



The Society of Obstetricians
and Gynaecologists of Canada

Celebrating 60 Years
of Excellence!

The Past Fifteen Years

Table of Contents

Introduction.....	4
Leadership – The Key to Success	4
Preface.....	6
The Mission	9
The Past Presidents, 1990 to 2004	10
The President’s Award	21
Embracing Change: The Evolution of the National Office.....	23
Strategic Development	25
SOGC Financial Aspect 1990-2004.....	38
Membership Facts and Figures	40
SOGC Committees	42
Setting Standards of Care.....	45
SOGC Publications	46
National Projects.....	51
SOGC’s Relationship with FIGO	67
Acknowledgments.....	69

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The Sixtieth Anniversary of The Society of Obstetricians and Gynaecologists of Canada

Introduction

Looking back throughout each decade in its history, the Society of Obstetricians and Gynaecologists of Canada (SOGC) has made a significant impact on the advancement of women's health. The past 15 years is no exception. The SOGC has embraced change and growth in a way that has led to a stronger, more responsive national association with a clear mandate to speak for the specialty of obstetrics and gynaecology and the public interest. This document is a retrospective of the period 1990 to 2004, and follows a previous publication, *The First Fifty Years*.

Preface

The Way Forward

The Diamond Anniversary of the Society of Obstetricians and Gynaecologists of Canada is a celebration of the members and the association's exceptional achievements. The foundation of the SOGC in 1944 reflected the need to promote physician education, research and excellence in care. Over the last decade, SOGC has broadened this purpose to include international women's health and public education.

Public education has been at the core of physicians' practices since time immemorial. The SOGC, animated by the desire for transparency, decided in the mid 1980s to make its evidence based guidelines available to the Canadian public so that women can make informed choices about their health. By providing the public with current scientific information, we work toward better health outcomes for all Canadians.

The 1995 and 2000 Strategic Plans included priorities for sustainable initiatives in international women's health in order to reduce maternal mortality and morbidity around the world. The SOGC could not stand idle when half a million women die annually from pregnancy related complications that require simple, effective and

known treatments for illnesses such as pre-eclampsia, post partum hemorrhage, dystocia and septic abortion.

The highlights of the last 15 years in this retrospective book reflect the efforts of hundreds of men and women in Canada who share the same vision: to provide optimal obstetrical and gynaecologic health care to women. SOGC members have embraced innovation and pushed research forward in a number of important areas such as oncology, genetics, high risk pregnancy and infertility. New partnerships with governments, universities, professional associations and non-governmental organizations have raised the bar of excellence in obstetrics and gynaecology. However, we need to renew our commitment daily and ensure vigilance, transparency, honesty and quality for women's health around the world.

In my mind, the highlights of the last 15 years are found in the decisions of the Presidents and Councils when they opened the SOGC to affiliate professions in the field, favored international health initiatives and worked collaboratively to provide top quality health education to physicians and women. Every President, Executive and Council member was pivotal for the growth and longevity of the SOGC.

SOGC members were visionary: the decision by Council, especially Drs. Gauthier, Maheux, and Nisker, to move the National Office to Ottawa; Dr. Hannah's decision to sell the publication rights of the JOGC (formally known as the Bulletin) turned a financial crisis into a lifeline for the association; Drs. Peddle and Popkin decided to hire a permanent EVP, which was a critical move to stabilize the SOGC. The commitment of Presidents Lea, Reid, Baskett, Fedorkow and Young in addressing critical issues on contraception and menopause were instrumental in raising public awareness on women's health issues in Canada.

Much of the progress of the association would not have been accomplished without the tremendous contributions and dedication of SOGC's Treasurers, specifically Drs. Krepart, Rochette, Blouin and Black. In the early 1990s, then Treasurer Dr. Krepart brought the SOGC through a financial crisis and the FIGO World Congress in Montreal.

Women have assumed leadership positions in all aspects of the association and at the Executive level including, Drs. Shaw, Schuurmans, Smith, Christilaw and Fedorkow. These women have pushed forward the women's health agenda both nationally and internationally.

There are hundreds of individuals across the country and around the world that have had a particular influence on the SOGC in the last 15 years. As Executive

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Vice-President, I would like to take the opportunity during this 60th Anniversary Year to thank everyone for giving me the opportunity to be part of such a fantastic working group.

Where is the SOGC headed? In the last year, the SOGC has taken control over the Journal's publication rights and hopes to expand it to fulfill the needs of health professionals across Canada.

The SOGC is entering a new phase in risk management. The MORE^{OB}/AMPRO^{OB} programs in risk management are second to none. This is due in great part to the tremendous devotion and expertise of Dr. Milne (Past President and Associate EVP), who has developed and implemented this program in Canada. The SOGC's public education campaign, specifically "www.sexualityandu.ca", has made tremendous progress and we will continue to develop other web-based education on obstetrics and gynaecology for the public. Finally, the SOGC is entering a new partnership with *Health Canada* to look at collaborative practice, as this will be the single most important issue for the SOGC in the years to come. This is due to the fact that specialists cannot solely deliver obstetrical care that Canadian women need; rather we must work in collaboration with other allied health professionals to share expertise and experiences. The SOGC's diversity is reinforced through the policy of ensuring representation from a variety of disciplines in obstetrics and gynaecology on Committees and in the general membership.

Internationally, the SOGC has been successful in cultivating varied partnerships with universities, professional associations, governments and multilateral organizations in low resource countries and countries in transition so that we can work together to reduce the tremendous burden of maternal mortality and morbidity. The ALARM International Program has been delivered to over 1000 health professionals in over 16 countries in less than three years and the SOGC Partnership Program, funded by the *Canadian International Development Agency*, yields continuous positive results.

The SOGC employees are our pride and joy and have worked with devotion and enthusiasm over the years. I have been blessed to work with Drs. Ken Milne and Vyta Senikas, two Associate Executive Vice-Presidents of exceptional quality, integrity and dedication.

Finally, I am pleased to wake up every day and look out my office window knowing that SOGC has united and engaged gynaecologists, obstetricians, physicians, professionals and other health care providers as well as the Canadian

public to improve women's health. I would like to thank you and the organization for giving me the privilege to work with so many exceptional people over the last 15 years!

Respectfully submitted,



André B. Lalonde, MD, FRCSC, FRCOG, FSOGC, FACS, MSc
Executive Vice-President
The Society of Obstetricians and Gynaecologists of Canada

Leadership – The key to success



This year the Society of Obstetricians and Gynaecologists of Canada celebrates sixty years of service to its members and the public. During this year, many activities have been planned to recognize milestones in the history of the SOGC and the individuals who have made significant contributions and provided leadership for these achievements. None, in my opinion, is more worthy of recognition than our current Executive Vice-President, Dr. André Lalonde.

André Lalonde joined the National Office in June 1990 as Executive Vice-President and, along with an Executive Director, carried out the mandate of the SOGC. In 1991, he was given the sole responsibility to lead the SOGC as the Executive Vice-President. In the summer of 1991, he returned from the Annual Clinical Meeting to assume the reins in a small Ottawa office with little support staff and an organization in debt with no line of credit. The rest is now history and 14 years later, the National Office is located in a new building with a recent expansion that now provides 7,000 square feet of space to 44 full time employees.

During his tenure of leadership, the SOGC has evolved from its long period of adolescence into full maturity and adulthood. The SOGC is now recognized at the federal and provincial levels of government as a leader in advocacy for women's health. We are a highly respected resource for information pertinent to the practice of obstetrics and gynaecology and frequently invited to the table on health policy

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decisions. Under his leadership, standards of care have been established through our published Policy Statements, Guidelines and Committee Opinions that are used daily in the practice environment and the judicial system.

With his vision, our association has provided a collaborative and multidisciplinary learning environment for obstetricians and gynaecologists, family physicians, nurses and midwives. The SOGC's continuing medical education programs are recognized as innovative, clinically relevant and have set the bar for being comprehensive and accessible. He has guided the SOGC in meeting its public responsibilities with numerous public education programs and an established public education website. In addition, his guidance led us to embrace public participation on our Council, a direction that is now being followed by other specialty societies.

His passion for advocating for women's health in developing countries has created a leadership role for the SOGC internationally. Our successes in our chosen areas of operation are acknowledged by the Federal government and among our international peers. We have become a major player internationally in the advancement of women's health in developing countries, combining our education programs with advocacy initiatives in women's reproductive rights and raising awareness on violence against women.

André's capacity for work is well-known by all of those who have worked with him. His commitment, tenacity and dedication are relentless. He never asks more of anyone than himself. For those of us who have worked with him in the daily environment of the National Office, we have come to know a man of strength, vision, enduring will, humour and one who loves to tell stories about growing up in Hawkesbury and his years in medical practice.

To my friend, colleague and mentor, on behalf of all past and present members of the SOGC, we extend to you our sincere thanks for your steadfast leadership and direction in the advancement of the mission of the SOGC and the improvement of women's health and their families nationally and on the global stage.



Kenneth Milne, MD, FRCSC, FSOGC, FACOG
Associate Executive Vice-President, The Society of Obstetricians and Gynaecologists of Canada

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The Mission

From its inception, the SOGC has had a strong sense of purpose. In its inaugural meeting in 1944, that purpose was reflected through the adoption of the SOGC's first mission statement that read:

"the promotion, cultivation, and encouragement of the Art and Science of Obstetrics and Gynaecology in Canada."

Through the years that sense of purpose has remained but the mission statement has evolved. The most recent statement, adopted in 2000, reads as follows:

"to promote optimal women's health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology."

Under the banner of this mission statement, the SOGC subscribes to the following tenets:

1. Every woman should have equitable access to optimal, comprehensive health care, provided with integrity and compassion.
2. Information should be made available to women that will allow the appropriate and relevant choices about their health.
3. SOGC members have the right to practice in a safe and supportive environment.
4. Obstetrics and gynaecology are practices that must be based on the best scientific evidence available.
5. The Society of Obstetricians and Gynaecologists of Canada has a responsibility to facilitate change in relation to health system issues that affect the practice of obstetrics and gynaecology.

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The Past Presidents, 1990 to 2004

Dr. David R. Popkin, 47th President from 1990 to 1991



During his Presidency, Drs. Popkin and Reid debated SOGC's position on reproductive health at the *Royal Commission on New Reproductive Technologies*.

The SOGC was scheduled to participate in the development of Ontario's midwifery programs and was requested by the Minister of Health to be a part of the interim council responsible for drafting practice standards and a curriculum. However, SOGC later found out that the government had decided to allow the *Toronto Institute*

of Technology to design and implement the curriculum rather than basing it on university programs, as advocated for by the SOGC, the *Ontario Association of Midwives* and other professional associations.

Abortion issues were a topic of debate at the Federal government and Dr. Popkin presented SOGC's position on Bill C-43 to the *Legal and Constitutional Affairs Senate Committee*. The SOGC continuously lobbied the Senate and gained support in defeating the restricted bill on abortion.

After a spirited Annual Council Meeting, Junior members voiced their concerns regarding their relationship with the National Office and warned they may leave the SOGC if administrative and managerial processes were not reformed. The Executive took a solid stand on these issues and opted to hire a permanent Executive Vice-President instead of a Director of Administration.

Dr. Dorothy Shaw, 48th President from 1991 to 1992



Dr. Shaw has substantial expertise in women's health and is a staunch advocate for women's health issues in Canada and around the world.

In the early 1990s, not long after Dr. Shaw became President, the Executive Vice-President submitted a new strategic plan. Unfortunately, the SOGC had a poor financial standing and was in desperate need of aid to reach the goals set out in the plan. Dr. Shaw, together with Dr. Lalonde and the Treasurer, Dr. Krepart, secured

long-term financing from the *Royal Bank of Canada*. The SOGC subsequently re-evaluated the committee structure with particular focus on the Junior Members' Committee. The bylaws and mission were also revised to reflect the requirements of a modern national specialty society.

Dr. Shaw was also instrumental in having women nominated to the Planning Committee for the 1994 Montreal *International Federation of Obstetricians and Gynaecologists* (FIGO) World Congress. The SOGC Council modified the financial responsibilities of the SOGC and the FIGO Planning Committee. Dr. Shaw was recently the first woman to be elected to the position of President-Elect at FIGO.

Dr. Kenneth Milne, 49th President from 1992 to 1993



The SOGC organized a retreat that brought together more than 120 physicians to review how Continuing Medical Education was delivered at the SOGC. Extensive surveys were conducted to determine the members' needs and changes were subsequently made to the educational format, including smaller learning groups and the implementation of case-based studies at the regional meetings. This innovative educational initiative increased membership renewals and new applications.

In collaboration with the Patient Education Committee, Dr. Milne implemented a new model for patient education at SOGC. A four part Labour Video series was produced and distributed throughout Canada with a grant from Upjohn.

An ad-hoc committee established a three-stage standard in advanced endoscopic surgery that created national training and practice standards.

The Past Fifteen Years

During Dr. Milne's tenure, the SOGC enhanced its profile with the Federal government through advocacy and sustained efforts. These achievements created further opportunities for SOGC to influence health care legislation in Canada and further its national leadership role in sexual and reproductive health.

Dr. Robert Lea, 50th President from 1993 to 1994



Dr. Lea proved that a practicing clinician could assume the responsibilities of President of the SOGC. Dr. Lea's joviality and commitment to practicing health professionals was exemplary and he quickly became a role model for members. His term coincided with SOGC's Golden Anniversary, which was the same year as the FIGO World Congress scheduled for September 1994 in Montreal. His wide area of expertise in contraception and menopause was acclaimed by practicing physicians across Canada.

Furthermore, he influenced participation at the regional meetings and consolidated SOGC's relationship with *Association des obstétriciens et gynécologues du Québec* by attending many of their conjoint meetings.

One area of Dr. Lea's focus as President concentrated on assisting the membership with the medical and legal issues relating to cerebral palsy. A Task Force on Cerebral Palsy and Asphyxia was established in collaboration with eight national organizations to study the disease and recommend solutions. There was substantial international recognition of SOGC's leadership on this issue, especially from countries like New Zealand and Australia. Furthermore, the resulting recommendations led to the development of the Advances in Labour and Risk Management (ALARM) course.

The Social Sexual Issues Committee secured funding from *Health Canada* to develop, promote and evaluate the practice guidelines for obstetrical and gynaecological care of women diagnosed with HIV. This project also included the assessment of "Counseling Guidelines for Physicians" to promote safer sexual practices, representing a major achievement in sexual and reproductive health in Canada.

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Dr. Rodolphe Maheux, 51st President from 1994 to 1995



Dr. Maheux embraced the energetic spirit of the SOGC by being the first and only President to travel 300 kilometres by bicycle between Quebec City and Lake Carling for his presidential inauguration!

In September of 1994, the SOGC ensured that the 14th FIGO World Congress would be remembered as a highlight for the world. Drs. Lalonde and Maheux oversaw the creation of the first FIGO fellowship program that sponsored 50 young physicians from developing countries to study in Canada a month prior to the World Congress.

During Dr. Maheux's tenure, the SOGC became a forerunner in the provision of clinical research, guidelines and services to health professionals in rural and isolated areas of the country by establishing links between the association, hospitals and health centres. The SOGC initiated new projects focused on technological advances and was the first professional association to develop a website where guidelines and position papers were available.

There was an increasing emphasis on clinical evaluations to improve reproductive health care in Canada and as a result, the Continuing Medical Education programs were adapted to meet different needs, educate and stimulate debate.

Beaulieu and Associates developed a communication plan in order to elevate SOGC's profile both provincially and nationally, leading to the creation of a speaker's bureau.

At the Annual Clinical Meeting in June 1994, discussions focused on the future direction of the SOGC in the development of its second strategic plan, 1995 to 2000. Several priorities were identified for the first year including: the rejuvenation of the *Canadian Foundation for Women's Health*, a resource centre, a secretariat with an electronic mailing system, a communications division and activities to reduce cerebral palsy and premature births.

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The Past Fifteen Years

The Past Fifteen Years

Dr. Garry Krepart, 52nd President from 1995 to 1996



From the *lean mean years* when he was Treasurer of SOGC “performing” economic miracles to keep SOGC afloat in the early 1990’s to his role as President, Dr. Krepart witnessed an increasingly successful organization complete with a reserve fund. During his presidency, special attention was devoted to the *Canadian Medical Protective Association* (CMPA). Throughout the past, the SOGC had been trying to understand the workings of the CMPA and tried to convince them to endorse SOGC projects on risk management. When the Ontario Minister of Health refused

to pay rebates to physicians who were members of CMPA, a semi-independent review was conducted. The CMPA’s ability to defend SOGC members was never questioned but their involvement in risk management was a major concern.

Even though some of the SOGC guidelines were subject to controversy, most of them were well accepted and became practice standards for many institutions. For instance, the Attendance at Labour guideline, although initially criticized, stood the test of time and enhanced practice standards.

The SOGC also developed a policy paper concerning low reimbursement fees awarded for obstetrical services specifically for those performing very high-risk deliveries. With the help of local and national medical associations, the SOGC worked hard to correct these discrepancies.

Dr. Nan Schuurmans, 53rd President from 1996 to 1997



Dr. Schuurmans’ term as President was highlighted in part by the development of a clinical practice guideline on antenatal labour and delivery that was adapted to the present Canadian context called “*Healthy Beginnings*”. Guidelines were disseminated through mail, published in the JOGC and posted on the website.

Afterwards, a book on pregnancy, also called “*Healthy Beginnings*” was published. The publication was based on the antenatal care guidelines and was designed for general public education so that women across Canada could educate themselves on issues relating to their pregnancies. This landmark project was developed in collaboration with the Clinical Practice Obstetrics Committee, setting new standards in enhancing the expertise and the outcome of pregnancy for Canadian women.

Dr. Schuurmans encouraged the SOGC to view women’s health issues in their broadest political, socioeconomic and cultural context while at the same time keeping medical and/or biological factors in mind. This new perspective on women’s health was incorporated in the SOGC’s strategic plans.

During her tenure, Dr. Schuurmans, in collaboration with the *Canadian Fertility and Andrology Society* (CFAS) and the *Canadian Medical Association* (CMA), presented SOGC’s position on Bill C-47 (now Bill C-6 - New Reproductive Technologies) to the *House of Commons’ Standing Committee*.

Finally, the SOGC collaborated with the *Canadian Pediatrics Society* in developing a joint statement on issues concerning early discharge and the length of stay for term births. The joint policy statement included examples of successful and carefully planned early discharge programs.

Dr. Robert Reid, 54th President from 1997 to 1998



The SOGC was very active during Dr. Reid’s presidency and the personnel at the National Office felt that Drs. Reid and Lalonde were unstoppable, if not dangerous! Dr. Reid’s contribution is still visible at the association today. A multitude of ideas and projects were generated daily and had positive effects on the SOGC, such as the increases in memberships and in attendance at regional programs.

Dr. Reid initiated media training initiatives and media relations procedures. For instance, the release of a new SOGC Consensus Document on Contraception created opportunities for public education, media attention and political action. Another successful campaign was the Public Education Program on Menopause. With SOGC’s document entitled *Hormone Replacement Therapy: An Update*, a clear message was given to Canadians about the risks and benefits of hormone replacement therapy. It also identified counseling initiatives on breast cancer issues.

The SOGC also focused attention on abortion violence after three Canadian gynaecologists were wounded in shooting incidents. With the help of Dr. Lalonde, Dr. Reid met with the Ontario Minister of Health where they urgently pressed the Minister to address the Ontario Provincial Attorney General on abortion violence issues such as security concerns for clinics and providers.

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Other issues of concern in the practice environment were the increasingly high malpractice fees being paid by physicians, their quality of life and the high-risk involved in the practice of obstetrics. These concerns were significant determinants in the recruitment of obstetricians and gynaecologists for health care.

Dr. Thomas Baskett, 55th President from 1998 to 1999



Although some might say that Dr. Baskett is perhaps best remembered by his “word list” sent to the staff at the National Office concerning the proper use of the English language, others will recall that his tenure took place during a very steep expansion of the association. Dr. Baskett helped maintain professionalism at the SOGC within the rank and file members by dealing with concerns and ensuring the National Office provided excellent services to the membership.

The SOGC became increasingly involved in maternal mortality reduction initiatives. Accordingly, its strategic plan was modified to include an element on maternal mortality in international health. The SOGC accepted that part of its mandate would include excellence in international women’s health through the reduction of maternal mortality and morbidity worldwide. During his term, the FIGO Save the Mothers Project was launched in collaboration with SOGC’s partner association, the *Association of Obstetricians and Gynaecologists of Uganda*. The Canadian ALARM Course went through modifications so that the content could be taught in low resource settings and the SOGC had the material translated into Spanish.

At home, the ALARM/GESTA course was growing in popularity across Canada. Dr. Baskett also made sure that the SOGC continued to lobby to stimulate CMPA involvement with risk identification and management.

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The Past Fifteen Years

Dr. Robert Gauthier, 56th President from 1999 to 2000



During Dr. Gauthier’s term, membership figures for obstetricians and gynaecologists were experiencing steady growth. In September 1999, the SOGC had its accreditation request to the *Royal College of Physicians and Surgeons of Canada* (RCPSC) accepted and was recognized as an accredited provider for Continuous Professional Development in obstetrics and gynaecology.

Dr. Gauthier’s presidency was highlighted by the organization and the development of the first SOGC Contraception Awareness Project, funded by a \$3 million grant provided by major oral contraceptive pharmaceutical firms Berlex, Wyeth-Ayerst, Janssen-Ortho, Pharmacia and Organon. This initiative was very successful and helped develop public education programs on sexuality and contraception, including www.sexualityandu.ca, which won many awards.

During this time, SOGC increased the standing of its International Women’s Health Program which included: projects funded by international organizations like FIGO; partnership projects funded by the *Canadian International Development Agency* (CIDA); and projects entirely funded by the SOGC, i.e. the ALARM International Program.

By this time, SOGC’s financial situation was in great shape and a modest reserve had been built. The organizational structure was revamped at the National Office and new divisions were created.

Dr. Thirza Smith, 57th President from 2000 to 2001



When Dr. Smith assumed her role as President, the time had come for SOGC to evaluate its second strategic plan, 1995 to 2000. New gains were made in membership services, international development and clinical practice guidelines. In fact, SOGC Council approved over 14 guidelines and reviewed many more in a single year. A new strategic plan for 2000 to 2005 was developed focusing on five new strategic directions: continuous professional development, women’s health issues, practice environment, promotion of the specialty and international health.

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The Past Fifteen Years

The SOGC made efforts to develop a Risk Management project - the MORE^{OB} program - and also took initiatives to enhance the Contraception Awareness Project. Progress was also made in terms of the CMPA's involvement in risk management.

Dr. Smith and the SOGC profiled issues relating to violence against women and initiated educational programs for physicians on this issue. A program on Violence Against Women in Italy, sponsored by the *World Health Organization* where the SOGC sponsored representatives from partner ob/gyn associations from Haiti, Uganda and Guatemala. The SOGC also developed an endoscopic risk management project called SCOPE.

At this time, SOGC issued an important policy document called "*SOGC and Women's Health: 2000 and Beyond*", which studied indicators such as culture, poverty and education and their influence on women's health issues. The SOGC also published "*A Guide for Health Professionals Working with Aboriginal Peoples*", the first such document in Canada, which outlined SOGC's position on Aboriginal health issues.

The SOGC's interaction with international associations expanded and Dr. Smith developed a relationship with the *Australia and New-Zealand College of Obstetricians and Gynaecologists*. SOGC's International Women's Health Programs were recognized as FIGO's best sponsored programs and its ALARM International Program was also expanded. The SOGC obtained funding from *Canadian International Development Agency* (CIDA) to support partner ob/gyn associations in Haiti, Uganda and Guatemala for the SOGC Partnership Project, 1999 - 2002.

Dr. Jan Christilaw, 58th President from 2001 to 2002



Dr. Christilaw was another role model at a time when more women were becoming obstetricians and gynaecologists. As a renowned British Columbia activist, she was committed to women's health and sexual and reproductive issues, as such, some very important clinical guidelines were developed during her term. The SOGC also contributed to several important forums to promote women's health issues in Canada.

The SOGC implemented a progressive and innovative Risk Management initiative that enhanced the practice environment for obstetricians and gynaecologists. It changed a culture of blame to a culture of patient safety.

The SOGC lobbied the Romanow Commission and Dr. Christilaw presented the plight of obstetrical care in Canada, centered on the future of maternal care in Canada to Mr. Romanow. However, the Romanow Commission had regrettably forgotten to include this aspect in their report on specialty care in Canada.

During Dr. Christilaw's tenure, a major achievement was made relating to SOGC's Journal. In addition to a new name in July 2001, *Journal of Obstetrics and Gynaecology Canada* was added to the Index Medicus in recognition of its excellence.

One of Dr. Christilaw's Presidential highlights was the launch of the www.sexualityandu.ca Web site for the Contraception Awareness Project. The project involved a series of training programs in contraception counseling and sexual health. She also participated in obstetrical care initiatives for Aboriginal communities.

Dr. Donna Fedorkow, 59th President from 2002 to 2003



Dr. Fedorkow is very well organized and conducted the affairs of the SOGC with a sure hand. Indeed, Council members remember her for using the Presidential Gavel to call members to order!

At the beginning of her Presidency, the results of the Women's Health Initiative Study were released leading to a media frenzy. A multidisciplinary working group was organized in order to prepare a policy statement, respond to media inquiries and update the consensus guidelines on osteoporosis and menopause. Dr. Fedorkow presented the report in September 2002. At this time, another multidisciplinary panel of experts was put together to respond to a CBC Disclosure broadcast on Diane 35[®] and the risk of DVT.

Dr. Fedorkow participated in the SOGC's effort for the election of Dr. Shaw as President-Elect of FIGO. Also during her term, the SOGC hired Dr. Senikas to serve as an Associate Executive Vice-President.

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A draft legislative bill on Assisted Reproductive Technologies (ARTs), Bill C-13, was presented to the House of Commons and SOGC was asked to present a report. The report focused on three areas: SOGC's support for the establishment of a regulatory body and its recommendation for a shared model of governance; SOGC's expertise in the establishment of standards of practice and the development of evidence-based clinical practice guidelines and finally; social justice issues, including access to new reproductive technologies.

Dr. David Young, 60th President from 2003 to 2004



During Dr. Young's term, the SOGC prepared for its Diamond 60th Anniversary Celebration. SOGC developed a beautiful, modern new logo showing a more stylized mother and newborn. The overall shape is reminiscent of a medal, symbolizing the high quality of service provided by SOGC and the continuing professional development it strives to achieve. The SOGC continues to grow with additional space at the National Office.

Recent SOGC initiatives include the marketing of the MORE^{OB} Program to all parts of Canada. The SOGC is hoping to launch the program in the U.S.A. in 2004-2005. As well, after a tough negotiating process, SOGC repurchased the JOGC rights.

The SOGC supported Bill C-6 (previously Bill C-13; An Act Respecting Assisted Human Reproduction and Research), lobbied to have infertility treatments covered under Medicare, supported the development of an altruistic egg/sperm bank in Canada and worked together to ensure better services for its members.

The SOGC joined other specialty societies in a new national organization called the *Federation of National Specialty Societies of Canada* (FNSSC). The FNSSC will ensure enhanced government representation for all national specialty societies in Canada.

Since 2003, the SOGC has been providing administrative support to the *Association of Professors of Obstetrics and Gynaecology* (APOG), *The Society of Gynecologic Oncologists of Canada* (GOC), *The Society for Colposcopists of Canada* (SCC), the *Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery* (CSURPS), and lately to the newly formed *Canadian Pediatric and Adolescent Gynaecology and Obstetrics Committee* (CANPAGO) and *The Society of Gynaecologic Endoscopy of Canada* (SGEC).

The President's Award

The President's Award is considered as one of the most prestigious awards given by the SOGC. The award is granted annually by the President to an individual who has shown leadership and made an outstanding contribution to women's health in Canada, within the specialty and the SOGC. The award is presented by the SOGC President during the Annual Clinical Meeting.

Award Recipients:

- **Patrick T. Mohide**, 1990, because of his commitment to ensuring that the SOGC is a true representative national organization. Committee membership was widened to create new categories for associate members, including Junior Members and Nurses.
- **Pierre Lessard**, 1993, in recognition of his commitment to the Yellowknife community and for his achievements in women's health care in the North by his dedication to clinical care, education and teaching. Dr. Lessard organized continuing medical education activities and developed an outreach program to share knowledge with other specialists.
- **Harry Oxorn**, 1994, in recognition of his contribution to the SOGC for his efforts in the documentation and research of the history of the association, as the author of the SOGC's commemorative publication entitled *The First Fifty Years*.
- **Jeffrey D. Dolph**, 1995, the award was presented as a tribute to Dr. Dolph's enthusiasm, dedication and his contributions in the field of obstetrics. The award was granted to Mrs. Dolph since Dr. Dolph died in the line of duty in a helicopter crash during the transfer of a high risk pregnancy.
- **Leo J. Peddle**, 1996, for his outstanding contribution and dedication, from 1986 to 1994, as President of the Planning Committee of the 1994 FIGO World Congress held in Montreal.
- **Robert A. H. Kinch**, 1997, for his varied contributions to the specialty and for training many leaders in obstetrics and gynaecology in Canada. As Chair of the History and Archives Committee, he implemented storage for the SOGC's archives and books. He also developed the logo for the *Canadian Foundation for Women's Health*.

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- **André B. Lalonde**, 1998, to highlight his career in obstetrics and gynaecology in clinical practice, administration, health economics and international health. His vision for the future advancement of women's health in Canada and internationally, his enthusiasm, leadership and ceaseless efforts on behalf of the SOGC has tremendously raised the SOGC's profile both in Canada and around the world.
- **Patrick Taylor**, 1998, was honoured for his distinguished career in obstetrics and gynaecology as a clinician, researcher and mentor. Lucid and succinct as a scientific writer and editor, Dr. Taylor also knew how to laugh with his anecdotes and wit. As Editor-in Chief of JOGC, Dr. Taylor played a key role in propelling the SOGC to a prominent national organization.
- **Jean-Marie Moutquin**, 1999, in recognition of the first to coordinate a major multi-centre randomized controlled trial in Canada on tocolysis in preterm labour. In addition, he made outstanding clinical and academic contributions to the SOGC.
- **Albert Yuzpe**, 2000, in recognition of his distinguished career in academic reproductive endocrinology and infertility and for his remarkable dedication to women's health both nationally and internationally. Dr. Yuzpe is internationally renowned for the development of the Yuzpe method of emergency contraception.
- **Janet Smylie**, 2001, in recognition of the principal author of the tremendous SOGC Guideline on Aboriginal Health, published December 2000. The work undertaken in the development of this publication was considerable and the guideline serves as an excellent mechanism for the SOGC to work in collaboration with Aboriginal communities to improve Aboriginal health in Canada.
- **Jeffrey Nisker**, 2002, in honour of his excellence and devotion that led to the recognition of the JOGC to be indexed in the Index Medicus. This achievement marked a major step forward for the SOGC and for the practice of obstetrics and gynaecology in Canada.
- **Robert Reid**, 2003, for his commitment to women's health along with his leadership in medicine. Dr. Reid has made a vital contribution to research, especially his Research course for Canadian residents in obstetrics and gynaecology and his contribution to the SOGC's national endoscopy training program. His public campaign on contraception and menopause placed SOGC on the forefront of women's health issues in Canada.
- **Kenneth Milne**, 2004, for his dedication to education of obstetricians and gynaecologists in the development and implementation of the MORE^{OB} Program in Canada. Dr. Milne has also enhanced the SOGC's profile amongst its members, the public and other health care professionals.



Embracing Change: The Evolution of the National Office

For many years since its incorporation, the SOGC functioned with minimal staff support, relying instead on the support of volunteers and one part-time staff member. However, in the early 1990s it became apparent that in order to pursue different projects and responsibilities, SOGC's organizational structure would need to substantially evolve.

Dr. Lalonde became the Executive Vice-President of the SOGC in January 1991. Initially, a skeleton staff and volunteers supported Dr. Lalonde as no specific divisions existed at the National Office. For the next few years, the SOGC functioned quite literally with the strong support of its volunteers, a tradition that continues to the present, since all the work undertaken by the SOGC's Committees is accomplished by volunteers, supported by regular staff members.

As the years progressed, the SOGC became more active in securing funds from various sources enabling it to support its current mandate. Project funding originated from international organizations, governments, the pharmaceutical industry or, in the instance of neither, projects were self-supported. By 1998, the National Office had five divisions and 24 employees. The divisions were: Education, Continuing Professional Development, Corporate, Communications & Partnerships and Finance, Membership & Management Information Systems.

Also of note, through an initiative by Council in 1998, the *Canadian Foundation for Women's Health* was rejuvenated, hired an Executive Director and became independent of the SOGC.

In the late 1990s, the SOGC became an accredited provider of Continuing Medical Education for the *Royal College of Physicians and Surgeons of Canada*.

A powerful society emerges

Throughout the next few years, the SOGC continued to grow and mature. The Contraception Awareness Program expanded with multiple funders and Dr. Milne's new educational program, the MORE^{OB} Program took on a life of its own.

By 2003, MORE^{OB} had expanded and the Patient Safety Division was established under the direction of the AEVP, Dr. Milne, who opened a SOGC branch office in London, Ontario. The SOGC subsequently hired Dr. Senikas as a second AEVP.

The Past Fifteen Years

A collaborative agreement was negotiated in 2003 with other national specialty societies and SOGC supervised additional staff to support the *Gynecologic Oncologist of Canada*, the *Association of Professors in Obstetrics and Gynaecology*, the *Society of Canadian Colposcopists* and the *Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery*.

As well, during this busy year, in a strategic move, the SOGC acquired the JOGC to ensure the long-term viability of the Journal in Canada.

Finally, due to expanding projects and interventions, SOGC's latest restructuring created the International Women's Health Division, solidifying SOGC's position as an important international player.

Structured for excellence

Today's SOGC looks dramatically different from the association of 14 years ago (see Organizational Chart on page 26-27). The impetus for change has come from many different sources, but started with a strategic vision and leadership to make SOGC a prominent, world-class society. Throughout the years, the desire to strive for a greater society has necessitated organizational change for its rapid expansion and varied projects and priorities. The SOGC found the means to achieve these goals by building partnerships and coalitions with members, industry, government and advocating for improvements in women's health and the specialty.

Along the way, SOGC has sought to reach the highest level of professionalism through policy and guideline development, staff and member professional development, member outreach programs and the publication of a highly regarded clinical journal.

Today, the SOGC consists of six divisions, which are summarized in the organizational chart on page 26-27. The National Office's staff is currently directed by Dr. Lalonde, Executive Vice-President, assisted by two medical Associate Executive Vice-Presidents: Dr. Senikas, Director of Continuing Professional Development, and Dr. Milne, Director of Patient Safety. The Executive Vice-President reports to Council and the Executive and is on a five-year renewable contract. The National Office also has six division Directors who report directly to the Management Team.

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The Past Fifteen Years

As of March 2004, the National Office has 44 full-time employees supporting six divisions to accomplish national and international projects. There are also two part-time students and four positions that are currently vacant as well as an Executive Director and part-time support staff for the *Canadian Foundation for Women's Health*.

Strategic Development

At the end of the 1980's, SOGC was in need of strategic direction in order to ensure its survival. The National Office and SOGC members were looking for ways to save the SOGC from its financial crisis. They examined financial cutbacks, reassessed the roles of staff and even considered laying off all National Office staff.

Executive Meetings from 1988 to 1990

During April 1988, the SOGC cancelled its offshore meeting and asked the Committees to use personal funds to attend their meetings. The staff at the National Office was laid off, except for the Executive Director. Another pivotal decision was made during January 1989 to approve the sale of the Bulletin (now known as the JOGC) because it continued to be costly and was in deficit despite of financial support from membership dues.

By the fall of 1989, the Executive Committee had started their negotiations with Dr. Leader for the Executive Vice-President position. However, he later withdrew his nomination for the position due to personal reasons. As stated by Dr. Hannah, SOGC President from 1988 to 1989, it was decided that the part-time physician executive should have a more constant presence within the National Office and be increasingly visible nationwide. Dr. Nisker recommended that the Executive members draft the initial job description for the position and proposed the following operational guidelines to be implemented in the Executive Vice-President initial job description:

- Develop the SOGC's national and provincial political lobbying processes;
- Work with Committee chairpersons to develop position statements, reports and Continuing Medical Education activities on various issues related to SOGC's mandate;
- Proxy for the Executive Council at the National Office; and
- Accept to work 33% of the time on the SOGC's business.

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Organizational Chart, 2004

- SOGC Council
- SOGC Executive Committee/President
- Dr. André Lalonde, Executive Vice-President
- Dr. Vyta Senikas, Associate Executive Vice-President & CPD Division Director
- Dr. Kenneth Milne, Associate Executive Vice-President & Patient Safety Division Director

Continuing Professional Development Division

- Chantale Wall, Director, Events Management
- Chantal Goulet, Executive Assistant to AEVP and Coordinator, Guidelines – Committees
- Linda Kollesh, CME/ALARM Program Officer
- Isabelle Denis, Meeting & Event Planner
- Mary Anne McCormick, CME/ALARM Program Assistant
- Kim Kingsbury, Administrative Assistant to CPD Department
- Coordinator, TBA
- Julia Fryer, Summer Student

Finance and IT Division

- Linda Desjardins, Director, Finance and IT
- Debra Knecht, (Sick Leave) Finance Assistant
- Claudia Gongora, Finance Assistant (Till July 1st, 2004)
- Marc-André Lalonde, Senior Accountant
- Pierre Gagnon, (Sick leave) Network and Hardware Specialist
- Debra Leduc, Interim - Network and Hardware Specialist
- Jean Sébastien Lalonde, Help Support Specialist
- Joanne Brown, Database Coordinator
- Nikolas Leblanc, Webmaster

International Women's Health Division

- Liette Perron, Program Manager for International Women's Health
- Sara Fryer, Coordinator
- Suzanne Plourde, International Health Specialist

Corporate Division

- Sylvie Paquette, Director of Corporate Affairs & QA
- Shaely Williams, Membership & Subscription Services Coordinator
- Kathy Lapointe-Morency, Executive Assistant to the EVP
- Carol Fournier, Receptionist, Administrative Assistant
- Janie Poirier, Administrative Assistant, Corporate Affairs
- Lise Newton-Lalonde, Government Policy Advisor
- Chantal Lalonde, Receptionist, Administrative Assistant
- Nicole Lefebvre, Junior Member and Practice Environment Coordinator
- Nataly Rondeau – (Sick leave)
- Amina Ben-Miloud, Summer Student

Reports administratively:

- Hélène Soublière, GOC and SCC Coordinator
- Bianca Nadeau, Office Administrator (APOG)

Communications and Public Relations Division

- Andrée Poirier, Director, Communications and Public Relations
- Martin Pothier, Translator/Communication Specialist
- Chantal Capistran, Translator
- Sylvie Séguin, Marketing and Public Relations Coordinator
- Daniel Morier, Public Education and Media Relations Coordinator
- Geneviève St-Gelais, Administrative Assistant
- Renée Dupuis-Leon, Graphic Designer
- Luc Soucy, Archivist
- Alex Morier (PT) Student

Patient Safety Division

- Mike Vezina, Business Development Director
- Lucie St-Laurent, Nurse, Regional Coordinator
- Nancy Whitelaw, Nurse, Education Associate
- Stan Brown, Physician, Education Associate
- Lynn Salvador, Content Manager and Data Analysis
- Nancy Verriez, Executive Assistant to AEVP
- Sheri DeMeester, Nurse, Regional Coordinator
- Dawn Campbell-Borland, Product Program Manager
- TBD, Administrative Assistant
- TBD, Chief Technology Officer

Strategic Development (Continued)

Drs. Gauthier and Nisker recommended a physician from Montreal, Dr. Lalonde, who had just completed a Master's degree in Health Planning and Financing at the London School of Economics. On July 1, 1990, the Executive Committee recommended that Dr. Lalonde be appointed with a one-year contract, renewable after the presentation and approval of his three-year strategic plan for the SOGC. At that time, it was also decided that the National Office should hire two administrative assistants to support the SOGC.

At the Executive Committee meeting of November 8, 1990, the new Executive Vice-President, Dr. Lalonde, stated that he would look into Committee activities, the guidelines for Committee Chairs, the nomination requirements and the procedures for Committee nominations and would report back at the Winter Council Meeting in 1992.

Strategic Planning, 1992 to 1995

In 1990, the SOGC's membership was low and a small staff supported the National Office. The sale of the Bulletin's publication rights to *Ribosome* was expected to pay off the association's deficit in three years and by nominating an Executive Vice-President and securing a line of credit with the *Royal Bank of Canada* the SOGC was able to survive through 1991-1992.



In June 1991, Dr. Lalonde submitted a strategic plan entitled "Working Together Strategically". The brief included a situational analysis, key areas of concern, and provided opportunities for consideration to improve SOGC's overall status.

In order for the SOGC to achieve its mission, "The Promotion of Women's Health Throughout Life", the strategic plan put forward the following objectives:

- Development and advocacy of better standards of care;
- Molding of the SOGC into a major national society representing all women's health care professionals;
- Advocacy and provision of educational programs dedicated to the public and to the professionals working in reproductive health care services;
- Maintenance of high quality care in Canadian reproductive health and the promotion of its influence on medico-legal issues;
- Government lobbying in matters pertaining to policies on reproductive women's health care;
- Evaluation and recommendation of human resources requirements in Canadian reproductive care;

- Stimulation and research support in reproductive health care to improve services in care;
- Endorsement of an ethics review process on policy statements to promote and enhance overall decision-making;
- Endorsement of the sub-specialization concept; and
- Review and development of initiatives that enhance community visibility and promote the influence of obstetricians and gynaecologists as Canadian reproductive health care providers for women.

During the first four years of the plan, the SOGC concentrated on restructuring the overall Committees, recruiting new members and finding stable financing for its programs. As the years progressed, the SOGC became more active in securing funds from various sources to support its ongoing mandate. The Continuing Medical Education Committee was the first to be restructured to cover the Annual Clinical Meetings (ACM) and all other professional development programs including the regional, national and offshore meetings. The nomination, terms and responsibilities of the Committee Chairs and members were rewritten and reorganized. The Physician Resource and Economics Committee was created in 1992 with the mandate to work on human resources issues in obstetrics and gynaecology and influence the provincial Ministers of Health on relevant issues.

A new Finance Committee was created in 1992 to assist the Treasurer in providing the SOGC with an audit. At the same time, administrative employees were hired to fulfill the needs resulting from the new direction of the SOGC.

The Bulletin of the SOGC received a new name; *Journal of the SOGC (JSOGC)* and a journal advisory board was created to support the Editor-in-Chief. A Media Relations Committee was also created to deal with the media, respond to inquiries and be available for ACM media conferences. Formal liaisons were strengthened with the *International Federation of Gynaecology and Obstetrics*, the *American College of Obstetricians and Gynecologists* and the *Liaison Committee for Obstetrics and Gynaecologists*, as well as with the *Canadian Medical Association* and the *Royal College of Physicians and Surgeons of Canada*.

In order to raise awareness on patient related issues to the members and the general public, a Patient Information Committee was created. They produced patient information brochures from medical documents such as: medical opinions elaborated by general or specialized Committees and approved by Council, clinical practice guidelines approved by Council and SOGC position papers on issues related to its Mission.

The Past Fifteen Years

By 1993-94, the SOGC had markedly improved its financial position, partially generated by the increased attendance at the ACM and regional meetings. These meetings were very successful due to their informative content and the quality of speakers. The financial status was also improved due to a remarkable increase in membership dues related to the inclusion of Associate MD Members as a new membership class. SOGC was able to record a small annual surplus. Finally, CME and other specific SOGC projects, such as consensus statements and public education, were supported through unrestricted education grants.

In September 1994, the SOGC was the host of the FIGO World Congress in Montreal. Please refer to the FIGO section on page 67 for further information.

Strategic Planning, 1995 to 2000

The Annual Clinical Meeting held at Lake Carling in 1994 was the perfect occasion for SOGC to discuss and approve a new strategic plan for 1995-2000. The top priorities included in the plan can be summarized as follows:

- Annual and regional meetings
- Practice guidelines
- Ethics
- Junior Fellows
- Public education
- Physician resources
- Aboriginal issues
- International Women's Health
- Professional competence and accountability
- Decrease obstetrical and gynaecological practice stress
- General membership drive
- Junior members
- Quality assurance



The decision was made to reactivate the *Canadian Foundation for Women's Health*. For clinical initiatives, all efforts were directed to cerebral palsy and prematurity reduction by increasing physician competence in these fields.

At this time, the SOGC decided to establish a communications plan that would effectively raise its provincial, national and international profile. This was undertaken in order to:

- Broaden the scope of SOGC activities beyond the annual meetings to increased visibility as a year long source of information and excellence. The SOGC could expand its visibility through research studies, guideline development, and policy statements;
- Strengthen communication infrastructure and integrate them to management and throughout the daily operations of the association;
- Widely promote the SOGC and its mission to members, the Canadian public, media, health care partners and government;
- Ensure that all Canadian women have access to safe, effective and quality reproductive health care;
- Promote greater access to information for physicians and the general public so they can make informed decisions relating to reproductive health care; and
- SOGC guidelines, policies and position papers must guide the SOGC, health care partners, governments and regulating bodies through their respective decision-making process when dealing with reproductive health care issues.

The SOGC clarified its definition of an obstetrician/gynaecologist as being a specialist with advanced training and skills, capable of providing primary care in the field of women's health. The SOGC reiterated its position on the well-being of the mother and child as always being of primary concern whenever a restructuring process is considered. At the Ontario Clinical Meeting in December 1995, the SOGC-Net was launched by President Dr. Maheux. An Aboriginal Committee was organized to review major issues concerning the Aboriginal communities in Canada. In 1996, the SOGC Council accepted 12 clinical practice guidelines and published them in the JOGC. In addition, the Maintenance of Competency and the Advances in Labour and Risk Management (ALARM) Committees began to meet. The SOGC developed ALARM Courses across Canada for obstetricians and gynaecologists in response to the medical-legal insurance crisis.

In 1997, SOGC initiated two programs, "Consensus on Contraception" and "Consensus on Menopause and Osteoporosis" and began negotiations to seek sponsors for the "Contraceptive Awareness Project" (CAP). Based on the Consensus on Contraception, the SOGC began long negotiations with sponsors for the period of 2001 to 2003. Dr. Nisker, Chair of the Ethics Committee, produced a paper on "Reproductive Ethical Issues", which was later published as a Joint Statement on Ethical issues in reproductive health and was submitted to both the federal and provincial governments.

The Past Fifteen Years

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The Past Fifteen Years

The Education Division held four regional CME meetings in Toronto, Mont Ste. Anne, St. Lucia and Banff in 1997/1998, and an Annual Clinical Meeting in Victoria. All of these meetings were well attended with a total of 1,300 registrants.

A task force on “Women’s Health 2000 and Beyond” was formed to explore ways in which the SOGC could raise awareness and have an impact on the determinants of women’s health. The resulting policy was widely circulated externally and subsequently adopted by Council and inevitably became the focus of the 2000 to 2005 strategic plan.

Aside from the monthly distribution of a newsletter to members, the Public Relations Division also worked hard to raise the profile of the SOGC with several key initiatives. The implementation of a national Menopause Awareness Program, which included at least ten public forums, three cable TV broadcasts and public education brochures on osteoporosis, cardiovascular disease and breast cancer was a huge success. On top of this, a special issue of *Homemaker’s/Madame au foyer* was published in collaboration with a number of partners such as Roger’s cable, the *Osteoporosis Society of Canada* and the *Canadian Pharmacist Association*.

By popular request from the general membership, an ad hoc Committee was established to collect data on the fees charged for obstetrical and gynaecological services across the country in order to build a database to compare exchange information. In 2000-2001, the Continuous Professional Development Division started practical endoscopy surgical courses called SCOPE.

In Canada, ALARM courses were gaining popularity and becoming increasingly sought-after by obstetricians and gynaecologists. In fact, they also proved very useful for the Maintenance of Competency. In September 1999, the increasing prominence of the educational programs culminated in its three-year accreditation with the RCPSC as a recognized provider of continuous professional development in obstetrics and gynaecology.

In 1999, the Communications Division coordinated the production of public awareness publications such as “Healthy Beginnings”, “Menopause: Let’s talk about it”, “Sex Sense”, and the “Canadian Contraception Guide”, which were officially launched at the ACM in Montreal in June 2000.

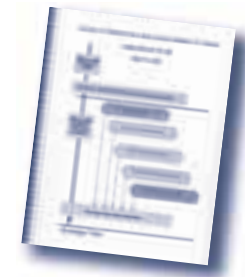
SOGC initiated a program to promote the use of emergency contraception in collaboration with the *Canadian Association of Pharmacists*, the *Family Planning Federation of Canada*, *Health Canada*, the *Medical College of Family Practice of Canada* and other partners in the pharmaceutical industry. The group succeeded in lobbying *Health Canada* to re-classify emergency contraception from a

prescribed medication to over-the-counter status. The SOGC is pleased that the government of Canada made this change in May 2004. Also important to note is that the “Menopause Awareness Program” developed and implemented by the SOGC received an award from the *North American Menopause Society* as a recognized model in public education on women’s health.

The year 2000 also marked the first year for the “Millennium Scholarships” and the new strategic planning directions for the next five years.

Strategic Planning, 2000 to 2005

The development and implementation of this phase of strategic planning highlights the maturity of the SOGC. A task force was created to draft a discussion paper entitled “SOGC and Women’s Health: 2000 and Beyond” in order to promote the determinants of women’s health in Canada to its members and the public. The SOGC, in preparation for the strategic planning exercise of 2000 to 2005, undertook a three part consultative process involving its members, practicing obstetricians and gynaecologists and associate members and the women to whom they provided care. The results of these three surveys were presented to Council in September 2000 and were the basis for the development of the values, mission statement and strategic directives. The results of the surveys also brought to light a number of issues that were categorized as: women’s health issues, health care delivery issues and organizational issues.



The Task Force that studied women’s health issues challenged the SOGC:

- To recognize and take into account the impact of income and social status on women’s health
- To promote and enable health sexuality in women throughout the life cycle;
- To recognize and take into account the impact of education on women’s health;
- To recognize and act to reduce the impact of marginalization and the devaluation of language and culture on the health of Aboriginal women and women in diverse cultural groups; and
- To strengthen and build on current SOGC initiatives that focus on reducing violence against women.

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The Task Force that studied health care delivery issues highlighted the following challenges:

- To improve accessibility to health services for women, given the realities of their lives and needs;
- To maintain obstetrics/gynaecology as a rewarding specialty practice compatible with the lifestyles, commitments and expectations of its members;
- To monitor the impact of health care reforms and services on women's health and advocate responsive measures that provide assurance of good services; and
- To support the roles of obstetricians and gynaecologists in advocating for change on issues affecting women's health care and the broader perspective of women in society.

From 2000 to 2005, the SOGC decided to take the following strategic directions:

1. Professional Development: to promote and provide continuing professional development.
2. International Health: to identify and develop initiatives that are feasible, fiscally sound and in line with the SOGC's mission and values and lead to sustainable results based on the priorities and needs of the country involved.
3. Practice Environment: to enhance satisfaction in the practice of obstetrics and gynaecology.
4. Promotion of the Specialty: improve the image and attitudes toward the specialty of obstetrics and gynaecology.
5. Women's Health issues: integrate women's health issues into the practice of obstetrics and gynaecology and promote equitable access for women to reproductive health services regardless of socioeconomic status, culture and language literacy.

A Review of the Accomplishments from the 2000 to 2005 Strategic Plan:

1. Professional Development

In order to reach the goals set out by SOGC's strategic plan, the clinical Committees produced and published 17 clinical practice guidelines in 2000, 11 in 2001, 14 in 2002 and 11 in 2003. These guidelines dealt with the following issues: obstetrical-maternal-fœtal surveillance; aboriginal issues; various gynaecological issues; oncology; diagnostic imaging; genetic issues; sexual and social issues; urogynaecology as well as Executive issues. Clinical practice guidelines are available on the SOGC website for immediate consultation in both of Canada's official languages. Furthermore, educational

modules on Hepatitis C, sexuality, vacuum extraction, abnormal uterine bleeding, decision patterns used in quality assurance programs, HPV, bacterial vaginosis and HIV in pregnancy are available to members on SOGC's website. An excellent source of information on sexuality, the award winning online resource www.sexualityandu.ca is written for teens, adults, parents, educators and health professionals.

In addition to the Annual Clinical Meeting, three regional meetings and one international meeting are conducted annually to facilitate access to learning. Since 2001, nine SCOPE courses have been conducted across Canada and the ALARM Canada has conducted 59 courses in English and French. An annual Instructors course has been provided four times and the ALARM/GESTA course's syllabus is presently in its 11th edition.

A new Patient Safety initiative was developed in order to facilitate the integration of risk management. The MORE^{OB} program (Managing Obstetrical Risks Efficiently) was launched in late 2002. The program integrates labour and delivery with clinical core content and high reliability organizational system principles, reflective learning and practice modification tools to improve patient care and reduce clinical error, adverse events and liability costs. The creation of the Patient Safety Division led to the establishment of a satellite office in London, Ontario under the direction of Dr. Milne. Please refer to the National Projects section on page 51 for further information.

2. International Health

The SOGC is currently involved in formal partnership agreements with Haiti, Guatemala, Kosovo and Uganda to build capacity at the institutional level with obstetrical and gynaecological professional associations. The SOGC has developed partnerships for international initiatives, advocacy and education with universities, non-governmental organizations, and international organizations to work toward the improvement of women's sexual and reproductive health.

The ALARM International Program has expanded and has been provided to over 1000 health professionals in more than 16 countries. The program also advocates for women's empowerment and the monitoring and evaluation of Safe Motherhood programs.

The district intervention in Kiboga, Uganda that focused on increasing access, availability and utilization of essential obstetrical care has just finished an evaluation with positive results. Please see the International Health section on page 61 for further information.

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3. Practice Environment

While some of the risk management initiatives in obstetrics (ALARM) and in Surgical Endoscopy (SCOPE) were solely developed by SOGC, others were developed in collaboration with other societies. SOGC has also developed the MORE^{OB} programs and established a database on the remuneration of obstetrics and gynaecology in each province. The SOGC's interaction with CMPA has become very positive.

In order to be considered as a source of reference for professional development, the SOGC website was expanded to include information on Clinical Practice Guidelines, Millennium Fellowships, International Women's Health Programs, public education resources, seminars, media releases, e-learning modules on bacterial vaginosis, human papilloma virus cervical infections, the hepatitis C virus, intrauterine contraceptive devices, a FAQ Contraception Hotline Library and finally, a Continuing Professional Development section.

As part of the Contraception Awareness Project, a new website called "www.sexualityandu.ca" was launched on November 8th 2001. In the first year and a half of its existence, the website won three awards for its design. For further information, please consult the CAP section on page 56.

The same year, the JOGC was included in the Index Medicus thanks to the dedication and work of Dr. Nisker. He received the President's Award in 2002 for his efforts.

Finally, an Internet news flyer called "Electronic Delivery/*La Cigogne*" was created in 2003 to inform members on relevant issues.

4. Promotion of the Specialty

As part of the promotion of the Specialty to undergraduates, the SOGC revised its bylaws in order to include medical students. Following this, 36 students were accepted in 2002 and 111 in 2003. In order to increase the medical students' awareness of obstetrics and gynaecology, promotional posters were designed and distributed and a brochure entitled "Are You Up for It?" that highlights the positive aspects of the specialty. Furthermore, to help post-graduate students achieve their professional objectives, meetings with *Association of Professors of Obstetrics and Gynaecology* (APOG) have taken place, which has led to the creation of a joint committee that will

address harassment and intimidation issues during residency. The APOG is presently using office space at the National Office and benefits from administrative support from the SOGC. The SOGC has maintained excellent relations with FIGO, ACOG, the *Royal College*, ACPM, CMA, the *Canadian Public Health Association*, the *Canadian Society for International Health*, the *College des Médecins de Famille*, *l'Association des Pédiatres et des Anesthésistes* and with the *Liaisons Committee in Obstetrics and Gynaecology*.

5. Women's Health Issues

The SOGC established this priority to ensure that members are informed about women's health issues, to implement an advocacy strategy and thus disseminate the appropriate public education information.

In 2001, Pharmacia Canada sponsored SOGC's program on "Violence against Women". The SOGC also produced three new public education brochures on prenatal diagnosis, tubal ligation, and female orgasm-myths and facts.

Also in 2001, the *Foundation for the Promotion of Sexual and Reproductive Health* was established. The purpose of the Foundation was to further education on contraception and related matters. The Foundation would become the umbrella for a number of projects, especially CAP, Continuous Quality Improvement in Ob/Gyn, a fellowship program and funding research grants for the *Canadian Foundation for Women's Health*.

2002 was a busy year for the SOGC. A brief and presentation to the Romanow Commission focused on the future of maternity care in Canada. The Executive met with *Health Canada's* Therapeutic Product Division to express concerns regarding the approval and availability of women's health care products.

At the June 2002 meeting, Council approved two new strategies on women's health issues as follows:

1. Act as a catalyst in developing and implementing advocacy strategies while identifying the key issues that impact the health of disadvantaged women.
2. In collaboration with national and provincial organizations, interest groups and governments, help develop, implement, promote and disseminate public educational materials and programs to professionals working in reproductive health, particularly with disadvantaged women.

The Past Fifteen Years

The Past Fifteen Years

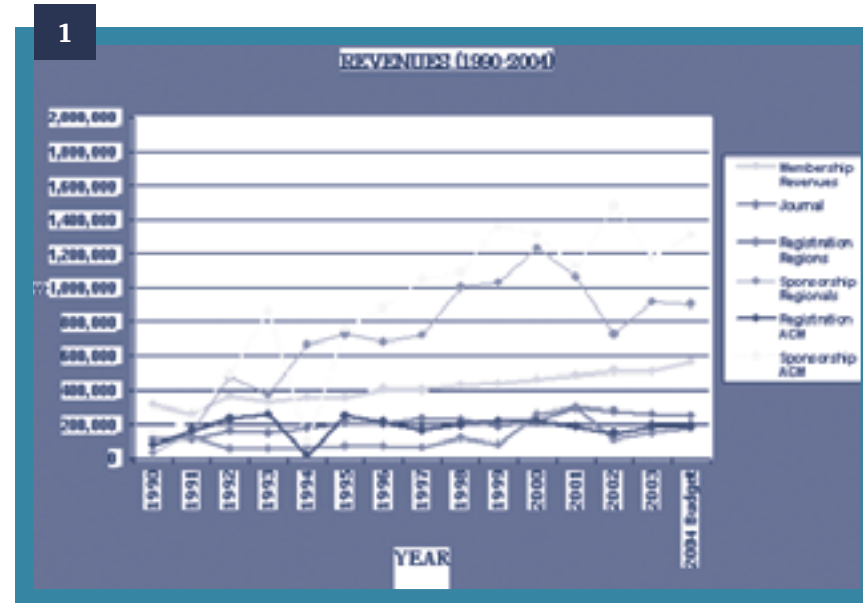
In the last 14 years, three strategic plans were implemented. The SOGC's overall position has evolved from an association near bankruptcy to one with a financial reserve; from an association primarily focused on its members and annual meetings to one with national and international initiatives on women's health as well as the maintenance of competence of its members; from an association that sold its journal to survive to one that owns the JOGC. In short, the SOGC's future has never looked as bright as it does today.

SOGC Financial Aspect 1990-2004

The SOGC funding underwent major changes and challenges over the last 15 years. In 1990, the Society's total budget in revenues was \$882,000 with expenses of \$871,000 and a profit margin of less than \$9,000. The SOGC had a skeleton staff of two employees and its revenues had to increase in order to support regional and national meeting programs. By 1993, the budget had moved to \$2.2 million, and then rose to \$7 million in 2000 and close to \$10 million in 2004. The first graph shows that the expenses over revenues were very close, however the SOGC developed a small reserve over the last 14 years, which is less than our total expenses for one year. Revenues (in graph 2) from membership dues rose dramatically in the last few years as did revenues for ACM and regional programs. Through the sponsorship and registration of regional and national meetings, the SOGC was able to substantially raise funds to operate the SOGC as a national society. The expenses (in graph 3) increased for meetings and office expenses in the area of human resources since the SOGC currently has over 40 staff. Since 1992, faculty reimbursement has risen to \$500,000.

The financial growth of the SOGC has been robust but has been dependant on a number of special programs organized each year. The role of government for funding was not great but each year the SOGC managed to qualify for certain projects with the federal and/or provincial governments. These contributions represent less than 2% of total revenues.

Membership and registration fees for regional and national meetings are the mainstay of the SOGC's financial situation. The sponsorship program is also robust for both our regional and annual meetings. Through these programs, the SOGC now has a permanent National Office that can respond to the needs of our members and the general public on a daily basis.



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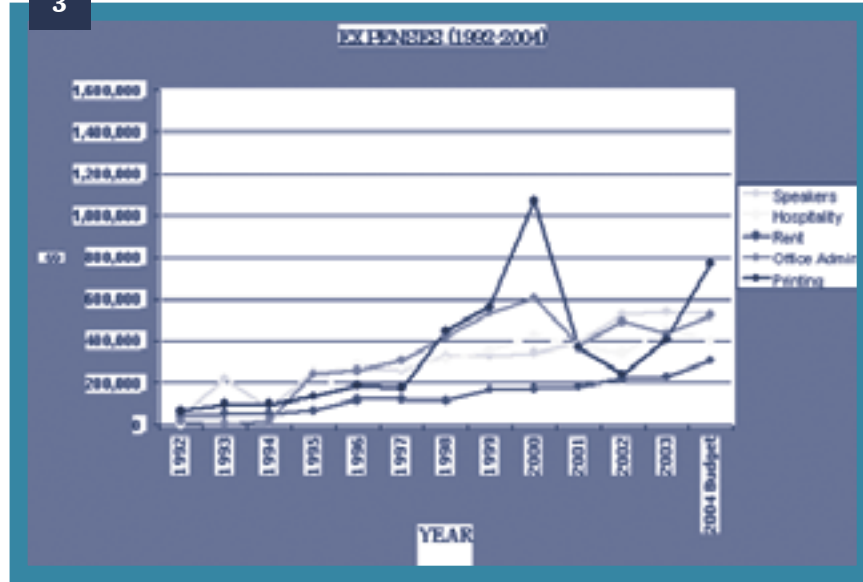


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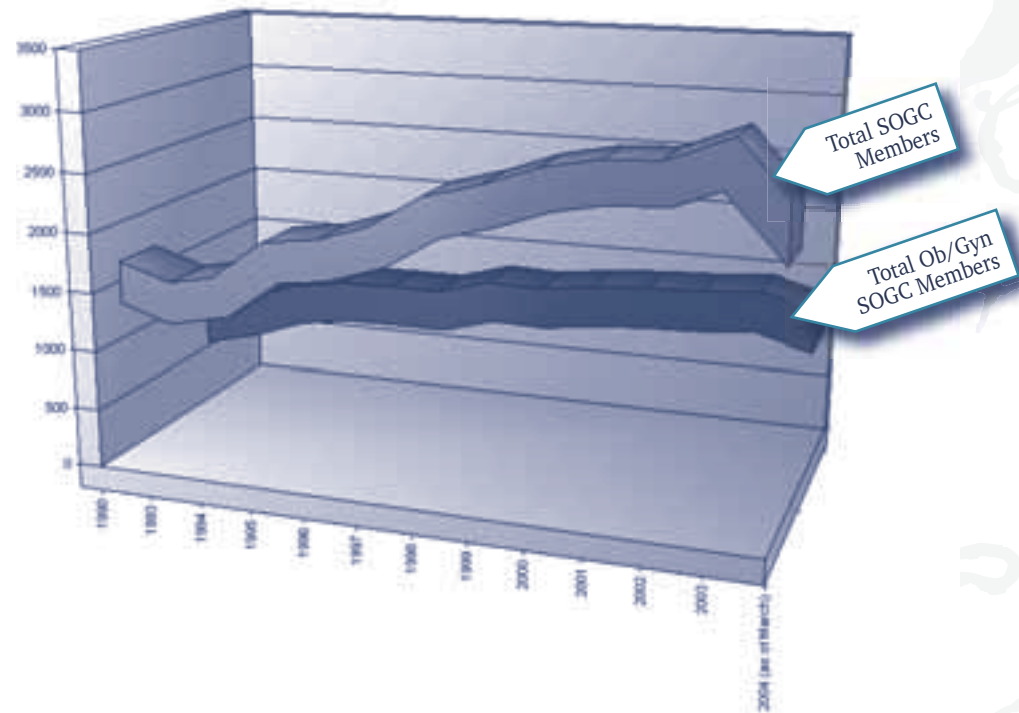
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Membership Figures:

Obstetrician and gynaecologist membership figures rose from 993 in 1994 to 1,332 by 2003. Practicing obstetricians and gynaecologists currently represent 46.5% of the total membership. The 2003 figures (see table 1) indicate that 87% of the obstetricians and gynaecologists in Canada are SOGC members. Looking at a province by province analysis, the majority of the obstetricians and gynaecologists in Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland are members of the SOGC. In Ontario, the figure is 80% and in Quebec and British Columbia the figure stands at 70%. Membership in the *Association des obstétriciens et gynécologues du Québec*, the union that represents all obstetricians and gynaecologists in Quebec, is mandatory but this has not stopped 70% of Quebec's obstetricians and gynaecologists from becoming SOGC members.

Table 1



Membership Facts and Figures

In 1990, the SOGC initiated a campaign to increase its membership in order to save the SOGC from bankruptcy. As the SOGC celebrates its 60th Anniversary, the initiative has proven to be an overwhelming success due to the increase of over 1,800 members in the past 13 years. Since the SOGC's strongest asset is its diverse membership, its achievements over the last decade can be attributed to this increase in numbers. The continuous support of our members is fundamental for the success of all the SOGC's endeavours and the increase of our member base is necessary to respond to our members' needs. The SOGC offers a variety of services and benefits including: preferential rates with national suppliers, reduced rates for SOGC events and conferences, access to public education materials and the opportunity to work towards developing standards of practice and clinical guidelines in the field of obstetrics and gynaecology.

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The Past Fifteen Years

The general membership, excluding obstetricians and gynaecologists, was 671 in 1994 and reached 1,535 in 2003. This figure attests to the increased numbers of allied health professionals joining the association with Associate MDs at 15.7%, Associate RNs at 8.9%, and Midwife Associates at 3.5%.

Junior Members and medical students have made impressive gains at 14.4% and 3.8% of the membership respectively. Meanwhile, the *American College of Obstetricians and Gynaecologists Fellows* make up 2.1% of the membership with PhD associates at 1.2%.

Major amendments were made to SOGC bylaws in 1992, 1997 and 2002 to reflect the increased diversity of the association, which includes Junior members, new obstetricians/gynaecologists, medical students and Associate Members (MDs, RNs, Basic Applied Science, Midwives and International Members). The bylaw amendments also provided extensive definitions of eligible candidates, conditions of acceptance and voting privileges. The last edition of SOGC's bylaws was published in 2003.

SOGC Committees

New Committees have been created and restructured over the years in order to meet the needs of a mature professional medical association. Without effective, functioning Committees, the work of the SOGC would almost cease to exist. The Committee structure of the association has ensured that the SOGC will sustain its many successes. The overwhelming contributions of expertise and time from the SOGC volunteers are essential for SOGC's longevity and growth. There were 16 Committees in 1990. The Society currently maintains 46 Committees, 16 clinical Committees and 30 are practice and board Committees which include five regional Committees and one Committee for each category of associate members which includes nurses, midwives and associate MDs.

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The Past Fifteen Years

SOGC Standing Committees and Ad Hoc Committees

1990

- Membership Committee
- Junior Member Committee
- Maternal Fetal Medicine Committee
- Diagnostic Imaging Committee
- Genetics Committee
- Reproductive Endocrinology and Infertility Committee
- Oncology Committee
- Social and Sexual Issues Committee
- Canadian Investigators in Reproduction
- Manpower and Economics Committee
- Medico-Legal Committee
- Continuing Professional Development
- Journal SOGC Editorial Board
- Patient Information Committee
- Media Relations Committee
- Ad Hoc Committee on History and Archives

Chair

Douglas M. Black, Ottawa, ON
Delani Kotarba, Ottawa, ON
Ronald J. Benzie, Ottawa, ON
Carl Nimrod, Ottawa, ON
R. Douglas Wilson, Vancouver, BC
Stan E. Brown, London, ON

Gavin C.E. Stuart, Calgary, AB
John A. Lamont, Hamilton, ON
Benjamin K. Tsang, Ottawa, ON
Garry V. Krepart, Winnipeg, MB
Frank A. Manning, Winnipeg, MB
Timothy C. Rowe, Vancouver, BC
Thomas F. Baskett, Halifax, NS
K. Joan Murphy, Toronto, ON
John R. Taylor, Toronto, ON

Thomas M. Roulston, Winnipeg, MB

2004

- Aboriginal Health Issues Committee – Ad hoc
- Annual Clinical Meeting – Host Committee
- Annual Clinical Meeting – Scientific Planning Committee
- ALARM Committee
- ALARM International Sub-Committee
- Atlantic Regional Committee
- Breast Disease Committee
- Constitution and Bylaws Committee
- Canadian Paediatric & Adolescent Gynaecology and Obstetrics
- Canadian Foundation for Women's Health
- Central Regional Committee
- Clinical Practice – Gynaecology Committee
- Clinical Practice – Obstetrics Committee
- Council – SOGC Committee
- Continuing Professional Development

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The Past Fifteen Years

- Diagnostic Imaging Committee
- National Adv. Committee on Emergency Contraception
- Ethics Committee
- Executive Committee
- Finance Committee
- Genetics Committee
- History & Archives Ad Hoc Committee
- Human Resources & Economic/Interprovincial Tariff Advisory
- Infectious Disease Committee
- International Women's Health Committee
- International CME Planning Committee
- Journal – Editorial Advisory Board
- Junior Member Committee
- MD Advisory Committee
- Media Relations Committee
- Medico-Legal Committee
- Membership Committee
- Menopause Awareness Advisory Board & SIGMA
- Maternal Fetal Medicine Committee
- MORE^{OB} Committee
- Nomination Committee
- Ontario Regional Committee
- SOGC/GOC/SCC Policy & Practice Guidelines
- Promotion of the Specialty Committee
- Public Education Committee
- Comité Régional du Québec
- Reproductive Endocrinology Infertility
- RM Advisory Committee
- RN Advisory Committee
- Society of Gynaecologic Endoscopy of Canada
- Society of Investigators of Ob/Gyn of Canada
- Social & Sexual Issues Committee
- SOGC Informatics Committee
- Sub-Committee on Multiples
- Sub-Committee on Urogynaecology
- Vacuum Extraction Quality Assurance Program
- Western Regional Committee
- Women's Health Policy & Federal/Provincial Gov. Ad. Committee

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Setting Standards of Care

For many years, SOGC's guidelines have provided a consistent source of direction for the standards of care for healthcare providers in their practice environment. Publishing guidelines at the SOGC began with infrequent and short writings on topics of interest to the practicing clinician. It was not until the regular printing of the Bulletin, the forerunner of the current JOGC, that guidelines became a formal publication feature for the membership. Structure and form was established and the SOGC expanded this format to include policy statements and committee opinions.

Finding volunteers to author guidelines on a consistent basis proved to be a formidable task, which led to guideline development becoming a mandate of the SOGC's clinical Committees.

By the time the Bulletin evolved into The Journal of the Society of Obstetricians and Gynaecologists of Canada, the SOGC's standing clinical committees had established these documents as credible resources for health care professionals to follow in their daily practice. Each year brought improvements to their production with growing sophistication of the use of references and evidence-based statements.

By 1998, some guidelines were formatted with recommendations weighted with a classification and grading of the quality of evidence for each recommendation. Starting in the year 2000, the SOGC National Office provided direction on the development of clinical practice guidelines to follow the format of the *Canadian Task Force on Periodic Health Examination*, providing a structured abstract, and grading the quality of evidence and classification of the recommendations made. All Committees were provided with instructions on the writing format, structure, and content organization for our guideline publications in JOGC. The same year, in collaboration with the new editorial board of JOGC, direction was provided to reference all statements made in the text of the guidelines.

This rigorous process in the structure and format of guidelines is also applied to the peer review process. It is the norm to have each guideline pass through multiple drafts and reviewed by as many as 40 individuals representing clinical practices in all regions of the country from varied environments.

The Past Fifteen Years

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The Past Fifteen Years

The SOGC's objectives in developing and publishing guidelines are to improve patient safety and reduce the risk of adverse events and clinical error. If we provide accurate evidence-based information coupled with strategies to motivate compliance, then these objectives will be achieved.

SOGC Publications

The SOGC's scientific publication is now in its 24th year of existence. It was started in April 1980 and was originally known as the SOGC Bulletin. The Bulletin was published six times a year in both official languages. The first issue consisted of six pages including two statements by the Perinatal Committee ("Nutrition in Pregnancy" and "The Administration of RH Immune Globulin"). The SOGC started as the sole owner of the publication and therefore supervised the Bulletin (e.g. production, editing and copyrights). The editorial section emphasized the dissemination of guidelines and standards in order to promote safe and responsible clinical practices.

The Bulletin had already acquired a considerable reputation in the publication industry in its ninth year of operation in 1988. It therefore became the most widely read periodical in obstetrics and gynaecology in Canada. Unfortunately, during these years of operation, it had accumulated a heavy debt. The debt was shouldered by the members of SOGC in a special assessment, but the Bulletin still ran deficits. In January 1989, *Ribosome Communications* acquired the licence to the publication rights for the Bulletin. This measure should have enabled SOGC to eliminate its deficit within three years. The SOGC nonetheless kept the copyrights in order to receive royalties for the duration of the agreement. In the terms set out in the agreement, the SOGC retained full control of the Bulletin's editorial content with the given assurance that the Bulletin would continue to be published both in English and French.

It was later decided that, in order to underline its new beginning, the publication had to carry a new name. The Bulletin was therefore named the Journal of the Society of Obstetricians and Gynaecologists of Canada or simply JSOGC. The editorial policies, however, remained mostly unchanged as to review the contents of: relevant articles on obstetrics and gynaecology, SOGC statements and guidelines, clinical interviews, literature summaries and clinical quizzes.



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New sections were added for revision such as: clinical tips, international news, medico-legal topics, historical notes and book reviews. The first Editor-in-Chief, Dr. Baskett, was absent when he was appointed but nonetheless gave his consent despite the fact that there were no financial allowances to be awarded for the position and furthermore, no resources for office and secretarial help. All the administrative tasks had to be carried out by his secretary.

Dr. Baskett's tasks consisted of the solicitation and line editing of manuscripts, the transmission of articles to the publisher and the final revision editing of the single set of galleys. It is no wonder that after having eight annual editions produced in 1989 and 1990 that he cunningly persuaded Dr. Taylor to take over as Editor-in-Chief in late 1990!

The Dr. Pat Taylor era



Under the guidance of Dr. Taylor, the Journal began to flourish during the following years with a total circulation of 13,000 copies. The production varied from 11-12 editions per year with the occasional inclusion of two additional ones and two to four supplements. The Journal therefore became the official publication of eleven national and provincial societies. The average publication ran over 60 editorialized pages and consisted of policy statements, consensus documents, clinical reviews, features on women's health, English and French articles and literature summaries all written by invited volunteers.

From 1995 to 1999, the number of unsolicited manuscripts grew immensely mostly due to the participation of the people involved in the production of each edition (e.g. deputy or associate Editors and the Associate Vice-President of the SOGC). However, this success was mainly attributed to the fact that the Editor-in-Chief received compensation for his work and was furthermore supported by an administrative assistant, a production editor and other assigned personnel from *Ribosome Communications*. Mr. Adrian Stein's (*Ribosome Communications*) commitment was certainly beneficial in improving the publication standards. In 1999 however, the Journal was sold to *Rogers Communications*. Lengthy negotiations occurred with *MacLean Hunter-Rogers Communications* on matters relating to editorial/advertising ratios and the withdrawal of sponsorships. The SOGC Council appointed a Committee chaired by Dr. Reid to review job descriptions and wages attributed to the Editor-in-Chief, the deputy editor and the French editor.

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Dr. Taylor's abrupt resignation soon followed! The contentious issues surrounding his resignation included: the Women's Health 2000 Discussion Paper; the review of consensus documents; and, the perceived restricted autonomy in matters of control over editorial material. The Council sought nominations for a new Editor-in-Chief and chose Dr. Nisker.

The Dr. Jeff Nisker era



In 2000, the SOGC Council nominated a large editorial board consisting of 15 members. They were: Thomas Baskett (History); Thomas Brown (Pharmacology); Jan Christilaw and Sherry Franz (Patient Issues); Irene Colliton (Family Practice); Margo Fluker (Reproductive Endocrinology); Guylaine Lefebvre (Gynaecology); Michael Helewa and Catherine MacKinnon (Obstetrics), Kenneth Milne (Education), Jean-Marie Moutquin (French articles), Marie Plante (Oncology), Timothy Rowe (Supplements)

and Nan Schuurmans (Women's Health). Self-directed learning programs including self-assessment tests on medical practice guidelines were published in each issue. Special subjects were chosen by the Editor, including sexually transmitted diseases, obstetrical problems and colposcopic pathology.

In October 2000, Council decided to change the name of the Journal from JSOGC to a simpler and shorter one – JOGC or Journal of Obstetrics and Gynaecology Canada, in order to underline the Journal's independence from the SOGC and furthermore, to present the Journal as a flagship for obstetrics and gynaecology in Canada. The JOGC had reached a high calibre, peer-reviewed, national journal of obstetrics, gynaecology and women's health.

Perhaps the greatest accomplishment was the listing of the JOGC in the *National Library of Medicine* (Index Medicus/PubMed). This brought the journal to a new level in March 2001, and stimulated new submissions of research articles. Articles submitted were of a higher quality, as Canadian researchers and clinicians began to see JOGC as the best place to publish their work, rather than in American obstetrics and gynaecology journals. Two years were needed to revamp the journal and prepare the submission to the National Library.

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As time went on, the agreement with *Rogers* appeared to be a source of constant discussions, negotiations and frustration. There were nonetheless certain positive achievements brought from the SOGC/*Rogers* association such as the changes in the layout of JOGC's front page. In 2002, three new sections were added to the Journal's appeal such as scientific basis of reproductive medicine, pharmacotherapy and SOGC technical updates.

Notwithstanding the scientific, scholarly, and other quality advances of JOGC, a decrease in sponsorship in advertising created a crisis. *Rogers Communications* stated it was losing money and an evaluation of the situation by the SOGC Council revealed that the Journal was more expensive to produce and maintain than most of the similar Canadian medical journals. The Editor-in-Chief and the SOGC Council at the National Office explored many venues to resolve the Journal's financial crisis such as:

- a change in royalties against a buy-back from *Rogers* for the publications rights;
- a reduction in the number of editorial pages to comply with the 60/40 rule;
- a merge of JOGC's London office space with the MORE^{OB} office for a one year trial period and;
- an increase in JOGC's production efficiency and an annual subscription to Journal by members.

In a pivotal meeting between *Rogers*, the AEVP and the EVP of the SOGC in August 2003, the President of *Rogers Communications* offered the publication rights to SOGC. *Rogers* was ready to sell the publication rights purchased in 1999, effective January 1st 2004. It was already clear that time was running out in order to secure advertisers, to meet with sponsors, ensure a transition period for paid subscriptions and manage the JOGC internally. The publication rights purchase from *Rogers* was completed prior to the end of 2003. It was confirmed that the responsibilities assumed by the Editorial Board would be strictly related with the Journal's content, while the tasks related to production and management were to be carried out by the National Office. The SOGC Council also decided to increase the membership fees in order to include an annual subscription to the JOGC for the members.

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As previously recommended by Council in 2004, each deputy editor now supervise a specific domain: John F. Jarrell (Policy); Shawna L. Johnston (Gynaecology); Michael Helewa (Obstetrics) and Vyta Senikas (Continuing Professional Development).

The SOGC Council advised the Editor-in-Chief that the position would be opened for application as of April 2004. A council Committee was set up to select an Editor-in-Chief for the next five year period with the provision that administrative duties would be carried out by National Office in Ottawa and the Editor-in-Chief would be provided with a peer review coordinator/executive secretary in his or her location situated anywhere in Canada. The National Office contracted *Keith Health Care* for advertising and promotion of the Journal and the *Canadian Medical Association* as the publication agency.

The JOGC is the official publication of the following associations:

- The Society of Obstetricians and Gynaecologists of Canada
- *The Association of Professors of Obstetrics and Gynaecology of Canada* (APOG)
- *The Atlantic Society of Obstetricians and Gynaecologists*
- *Ontario Society of Obstetricians and Gynaecologists* (OSOG)
- *Manitoba Society of Obstetricians and Gynaecologists*
- *Section of Obstetrics and Gynaecology, Saskatchewan Medical Association*
- *Alberta Society of Obstetricians and Gynaecologists* (ASOG)
- *British Columbia Section of Obstetrics and Gynaecology*
- *Canadian Investigators in Reproduction* (CIR)
- *Gynaecologic Oncologists of Canada* (GOC)
- *The Society of Canadian Colposcopists* (SCC)

The future of the JOGC looks bright and it is ready to take on a leadership role as the major scientific publication in obstetrics, gynaecology and reproduction for Canada.

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National Projects

The MORE^{OB} program



The SOGC's Advances in Labour and Risk Management course proved very successful in addressing the concerns of managing obstetrical risk in the early 1990's. The courses were well attended, highly regarded and the demand continued for further expansion in the number of courses and disciplines involved. By early 2000, the SOGC recognized that to provide greater accessibility, be multidisciplinary and have a true impact on clinical error and adverse events in obstetrical care, a new structure and delivery format was needed. Dr. Milne, the Associate Executive Vice-President, presented a proposal to Executive and Council for a continuous, multidisciplinary, in-hospital program. The proposed program would focus on team functions and the promotion of a culture of patient safety. In addition, the program would be designed to assess the impact of the program for individuals, obstetrical programs and hospital organizations.

To create a level playing field for all participants, it was proposed that the program be marketed as a subscription program for all health care providers funded by participating hospitals and their liability insurance providers. Several insurance liability providers were approached for their support. HIROC led the way and joined in a cooperative venture for a pilot program with the SOGC.

Several presentations were made to Executive and Council and in the fall of 2001, approval was granted to proceed with the development of the content and structure format for this new program. Dr. Milne proposed the name for the program be Managing Obstetrical Risk Efficiently (MORE^{OB}). Selection of a multidisciplinary working group that would represent all regions of the country was undertaken. The first meeting of this group was convened in Ottawa in December 2001. The original group included: Drs. J.K. Milne, Chair (Ottawa); H. Akouri (Toronto); S. Brown (Huron-Perth, Ontario); W. Ehman (Victoria, B.C.); R. Gauthier (Québec); O. Hughes (Ottawa); I. Lange (Calgary); C. Nimrod (Ottawa); A. Sprague (Ottawa); B. Soderstrom (Ottawa); and N. Whitelaw (London).

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To help the SOGC fund the content development and computer applications for this program, a number of business opportunities were pursued with potential partners. Dr. Lalonde, with the help of an accounting firm, developed a business plan that was presented to the Executive and Council. The plan requested an investment of \$2 million over two years. In the end, Executive and Council recommended that SOGC assume the full responsibilities of the financial funding for development of this program. In the meantime, the working group responded to an aggressive schedule and completed the content for all of the components in a six month period.

Educational consultation and expert advice were provided by Dr. Parboosingh, former Director of Professional Development at the *Royal College of Physicians and Surgeons of Canada*; Dr. Premi, Professor Emeritus at *McMaster University* and Past-President of the *Foundation for Medical Practice Evaluation*; Dr. Walker from the *Southwestern Ontario Perinatal Partnership*; Dr. Williams, Vice-President for Education at the *American College of Obstetrics and Gynecology*; and *Friesen Kay and Associates*.

Parallel to this work was the development of the software components for the program with an Ottawa based company called *bitHeads*. The selection of *bitHeads* for this part of the delivery format of the program was a very prudent decision. They were innovative, stayed within budget and met all of the timelines, enabling the SOGC to launch the pilot phase of the program in October 2002. The pilot phase of the program was to include 22 hospitals. As of February 2004, 21 healthcare organizations comprising 33 hospitals had been enrolled in the pilot phase. The total number of participants exceeded 2,500 health care providers.

In the spring of 2004, after numerous presentations and lengthy negotiations with insurance providers, phase two of the program will begin with our national launch. Our goal is to have the program implemented in all 10 provinces by the end of 2004-2005 and to expand the program in each of the next three years. From this preliminary report there is substantial evidence of the program having a positive effect on patient safety and enabling hospital obstetrical programs to embrace a patient safety culture in their work environment.

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The Past Fifteen Years

The SCOPE Program



In the spring of 2000, Executive and Council approved the development of an Endoscopic Quality Assurance Risk Management course. The first planning meeting for this course was held May 4-7, 2000 in Ottawa. A development committee was selected from across the

country and included: Claude Fortin, Karen Glass, Philippe Laberge, Guylaine Lefebvre, Nick Leyland, Robert Reid, Hassan Shenassa, George Vilos and Ken Milne as chair of the committee.

At the first meeting it was agreed that the course would be designed with the following principles:

- The structure would be supported in locations with full animal laboratory facilities.
- It was to be a two day course with plenary and hands on laboratory sessions in both a dry and wet laboratory environment.
- The course would consist of eight sections relevant to endoscopic surgery.
- All recommendations provided in the course would be based on levels of evidence according to the *Canadian Task Force on the Periodic Health Examination*.
- The emphasis of the course was to instruct participants on how to avoid adverse events in endoscopic surgery and mitigate the fall out from adverse events if they should occur.
- The course was structured to include a self-assessment pre-test and a post-test evaluation.
- The course would qualify for section one and three CME credit hours in the new *Royal College Maintenance of Certification Program*.

With all of the content for the plenary and laboratory components of the course completed, the first course was held at the CMAS centre at St. Joseph's Hospital in Hamilton Ontario. Three more courses were held in 2001, including a resident course in Kingston in November 2001.

Early in 2002, the committee met to carry out a review of the content. During the spring of that year, the name of the course was changed to the acronym SCOPE standing for Surgical Complications of Pelvic Endoscopy. Three courses were held in 2002, two in Toronto and one in Vancouver. In the late fall, the second revision to the content was undertaken and prepared for the start of 2003. Four courses were planned for 2003, however the SARS health issue prevented two of these courses from being held.

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The Past Fifteen Years

The first three years of this course have been very successful with all courses fully subscribed and receiving very high evaluations. The current structure of the course limits the number of people attending individual courses and early in 2003 a decision was made to change the structure and delivery format of the course to enable larger numbers of people to participate. The new structure will also provide a greater emphasis on patient safety throughout the instruction of the course content.

The new format will provide the course in two parts. Part one will be provided in a CD-ROM format with all of the plenary content material developed on an interactive platform. The CD-ROM will be integrated with an on-line web component enabling the self assessment and post testing to be done on-line. Part one will be made available to all of the membership. Part two will be optional and take the form of a lab practicum consisting of a two day hands-on course. Each participant will be given a set of surgical exercises to perform and will receive informal feedback during the course event. Three traditional courses are planned for 2004 and the new format of the course is to begin in the fall of 2004.

The ALARM Course



This is a Canadian obstetrical story. The gametes were from Saskatchewan, conception occurred in Montreal, early embryonic development was in Toronto and subsequent flourishing growth and development has been across Canada. The ALARM Course is the healthy child of two parents, obstetricians and family doctors. It has been

nourished by Canadian evidence-based guidelines. Precociously, this ten-year-old has offspring, the ALARM International Program and the MORE^{OB} Program.

The formal initiative for the course came in June 1995 when the Council approved the report of the Task Force on Cerebral Palsy and Neonatal Asphyxia. One of its key recommendations was “the development of a comprehensive hands-on Canadian labour and risk management course... using the expertise of a national working group of family physicians and obstetricians.”

The goal of the ALARM Course is to improve the process and outcome of intrapartum care with content derived from Canadian evidence-based guidelines. It is intended to be sensitive to the realities of practice and to incorporate the principles of adult learning. Its design, maintenance, and presentation are multidisciplinary and cooperative.

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The Past Fifteen Years

ALARM's actual origins, however, can be found in the early 1990's, when the Saskatchewan Perinatal Education Advisory Committee requested that an educational program on electronic fetal heart rate monitoring be developed. Present at the meeting, Drs. George Carson and Roger Turnell took up this challenge, but wisely insisted that the program should not be limited to electronic monitoring but should include other topics such as the management of labour. This new program was successfully presented at centres throughout the province. On the national scene at this time, as the SOGC's new major guidelines on fetal well-being in labour and management of labour were being developed, it was recognized that little change in practice had occurred following the publication of the guidelines on Caesarean section. At the 1994 FIGO World Congress in Montreal, Dr. Lalonde, recognizing this concern about the impact of the guidelines, suggested that a course be developed that could effectively present the guideline material. Drs. Carson and Turnell offered to use their successful Saskatchewan program as the basis for this new course.

With substantial commitment from the SOGC, a group of family physicians and obstetricians was assembled. Among others, these individuals included Dr. Bruno Lemieux from Quebec, Dr. Owen Hughes from Ottawa, Dr. John Smith, from Hamilton, and Drs. George Carson and Roger Turnell from Saskatchewan. Expertise in constructing the evaluation components of the ALARM Course was generously provided by Carlos Brailovsky, an educational consultant for the RCPSC. The group was sequestered for two long sessions in a Toronto hotel and not let out except for brief visits to the hot dog vendor in the park across the street until there was a finished product. Impressively, at the end of this meeting there was a syllabus, slides, workshops, a written exam and OSCEs.

Dr. Lalonde brilliantly incorporated the fundamental ideas of labour and risk management when he proposed that the name of the program be ALARM (Advances in Labour and Risk Management). Some interesting linguistic contortions were then attempted to produce mnemonics, such as the one for shoulder dystocia using the letters ALARM.

ALARM's premiere was at the next annual SOGC meeting in Calgary, in 1995. From this first course, ALARM has been presented from St. John's to Vancouver Island to Yellowknife. The task of maintaining the course content has been eagerly taken up by the ALARM Committee, which meets twice per year and achieves consensus on all aspects of the course.

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The sustained support of the SOGC Executive and Council, personified by the leadership of Drs. Lalonde and Milne, the ALARM Committee and the commitment of the dedicated family physicians, obstetricians, nurses and midwives who volunteer their time to maintain and enhance ALARM, have made it into the respected and recognized program that it is today. Participant's evaluations of the course has been consistently very positive and has indicated that the course has indeed met its goal of assisting caregivers to improve the process and outcome of intrapartum care in Canada.

Contraception Awareness Project



Established in 2001, *The Foundation for the Promotion of Sexual and Reproductive Health* (FPSRH) is mandated to administer the funds for five important programs. Among the five programs, the Contraception Awareness Project (CAP) stands out as the largest and the

most widely known project. The other programs funded by FPSRH are the research grants administered by the *Canadian Foundation for Women's Health*, the Continuous Quality Improvement program in obstetrics and gynaecology, the administration of the Compassionate Drug Program and the Millennium Fellowships.

Administered by the SOGC, CAP was launched in October of 2001. CAP has experienced resounding success with both health care professionals and the public.

The intent of the project was to ensure that Canadians enjoy consensual sexual relations free from the fear of sexual transmitted infections (STIs), dysfunction, coercion, and the right of men and women to be able to have the information upon which to make informed choices about their sexual well-being and reproductive health.

The decision was made to develop a visual identity and a web site that would reach out to as many Canadians as possible. It was critical that the branding be memorable and the content be accessible to all walks of life. The bilingual web site www.sexualityandu.ca and www.masexualite.ca was developed by a team of over 60 interdisciplinary Canadian health care professionals, and has a section for every Canadian who is, or is thinking about becoming sexually active. It includes five modules each targeting a different group: parents, teachers, adults, teens and health care professionals. Each module contains information, quizzes and

interactive scenarios on contraception, STIs, coercion, sexuality and pregnancy among many other topics. A monthly e-newsletter based on the most frequently asked questions is distributed to a number of subscribers.

As for branding, the SOGC focused on an identity that was visually driven in order to overcome language, age and literacy issues. The brand identity had to be positive, and needed to be able to immediately educate and inform. It also had to avoid the word "sex" as a noun or verb, so as not to get caught in the porn realm of the Internet and also be accessible through sites and portals employing filters.

The site's subject matter dealt with the subject areas of contraception, STIs, pregnancy, sexual diversity, women's sexual health, adolescent sexual and reproductive health, sexual abuse and sexual well-being.

The well thought out approach to the site's content as well as a brilliant marketing design using a "sexualized" computer mouse icon contributed greatly to its recognition and success. The overall effect of the branding has succeeded in having the site win a couple of awards within its first year of operation in 2002, including the International Web Page Awards winners. The International Web Page Awards have become the largest international Web site design festival on the Internet with more than 700 entries competing from 26 different countries in 2002. As well, www.sexualityandu.ca won the Best of Class Award in Health Care, an International Web site competition, and an RSVP Award winner – Certificate of Merit.

Throughout the 2003 season the coordinator of the project aggressively marketed the site through radio, TV, print and direct mailing campaigns to schools and clinics. Through partnerships with major media outlets, such as *MuchMusic*, *CHUM* and *Rogers*, the CAP project received a tremendous amount of exposure. The marketing and advertising paid off with the sites getting visited by more than 3000 different people daily.

The health care provider component of CAP is comprised of three training modules. These modules are based on contraception counselling issues, as well as the more medical, troubleshooting aspect of contraception. Hundreds of health care providers nation-wide have been trained in these modules.

The CAP initiative has proven to be very successful and well received by Canadians and will hopefully continue to act as a resource for contraception and sexuality information in the future.

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Aboriginal Health Issues Committee

There are over one million people of Aboriginal descent living in Canada today; 75 percent are First Nations, 20 percent Metis, and five percent Inuit. The *Royal Commission on Aboriginal People*, in its mandate in 1991, looked into health and social issues of concern to Aboriginal Peoples. These issues included: poverty, unemployment and underemployment, access to health care and health concerns generally, alcohol and substance abuse, sub-standard housing, high suicide rates, child care, child welfare, and family violence.

The SOGC at its Council meeting in June 1994 agreed to support the formation of an Aboriginal Health Issues Committee. The members of the Committee were to reflect the diversity of Aboriginal groups and the SOGC membership. Some of the groups originally represented on the Committee included the *Native Women's Association of Canada*, the *Aboriginal Nurses Association of Canada*, *Health Canada*, *Pauktuutit – Inuit Women's Association*, the *Native Physicians' Association in Canada*, *Assembly of First Nations*, *Aboriginal Health Consultant* and representatives from the SOGC.

The first meeting took place during the FIGO meeting in Montreal in September 1994. The Committee, at its first meeting, created a *Vision Statement: to promote optimal reproductive healthcare that best meets the needs of the Aboriginal People of Canada*. The Committee also adopted its Guiding Principles, which were:

1. All Aboriginal individuals have the right to be treated in a culturally appropriate manner to include their own language.
2. Aboriginal people have the right to be treated with respect.
3. Health care services will be provided as close to home as possible.
4. Aboriginal people have the right and responsibility to participate in their own healthcare.
5. Aboriginal people have the right to healthy lives and that healthy lifestyles and minds go together, the holistic approach.
6. Healthcare providers have a responsibility to promote and support the health and cultural needs of aboriginal people.

The Committee gave its support to the CMA recommendations to the *Government of Canada* regarding to Aboriginal health and also endorsed the eight CMA Principles on Aboriginal Health. These principles are well documented in the CMA publication, "*Bridging the Gap*".

The focus of the Committee was to educate and sensitize the SOGC membership to Aboriginal People in general and Aboriginal health issues. It has accomplished this over the past 10 years by regularly publishing articles in the JOGC and the SOGC newsletter, by organizing a Workshop at the Quebec ACM in 1996, an Information Booth at the Halifax ACM in 1997, three poster presentations at the Victoria ACM in 1998 and three International Symposiums at the Ottawa ACM in 1999, the St. John's ACM in 2001 and the Edmonton ACM in 2004.

The Committee also created Terms of Reference, which were:

- a) To encourage within the SOGC membership and organization, activities relating to health and health care of Aboriginal Peoples.
- b) To support and promote education programs for health professionals in the area of Aboriginal Peoples' health.
- c) To foster the work of all health professionals as it relates to their care of Aboriginal Peoples in both remote and urban areas of Canada.
- d) To collaborate with other organizations and professional bodies in matters of common interest in the field of Aboriginal Peoples' health and health care.
- e) To promote and facilitate culturally acceptable, and ethical, research in the area of Aboriginal women's health.

The effort of the first six years of Committee work lead to the publication of a policy statement in late 2000. This was titled "A Guide for Healthcare Professionals Working with Aboriginal Peoples". This policy statement was widely distributed and it should be noted that the SOGC is the only Canadian association to have produced such an extensive policy statement on Aboriginal healthcare.

Dr. Janet Smylie, who took over the Chair of the Committee in 2000, is to be commended for the tremendous work she did on this policy as principle author. Janet was presented the "President's Award" by Dr. Thirza Smith at the 2001 ACM.

The Committee has had numerous correspondences with both the *Royal Australian College of Obstetricians and Gynecologists Aboriginal Committee* and the *American College of Obstetricians and Gynecologists Indian Health Committee*. This led to Dr. Smylie's participation in a strategic planning session with the *Indian Health Committee* of the ACOG in September 2000 in Denver, Colorado.

Chairs of the Committee have included: Dr. Pierre Lessard 1994-2000; Dr. Janet Smylie 2000-2002; and Carol Couchie R.M. 2002- Present

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In 1999-2000, Janet Smylie joined the Committee that Dr. Lessard had retired from as Chair and took over at that time, becoming one of the first midwives to chair a Committee at the SOGC.

During the last couple of years the Committee has continued to educate our members and lobby government on the needs of Aboriginal women and their families. The Committee recently collaborated with multiple stakeholders to develop and deliver an Aboriginal Contraception Awareness Program (C-CAP). The Committee has also collaborated with the *National Aboriginal Health Organization* (NAHO) on several initiatives one of which was to secure funding for the *National Aboriginal Midwives Conference*, held at Six Nations. Over 30 midwives and midwifery students representing Inuit, First Nation and Métis communities from across the country gathered at Six Nations of the Grand River near Bradford, Ontario.

The conference was the first of its kind. The midwives were extremely excited to be able to meet and support each other. There were education sections provided by Drs. Smylie and Christilaw. The midwives decided to continue to support and communicate with each other and to possibly form an *Aboriginal Midwives Association* in the future.

Over the last two years, the Committee has focused on strengthening the professional relationship between obstetricians and midwives and made a presentation during Women's Health Day at the ACM in 2002 that focused on the need for midwives to bridge the gap in rural and remote areas particularly in light of the current human resource crisis. The Committee has also been promoting and supporting midwifery education and improved professional integration through the Primary Health Transition Fund.

It is the Committee's hope that new and strengthened relationships between midwives and obstetricians will result in better outcomes for Aboriginal communities. Rural hospitals closing obstetric wings because of a lack of staff have some of the largest impacts on remote and rural Aboriginal communities. Aboriginal women already have lower access to physicians and midwives during their pregnancies and have, on average, poorer outcomes than the rest of Canadian women. It is hoped that at the 100th anniversary of the SOGC, the Chair of this Committee will have positive statistics to report as a result of some of the current efforts.

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"I wish to congratulate the SOGC on their anniversary and commend them for their leadership in supporting Aboriginal people and their struggles to bring healing to their communities. Our children are our most cherished resource." Dr. Janet Smylie

International Women's Health Program



International Women's Health Program (SIWH Program).

SOGC members have a long tradition of contributing to initiatives that seek to improve women's health in low resource countries. Well before the SOGC established its International Division, members met to share information, experiences and explore ways the SOGC could assume leadership internationally. This tradition and the growing interest of past and current members such as Drs. Lalonde, Drouin, Chamberlain and Pauls among others led the SOGC to establish in 1998, what is now known as the Society's

The SOGC's involvement coincided with a call to action by international organizations to reduce maternal mortality and morbidity worldwide and to work toward universal access to safe motherhood. In the mid 1990s, a review of health indicators revealed that while significant gains had been made in safe motherhood, much remained to be done to stop women from dying during childbirth. Advocates at the international level debated the need to increase the participation of professionals involved in obstetrics at the health system level due to growing evidence that the prior investments to increase the capacity of traditional birth attendants had little or no impact on maternal mortality and morbidity rates. The *International Federation of Obstetrics and Gynaecology* (FIGO) played a major role in this policy shift and has continued as a part of the global movement for Safe Motherhood. Canada was the host association for the 1994 FIGO World Congress where a workshop on maternal mortality and morbidity was conducted and the Fellowship program was launched that facilitated the participation of 54 ob/gyns from 34 developing countries. This later led to growing partnerships between Northern and Southern associations in the field of women's health.

Since its inception in the 1990s, the SIWH Program has had diverse experiences and grown considerably. For a complete list of SOGC's projects, see the following project descriptions. Currently there are three main program areas:

1. **The SOGC Partnership Programs:** initiatives that seek to provide institutional and organizational support to peer associations in low resource

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The Past Fifteen Years

countries and those in transition, to increase their contributions to improve women's health. The SOGC has four such partnership agreements with: the *Asociation de Gynecologia y Obstetricia de Guatemala* (AGOG), la *Société Haïtienne d'obstétrique et de gynécologie* (SHOG), the *Kosovar Ob/Gyn Association* (KOGA) and the *Association of Ob/Gyn of Uganda* (AOGU).

- 2. The ALARM International Program:** training and mobilizing program for low resource and transitional countries for health professionals involved in the delivery of obstetrics. Adapted from the Canadian ALARM course, the ALARM International Program focuses on the clinical management of the five main causes of maternal mortality and morbidity, and further sensitizes participants to the social, medical, economic, cultural and legal factors that inhibit women's access to health services. To ensure the sustainability of the program, the SOGC provides ALARM International Instructors' courses. Since 1999, SOGC has been successful in training more than 100 instructors in Guatemala, Haiti, Indonesia, India, Kosovo, the Philippines, Uganda and Yemen.
- 3. The FIGO Save the Mothers Uganda-Canada Initiative,** a district wide intervention that aims to increase access, quality and utilization of essential obstetrical care (EOC) services in a rural district of Kiboga. The project's main interventions include: educating and mobilizing the community to identify and address barriers to care; addressing emergency transportation and communication concerns; and improving the health system's response to EOC. This project is near completion and the SOGC will financially support the drilling of a well for the District Hospital to ensure the health centre's access to a clean water source and will continue to support its local partner.

The SIWH Program has been successful in fundraising more than \$2.4 million from a variety of sources for activities in developing countries. These include: the *Canadian International Development Agency*; FIGO, the *Canadian Public Health Association* (CPHA) *United Nations Population Fund*, *Save the Children*, the *Canadian Auto Workers* and private donations from members and other supporters.

The SIWH Program's work is supported by three Committees: International Women's Health, ALARM International and Cervical Cancer in Low-Resource Settings. To date, more than 65 SOGC members have donated their professional time as trainers and expert counsel to the program's numerous activities. Their in-kind professional contributions have been estimated at more than \$998,830. At the National Office, the SIWH Program is led by Dr. Lalonde and a team of three full time staff: L. Perron, Program Manager; S. Plourde, Health Specialist; and S. Fryer, Program Coordinator.

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Finally, the SOGC continues to be active in several international forums that promote safe motherhood and newborn health and improved sexual and reproductive health. The SOGC assumes a leadership role within the *FIGO/World Health Organization Alliance for Women's Health* and FIGO's *Safe Motherhood Committee*. The SOGC is also an active member of the *Partnership for Safe Motherhood and Newborn Health*, a consortium of international, regional and national organizations committed to working toward the reduction of maternal and neonatal mortality worldwide. The SOGC participated in several high level technical meetings in the field of Safe Motherhood.

Projects and Initiatives from 1998 to 2004

Title: The SOGC Maternal Health Through NGOs, Haiti, Guatemala, Uganda

Funder: *Canadian International Development Agency* (CIDA) Partnership Branch: \$180,000, 1998 to 1999

Selected Achievements:

- Establishment of formal partnerships with SHOG (Haiti), AGOG (Guatemala) and AOGU (Uganda).
- Commitment from 3 partners to implement ALARM International Program in respective countries. Delivery of first ALARM International courses in Haiti and Uganda.
- Beginning of modification of ALARM course for Guatemala.
- Training of trainers in colposcopy in Guatemala.

SOGC Volunteers & in-kind contribution: Approx. 14 SOGC Volunteers / In kind contribution estimated at \$61,600

Status: Completed

Title: The SOGC Partnership Project, Haiti, Guatemala, Uganda

Funder: CIDA Partnership Branch: \$450,000, 1999 to 2002

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Selected Achievements:

- Three functional secretariats with capacity to communicate by telephone, fax and e-mail nationally and internationally.
- Increased membership and revenues for all three partner associations.
- All partners have opened their organizations to other allied health professionals.
- Ten ALARM International Courses delivered to 424 health professionals.
- Forty-nine trained ALARM International Instructors in Guatemala, Haiti and Uganda.
- Twelve trainers in basic and advance colposcopy in Guatemala;
- All partners equipped with the necessary educational supplies needed to deliver the course.
- Production and wide distribution of a “Women’s Reproductive Rights” booklet and pamphlet.

SOGC Volunteers & in-kind contribution: Approx. 20 SOGC Volunteers / In kind contribution estimated at \$370,880

Title: The SOGC Partnership Program, Haiti, Guatemala, Uganda

Funder: CIDA Partnership Branch: \$900 000, 2003 to 2006

Status: On-going

Title: FIGO Save the Mothers Uganda- Canada Project, District of Kiboga, Uganda

Funder: FIGO – Save the Mothers Fund: approx. \$692,574; CIDA: \$10,000; CAW – Social Justice Fund: \$95,798; Donations: approx. \$20,000

Selected Achievements:

- Implementation of an emergency transportation and communication system program in the district.
- Expansion of coverage and availability of basic and comprehensive EOC services by hiring midwives, upgrading skills, acquisition of equipment and supplies, implementation of support supervision system, etc..
- Increased access to primary health care services.
- From 1999 to 2004, availability of a full time or part time resident ob/gyn (Canadian and Ugandan) on-site.
- 50% increase in use of antenatal care in the district’s health facilities.

The Past Fifteen Years

- 110% in use of hospital beds at the District Hospital.
- Increase knowledge / leadership in the community.
- Increased capacity of SOGC and AOGU to contribute to Safe Motherhood initiatives.
- Ten SOGC volunteers, In-kind contribution estimated at \$428,850.

Status: Near completion

Title: ALARM International Program, Democratic Republic of the Congo, Ethiopia (ECSAOG), Gabon, India, Indonesia, Mali, Mexico, Philippines, Yemen

Funders: FIGO / SOGC (travel, accommodation and per diem costs); University of Montreal, Government of Mali, Save the Children USA, CIDA

Selected Achievements:

- Forteen courses delivered to over 400 health professionals in the listed countries.
- Sixty local instructors trained in Indonesia, the Philippines and India.
- Modifications to the ALARM International Program: 3rd Edition of manual; expansion from 3 to 5 days.
- Expertise provided and all updated material made available to all past and current partners.
- Twelve volunteers / In-kind contribution estimated at \$88,000 (Not including the ALARM International Committee Members who led 3rd Edition revision process).

Status: On-going

Title: The SOGC – KOGA Partnership Program, Kosovo

Funders: CPHA: \$60,000, UNFPA – Prishtina: \$64,000, 2000 to 2003

Selected Achievements:

- Development of formal partnership with KOGA.
- Support with the establishment of KOGA secretariat.
- KOGA equipped with the educational materials and supplies needed to deliver the course.
- Course content translated in Albanian.

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- To date, 2 ALARM International courses offered to 86 health professionals.
- A team of 7 local instructors trained.
- Six volunteers / In-kind contribution estimated at \$49,500.

Status: On-going

Other Initiatives 1997 to Present:

- 1997 Participation in “Safe Motherhood Action Plan Agenda: Priorities for the Next Decade” Technical Meeting (Columbo, Sri Lanka).
- 2000 Participation in “Saving Lives: Skilled Attendance at Birth” Technical Meeting (Tunis, Tunisia).
- 2000/2001 Financial/technical support offered to the *Société Africaine d’Obstétrique et Gynécologie (SAGO)*, *Eastern, Central and Southern Association of Ob/Gyn Societies (ECSAOGS)* and the *Federation of Central American Societies of Ob/Gyns (FECASOG)* re: Regional Scientific Congress.
- Since 2000 – Conduct of an international women’s health symposium at the SOGC’s Annual Clinical Meeting (ACM).
- Since 2000 – Annual partnership meetings with partners.
- 2003 Participation in “Saving Women’s Lives: The Health Impact of Unsafe Abortion” Technical Meeting (Kuala Lumpur, Malaysia).
- 2003 Leadership role in coordinating the development of a joint *International Federation of Ob/Gyn (FIGO) / International Confederation of Midwives (ICM)* statement re: Management of Third Stage of Labour to Prevent Post Partum Hemorrhage.
- 2003 Leadership role in launching the FIGO/ICM joint statement at the FIGO World Congress (Santiago, Chile).
- Invitation to review newborn reference manual and training material developed by Save the Children, U.S.A.

Current Affiliations:

- *Canadian Council for International Cooperation*
- *Canadian Society for International Health*
- *Canadian Public Health Association*
- *Canadian Coalition for Global Health Research*
- *FIGO – Safe Motherhood Committee (Co-chair)*
- *Partnership for Safe Motherhood and Neonatal Health (Chair of the Country Support/Collaboration Taskforce)*

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SOGC’s Relationship with FIGO



1984 Montreal Meeting to decide host city for 1994 World Congress Meeting (FIGO)

FIGO and the SOGC have developed a close relationship. As a founding member of FIGO, the SOGC has hosted two World Congresses in 1958 and again in 1994. The SOGC has collaborated closely with FIGO in the last 50 years to help the federation assume its place as a leader in women’s health.

FIGO was first introduced to the SOGC by Dr. Gérin-Lajoie, SOGC President 1944-45, in 1949. SOGC members have a long history of involvement in FIGO committees – Drs. Gérin-Lajoie, Simpson, Kennel, Steen and Peddle to name a few. SOGC members have also been nominated on FIGO’s Executive Board such as Dr. Gérin-Lajoie and more recently, Dr. Shaw.

FIGO World Congress, Montreal, Canada 1994

The preparations for the 1994 FIGO World Congress began with SOGC’s strong bid for the FIGO World Congress at the meeting in Rio de Janeiro in 1988. After winning the bid for the congress, SOGC Council appointed Dr. Peddle, SOGC President from 1989 to 1990, to become President of the World Congress Organizing Committee. In 1991, the SOGC had just hired a new Executive Vice-President and with President Shaw, the SOGC sought help in organizing a sponsorship program to acquire exhibits and sponsorship funds for the upcoming FIGO Congress. An independent consultant put together a strong program that was presented in late 1991 and early 1992 to secure sponsorship funding and this proved to be successful in attracting major sponsors.

The World Congress was held in Montreal, September 24-30, 1994 and was an outstanding success. The social program was second to none and many obstetricians and gynaecologists around the world feel this was the greatest scientific and social program ever. One of the highlights of the social program was the performance of the world champion ice skaters at the Montreal forum that was free for all delegates.



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The first FIGO fellowship program was established in 1994 at this Congress. The project brought young obstetricians and gynaecologists involved in community health to Canada and was designed by Dr. Lalonde who wanted to unite leaders from both Northern and Southern countries. In the weeks prior to the Congress, the International Fellows spent four to five weeks at a Canadian university and then attended the Congress in Montreal. All Canadian universities were mobilized and funding was obtained from CIDA, *American College of Obstetricians and Gynecologists*, *Royal College of Obstetricians and Gynaecologists*, the *Nordic Federation of Obstetricians and Gynaecologists*, the *Japan Obstetrical and Gynaecological Society* and the SOGC in order to facilitate the innovative fellowships. Over 300 applications were received and applicants were selected to encourage the participation of recent graduates working to reduce maternal mortality and on public health issues. The 16 medical schools welcomed the delegates and FIGO has continued this fellowship program.

A few headaches occurred after the Congress. The invoices were difficult to reconcile with the pre-approved budget and the revenues had not met expectations. It took over a year to resolve all the issues to the satisfaction of the SOGC Finance Committee. A complete audit was therefore performed by *KPMG*. The Canadian Congress gave a contribution of approximately \$750,000 USD to FIGO, the highest revenues to date.

Nevertheless, the SOGC was at the forefront of new developments in international women's health, which included a pre-congress *FIGO/World Health Organization* meeting, which resulted in FIGO considering conducting maternal mortality reduction projects, that later lead to the *FIGO Save the Mothers Project* in 1997-1998.

Dr. Maheux represented the SOGC on FIGO's Board for a period of six years during which FIGO was able to obtain important sponsors to launch the *FIGO Save the Mothers Program*. Professional associations from Southern and Northern member societies were partnered, such as the SOGC and the *Association of Obstetricians and Gynaecologists of Uganda*, who worked collaboratively to conduct a five year intervention to increase the availability, quality and access to essential obstetrical care services at the district level in Uganda. SOGC's report on this intervention is available from the National Office.

Dr. Dorothy Shaw was appointed to represent SOGC on the FIGO Board from 2000 to 2004. She was also chosen to Chair the important Committee on Women's Sexual and Reproductive Rights. This cumulated in the development of a major policy initiative entitled "FIGO Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights" that was approved at the last FIGO

meeting in Santiago, Chile in November 2003. The SOGC was very active in the three years leading up to the Congress in Chile to secure the nomination of Dr. Shaw as President-Elect of FIGO. Colleagues from Mexico and the U.S.A. agreed not to present any official candidates and therefore supported the nomination of Dr. Dorothy Shaw who is the first woman to secure this position.

The SOGC was also re-elected by the FIGO General Assembly to be a member of the Executive Board in 2003. The SOGC Executive selected Dr. Lalonde as a representative for the FIGO Executive Board until 2006. The current FIGO President, Dr. Arnaldo Acosta, requested that Dr. Lalonde spearhead a group to promote a joint intervention by FIGO and the *International Confederation of Midwives* to promote the prevention and treatment of post partum hemorrhage. Dr. Lalonde was also appointed by FIGO as Co-Chair of the *FIGO Committee on Safe Motherhood and Newborn Health*.

SOGC's commitment to women's health internationally makes its support to FIGO a cornerstone of SOGC's actions.

Acknowledgments

The compilation and production of this 60th anniversary booklet was made possible with the dedication and good will of a number of volunteers and staff. The Chair of the History and Archives Committee, Dr. Yves Lefebvre who accepted the challenges posed by this project in late 2003. The SOGC appreciates the number of hours of exhaustive research, writing and reviewing the extensive amounts of documents and text. A special thank you to Marthe Riopel Lefebvre, Dr. Lefebvre's spouse, for the many hours stolen from her in the last six months. Luc Soucy, for his determination and patience in finding missing information, compiling facts and figures and reviewing the many writing styles. Sylvie Seguin for her assistance, comprehension and extensive knowledge of the SOGC and the individuals that made this project possible. Thanks to the History and Archives committee members: Drs. Kinch, Hannah, Bryan, Goodwin and Krepart who have provided much information and assistance. We would like to thank Dr. George Carson for his assistance in the preparation of the section on ALARM.

Thanks to Past-Presidents and Committee Chairs who have had input on this project. Thanks to the review team of Drs. Lalonde, Milne, Senikas as well as Andrée Poirier and Sara Fryer for their diligence in the production of this publication and Renée Dupuis-Leon, who designed a beautiful booklet.

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A few headaches occurred after the Congress. The invoices were difficult to reconcile with the pre-approved budget and the revenues had not met expectations. It took over a year to resolve all the issues to the satisfaction of the SOGC Finance Committee. A complete audit was therefore performed by *KPMG*. The Canadian Congress gave a contribution of approximately \$750,000 USD to FIGO, the highest revenues to date.

Nevertheless, the SOGC was at the forefront of new developments in international women's health, which included a pre-congress *FIGO/World Health Organization* meeting, which resulted in FIGO considering conducting maternal mortality reduction projects, that later lead to the *FIGO Save the Mothers Project* in 1997-1998.

Dr. Maheux represented the SOGC on FIGO's Board for a period of six years during which FIGO was able to obtain important sponsors to launch the *FIGO Save the Mothers Program*. Professional associations from Southern and Northern member societies were partnered, such as the SOGC and the *Association of Obstetricians and Gynaecologists of Uganda*, who worked collaboratively to conduct a five year intervention to increase the availability, quality and access to essential obstetrical care services at the district level in Uganda. SOGC's report on this intervention is available from the National Office.

Dr. Dorothy Shaw was appointed to represent SOGC on the FIGO Board from 2000 to 2004. She was also chosen to Chair the important Committee on Women's Sexual and Reproductive Rights. This cumulated in the development of a major policy initiative entitled "FIGO Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights" that was approved at the last FIGO

meeting in Santiago, Chile in November 2003. The SOGC was very active in the three years leading up to the Congress in Chile to secure the nomination of Dr. Shaw as President-Elect of FIGO. Colleagues from Mexico and the U.S.A. agreed not to present any official candidates and therefore supported the nomination of Dr. Dorothy Shaw who is the first woman to secure this position.

The SOGC was also re-elected by the FIGO General Assembly to be a member of the Executive Board in 2003. The SOGC Executive selected Dr. Lalonde as a representative for the FIGO Executive Board until 2006. The current FIGO President, Dr. Arnaldo Acosta, requested that Dr. Lalonde spearhead a group to promote a joint intervention by FIGO and the *International Confederation of Midwives* to promote the prevention and treatment of post partum hemorrhage. Dr. Lalonde was also appointed by FIGO as Co-Chair of the *FIGO Committee on Safe Motherhood and Newborn Health*.

SOGC's commitment to women's health internationally makes its support to FIGO a cornerstone of SOGC's actions.

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