially to the improvement of patient care through knowledge-sharing of scientific evidence and best practices.

SOGC Programs

The MORE^{OB} Program - Making a Difference for Patient Safety

Within a period of just three years, the SOGC is proud of the success of the Managing Obstetrical Risks Efficiently (MORE^{OB}) program. The MORE^{OB} program is delivered to over 6,100 participants within established programs in 131 health organizations in Ontario, Manitoba, Saskatchewan, Alberta and British Columbia.

The MORE^{OB} program was developed to improve patient safety and promote a patient safety culture in obstetrical programs in various health organizations. The program's vision puts patient safety first within a multidisciplinary approach to care as well as a cooperative learning and work environment. The MORE^{OB} program ensures that patient safety is everybody's responsibility all of the time.

The strength of the MORE^{OB} program is the establishment of communities of practice (CoPs) as the most effective and efficient way to address the barriers to patient safety. The MORE^{OB} program focuses on the review of events to find causes and to study systems involved, to make findings accessible, and to make recommendations at the most appropriate levels and departments within the organization.

In November 2005, the MORE^{OB} program was launched in a U.S. hospital. Module One Training has been completed at St. Joseph's Hospital Health Centre in Syracuse, New York. A second site was implemented in July 2006 in Newton, Kansas.

In the spring of 2006, the SOGC was successful in obtaining another three year accreditation for the MORE^{OB} program from the College of Family Physicians of Canada.

The SOGC expects to continue expanding the program in Canada and in Quebec and will launch it in the Maritimes by early 2007.

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

2005-2006
2005-2006
2005-2006
2005-2006

SOGC's International Women's Health Program

SOGC's Partnership Program (2003-06):



In 2006, the current cycle of partnership program activities came to their scheduled end. SOGC's volunteers provided support to our partners for the execution of the ALARM International Program in all three countries of intervention (Haiti, Guatemala and Uganda) and provided technical support to Guatemala in order to strengthen its professional association.

With the completion of this partnership cycle, the Canadian International Development Agency (CIDA) mandated Baastel Inc., an independent consulting firm, to evaluate the Society's program. Preliminary results are promising with Baastel Inc. recommending to CIDA that the Society's Partnership Program be renewed with the current partners for a further three to five year cycle.

2005-2006
2005-2006
2005-2006

Ukraine ALARM International Program (2006-2010)



In January 2006, the SOGC initiated a new four-year partnership program with the Ukrainian Association of Obstetricians and Gynaecologists (UAOG) to improve their organizational capacity. This will allow the UAOG to contribute to national efforts to reduce maternal and newborn mortality and morbidity in their country. This new program will strengthen the UAOG's leadership role in advocating and addressing issues related to safe pregnancy and delivery and optimal newborn health.

This intervention is being conducted under the umbrella of FIGO's Save the Mothers and Newborn Initiative and receives financial support from the Human Capacity Development Project (the Capacity Project), a consortium of international organizations funded by USAID (United States Agency for International Aid).

FIGO's Post Partum Hemorrhage (PPH) Initiative

At its 2003 World Congress, the International Federation of Gynecology and Obstetrics (FIGO), in collaboration with the International Confederation of Midwives (ICM), launched a global initiative to decrease the incidence of PPH. This initiative includes two key components:

- The development and dissemination of a joint statement related to the management of the third stage of labour to prevent PPH;
- A collaboration with a new global initiative called POPPHI (Prevention of Postpartum Haemorrhage Initiative) which aims to promote the prevention of PPH and to increase the proportion of women who have safe deliveries.

Over the past year, the SOGC has been mandated by FIGO to support this presidential initiative. With the support of POPPHI, the Society continues to disseminate the FIGO / ICM joint statement worldwide, and participates in international dialogue related to new technologies and strategies

in the field. Furthermore, the SOGC has been involved in conducting a global survey aimed at collecting information on the current practice of PPH prevention in low resource countries.

New Partnerships

In late April 2006, the SOGC signed a Memorandum of Collaboration with the Society of Rural Physicians of Canada (SRPC) to provide technical expertise and materials to support SRPC's international health initiative in Iraq. The SOGC provided components of the ALARM International training program to the rural physician's society, which they incorporated into their ongoing CME activities in Iraq.

International Women's Health Program's Advocacy Activities

Domestically, the SOGC continues to be active in promoting a greater role for Canada in international development and more specifically, women's sexual and reproductive health. Ongoing bilateral meetings were held with CIDA officials, and the Society's program was promoted in numerous forums including the Canadian Conference on International Health and an international development forum organized by Carleton University.

September 2005—The SOGC initiated discussion with the Canadian Paediatric Society (CPS), the Canadian Association of Midwives (CAM) and the Association of Women's Health, Obstetric and Neonatal Nurses Canada (AWHONN) on the possibility of establishing a joint Steering Committee mandated to explore collaboration.

October 2005—SOGC submitted a brief to the 2005 pre-budget consultations of the House of Commons' Standing Committee on Finance. The brief encouraged the federal government to increase its financial commitments to foreign aid, and more specifically to Safe Motherhood and Newborn Health (SM/NH) programs. The brief was subsequently circulated to all Members of Parliament.

January 2006—At the time of the Federal Election, the Society developed and disseminated, in collaboration with Action Canada for Population and Development (ACPD) and the Canadian Federation for Sexual Health (CFSH), an advocacy kit for members promoting issues of interest to SOGC's domestic and international programs. This included advocating for an increased investment in official development assistance, especially with regard to maternal and infant health.

April 2006—The Society organized a professional development workshop for its ALARM International Instructors. This first ever forum brought together more than 45 current and future instructors and AIP leaders from our partner countries (Guatemala, Haiti, Uganda and Ukraine).

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

Facts:

- *The ALARM International Program is a training and mobilizing tool for health professionals involved in the delivery of emergency obstetrical care in low resource countries. The program is endorsed by the Partnership for Safe Motherhood and Newborn Health and the World Health Organization.*
- *Every minute around the world: 1 woman dies in labour or childbirth and 20 children under the age of 5 die.*
- *Skilled attendants are present at only 53% of deliveries worldwide and only 40% of deliveries take place in a hospital or health centre.*
- *Pregnancy related complications are the main cause of death for 15-19 year old girls globally.*



June 2006—The SOGC's Annual Clinical Meeting began with the International Women's Health Symposium. Almost 200 participants spent the day exploring the integration of HIV/AIDS, safe motherhood and newborn health, and sexual reproductive rights.

Technical support interventions conducted by SOGC in 2005/06

- Sept. 05: Technical support to AGOG (Guatemala) for the delivery of the ALARM International Program.
- Sept. 05: Technical support to AGOG (Guatemala) for the ratification of a modified code of ethics.
- Nov. 05: Technical support to SHOG (Haiti) for the delivery of the ALARM International Program.
- Jan. 06: Launch of the UAOG (Ukraine) ALARM International Program.
- Jan. 06: Technical support to AOGU (Uganda) for the delivery of the ALARM International Program.
- Feb. 06: Technical support to AGOG (Guatemala) re: institutional issues.
- May 06: Technical support to UAOG (Ukraine) re: National ALARM International Committee.
- June 06: Technical support to SHOG (Haiti) / *Ecole Nationale des Sages-Femmes et Infirmières d'Haiti* for upgrade of skills of instructors.
- June 06: Technical support to UAOG (Ukraine) for the delivery of the ALARM International Program to the future instructors.



The SOGC... Around the world in 2005-2006



The Multidisciplinary Collaborative Primary Maternity Care Project (MCP²)

The Society of Obstetricians and Gynaecologists of Canada is the lead organization for the Multidisciplinary Collaborative Primary Maternity Care Project (MCP²). The strength of MCP² lies in the partnerships that have been established. Associations representing the full range of maternity care providers are collaborating in this initiative, in order to collectively champion changes to the provision of maternity services and the move to collaborative models of primary maternity care. They include: the Association of Women's Health, Obstetric and Neonatal Nurses Canada (AWHONN Canada), the Canadian Association of Midwives (CAM), the Canadian Nurses Association (CNA), the College of Family Physicians of Canada (CFPC), the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Society of Rural Physicians of Canada (SRPC). MCP² was funded by the Primary Health Care Transition Fund of Health Canada.

The overarching goal of MCP² is to reduce key barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity services for all Canadian women.

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) was completed in June 2006 and a final report was submitted to Health Canada at that time. A series of meetings were held with provincial governments seeking a commitment to implement multidisciplinary collaborative maternity care teams in their provinces.

A key resource emanating from MCP² is a document entitled: *Guidelines for Development of a Multidisciplinary Collaborative Primary Maternity Care Model*. This document includes a series of knowledge transfer modules that provide a framework for the establishment of multidisciplinary collaborative care models, and primary health care reform. They specifically address primary maternity care where human resource shortages have had the profound impact of reducing access to care for Canadian women.

It is clear that an important first step towards the reduction of barriers to collaborative primary maternity care was achieved through the participation of key stakeholders in the work of this project, primarily through the National Primary Maternity Care Committee. This initial work will have a significant long-term impact on the future of collaborative care models across Canada and more specifically, on the provision of collaborative primary maternity care. Implementation will depend on the political will and vision of provincial and territorial governments in committing to the necessary next steps.

These resources also have the potential to impact policy and practice through the proposed evaluation tool that was developed within one of the knowledge transfer modules. This evaluation tool may be used by both currently operating collaborative maternity care settings as well as those that may arise in the future.

2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006
2005-2006

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

Summarized Statement of Financial Position

December 31, 2005, with comparative figures for 2004

	2005	2004
Assets		
Current assets:		
Amounts receivable	\$ 1,912,106	\$ 916,448
Prepaid expenses and deposits	158,810	176,764
Prepaid rent	148,918	101,834
	<u>2,219,834</u>	<u>1,195,046</u>
Portfolio investments (market value 2005 - \$2,808,315; 2004 - \$2,096,292)	2,078,170	1,678,170
Prepaid rent	1,861,476	2,057,479
Deferred development costs	–	66,371
Capital assets	380,427	428,308
Intangible asset	130,000	130,000
	<u>\$ 6,669,907</u>	<u>\$ 5,555,374</u>
Liabilities and Net Assets		
Current liabilities:		
Bank indebtedness	\$ 169,278	\$ 249,682
Accounts payable and accrued liabilities	1,343,189	974,726
Deferred revenue	1,310,543	743,514
Current portion of term loan	27,356	54,051
Current portion of long-term debt	441,305	495,724
	<u>3,291,671</u>	<u>2,517,697</u>
Term loan	–	30,161
Long-term debt	1,352,718	1,664,688
Net assets	2,025,518	1,342,828
	<u>\$ 6,669,907</u>	<u>\$ 5,555,374</u>

See accompanying note to summarized financial statements.

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

Summarized Statement of Operations and Changes in Net Assets

Year ended December 31, 2005, with comparative figures for 2004

	Budget (unaudited)	2005	2004
Revenues:			
Sponsorships	\$ 4,694,207	\$ 4,563,104	\$ 3,299,433
Registration fees	3,616,340	4,091,270	2,476,014
Administrative services	487,173	514,799	521,538
Membership fees	541,900	515,862	490,034
Journal sponsorship	540,000	315,862	369,879
Journal subscription	140,000	129,956	135,130
Journal advertising	560,000	537,052	593,507
Exhibits	210,000	237,689	160,748
Sales of books and brochures	29,000	21,352	61,263
Grants	—	—	150,000
Social programs	43,345	19,672	61,895
Fellowships	—	—	23,500
Miscellaneous	118,230	132,260	147,141
Interest	5,000	5,973	1,061
Rent from collaborating practice and rental units	52,100	58,183	25,775
Funding international activities	470,212	403,907	513,191
Salary management for tenants	89,887	82,893	—
Internal resource	—	75,590	—
	11,597,394	11,705,424	9,030,109
Expenditures:			
Salaries and benefits	3,700,244	4,083,599	3,255,547
Committee travel and accommodation	719,275	507,783	455,061
National travel and accommodation	458,425	406,901	331,453
President's	66,300	55,499	62,126
Memberships and affiliations	3,000	5,125	5,388
Consulting	886,181	1,078,453	815,953
Journal	951,996	951,171	1,061,313
Professional development	53,100	63,120	20,345
Development costs	408,000	558,930	302,379
Media consulting	—	—	7,734
Conference speakers	390,746	526,601	459,661
Translation and interpretation	62,775	42,409	26,601
Books and periodicals	17,000	17,969	17,988
Printing	285,621	176,224	241,070
Publicity/promotion	359,552	203,223	168,441
Prizes and awards	54,800	32,279	46,331
Equipment purchases	83,000	96,171	79,690
General office administration	486,201	391,177	521,720
Equipment rental	294,348	267,209	186,563
Rent	361,055	401,796	314,581
Legal	15,600	8,790	44,071
Audit	16,000	26,900	25,665
Insurance	27,500	38,967	5,005
Affiliated meetings	108,800	128,172	16,117
Hospitality	460,771	465,236	420,455
Amortization of capital assets	102,847	117,227	63,253
Amortization of deferred development costs	66,371	66,371	132,743
Interest	117,000	107,019	98,718
Funding special projects and international activities	154,978	160,311	227,603
Miscellaneous	39,000	38,102	84,751
	10,750,486	11,022,734	9,498,326
Excess (deficiency) of revenues over expenditures	846,908	682,690	(468,217)
Net assets, beginning of year		1,342,828	1,811,045
Net assets, end of year		\$ 2,025,518	\$ 1,342,828

See accompanying note to summarized financial statements.

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

Note to Summarized Financial Statements

Year ended December 31, 2005

Investments:

Investments have appreciated by \$730,145, which reflects an unrealized gain in market value between December 31, 2004 and December 31, 2005. If the total investment portfolio had been sold on December 31, 2005 at its full market value, the Society of Obstetricians and Gynaecologists of Canada would have excess of revenues over expenditures of \$1,412,835 for the year.

