

# Annual Report



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
— OF CANADA —

2020  
& 2021









# Overview

<b>01</b>	Message from the SOGC.....	1
<b>02</b>	Quality of Care.....	4
<b>03</b>	Education.....	6
<b>04</b>	Advocacy .....	8
<b>05</b>	Growing Stronger .....	9

# MESSAGE FROM THE SOGC

In the past year, the SOGC has kept its focus on our **mission, to lead the advancement of women's health through excellence and collaborative professional practice**, by providing its 4,000+ members with a wide offering of online courses, events, services, and resources. We have continued to respond to the pandemic, adapting our programmes and ensuring that our members have all the resources they need to provide best care. We have also reached out to Canadian patients through our public-facing work on various issues related to obstetrics, gynaecology and COVID-19, and we are taking steps to better serve racialized and marginalized communities.

Our President, Dr. Dario Garcia, chose *respectful care* as his Presidential theme. This was particularly relevant given the events of the past year. Respectful care is foundational for all that we do, but sadly, we have work to do at every level, to achieve this goal.

Guided by our [Strategic Plan: Stronger Together for Women's Health](#), we are becoming more powerful and effective advocates for our profession, our members and the women whose lives and health depend on us.

Here is a summary of some of our accomplishments this year.

## High quality health care, healthy profession

The SOGC Guidelines are the single most important product of the SOGC; their value across the country and internationally is due to the joint and inter-professional expertise of our members. In Canada, as with most of the rest of the world, gynaecologists cannot be consulted directly, and our obstetrics model does include family physicians, nurse and midwives. Each month, the SOGC publishes one to two *Clinical Practice Guidelines, Committee Opinions or Technical Updates*.

2020-2021 was a year of virtual learning, with well-attended Continuing Medical Education (CME) events, including the FMC du Québec, Ontario CME, West/Central CME, and the all-virtual Annual Clinical and Scientific Conference (ACSC). We have been able to offer our members virtual opportunities to achieve all their Maintenance of Competence (MOC) learning, with a wide range of offerings. With a total of 17 online courses and the creation of seven new courses over the last year, the SOGC aspires to become the number one platform for Obstetric and Gynaecological education. The ALARM course evolved from a weekend course to a "flipped classroom." During the pandemic we developed Alarm Virtual, where participation rates have grown exponentially. We have learned from the pandemic that virtual CME opportunities can be highly effective, and will continue to be a part of our CME offerings in the future.

## Collaborating to improve women's health beyond clinical practice

The SOGC initiated a national discussion with Canadian Department Chairs on the future of the specialty of Obstetrics and Gynaecology. This exercise allowed us to gain their perspective about the future and inform us about what steps the SOGC will need to take to strengthen the practice while allowing sub-specialties to flourish.

The SOGC has created new bonds with colleagues in Canada around the world. We collaborated with the Society of Rural Physicians of Canada and the Canadian Association of General Surgeons on strategies to sustain rural maternity services, and in particular, operative obstetrics.

We are proudly bilingual and are very pleased to have joined the Federation of Francophone Associations of Obstetrics and Gynecology this year. We also collaborated with ACOG and FEMECOG in the FIGO North American Region, which will lead to more cooperation between Mexico, the U.S. and Canada. The SOGC also contributed as a Councillor on the

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FIGO Advisory Council, which has developed a strategic plan that focuses on the needs of lower and middle income countries and key issues such as maternal mortality, safe motherhood and access to safe abortion.

Throughout the year, we also worked on identifying drug shortages and working on mitigation strategies with Health Canada and other stakeholders to ensure ongoing access to medicines. A working group has put together the first iteration of an Essential Medicine in Pregnancy List. This list has been shared with the drug shortages unit of Health Canada to create a “watch list” of medications that will be kept under active surveillance to ensure that an uninterrupted drug supply is maintained.

The SOGC continues to participate in the Chief Public Health Officer’s Forum, an advisory group that provides Dr. Tam with perspective and advice on Public Health priorities including Indigenous health, the opioid crisis, and antibiotic resistant microbes. This has proven to be particularly critical as we have worked through the rapidly changing responses to COVID-19.

Our resources on COVID-19 were recognized by the Public Health Agency of Canada (PHAC) as being highly credible and were utilized by the agency. This partnership has been extremely active throughout COVID-19 with weekly teleconferences. PHAC has relied on SOGC for guidance on issues pertaining to pregnancy throughout the pandemic. The SOGC also has a seat at the NACI table. This year that has been a very intense workload, but it has enabled us to keep the needs of our patients’ front and centre in decision making about vaccination in pregnancy.

#### **Partnering with women internationally and in Canada**

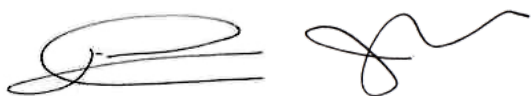
The SOGC continues to play an international role in women’s reproductive health. In 2020, three maternal and newborn health projects in Africa (Burundi, Malawi, and the Democratic Republic of the Congo), all funded by Global Affairs Canada, were completed. An additional project in Tanzania continues until July 2021.

In Canada, the SOGC has been working towards developing a foundation for preventing maternal and perinatal morbidity and mortality in Canada. The mission is to increase awareness of the issues surrounding pregnancy-related deaths and to promote change among individuals, health care systems, and communities in order to reduce the number of deaths. In an effort to address these gaps, the SOGC has coordinated meetings of national and international experts and reviewed the state of maternal health surveillance in Canada. There has been a call for the establishment of a Confidential Enquiry system dedicated to identifying underlying causes of maternal death, specifically identifying those that are preventable.

The SOGC has continued to educate and engage with the public through our seven education sites: [SexandU.ca](http://SexandU.ca), [HPVinfo.ca](http://HPVinfo.ca), [Menopauseandu.ca](http://Menopauseandu.ca), [Pregnancyinfo.ca](http://Pregnancyinfo.ca) and [Yourperiod.ca](http://Yourperiod.ca), and two online tools, [Itsaplan.ca](http://Itsaplan.ca) and [SOS Stay on Schedule](http://SOS Stay on Schedule). Over 2 million people have relied on these sites for accurate and up-to-date health information in the past year.

These accomplishments were possible thanks to the commitment of our Board members, the dedication and loyalty of our members and the eagerness and perseverance of our SOGC staff.

We are all proud to contribute to a better future for women across the world.



Dr. Dario Garcia | Dr. Jennifer Blake

DR. JENNIFER BLAKE

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# Quality of Care

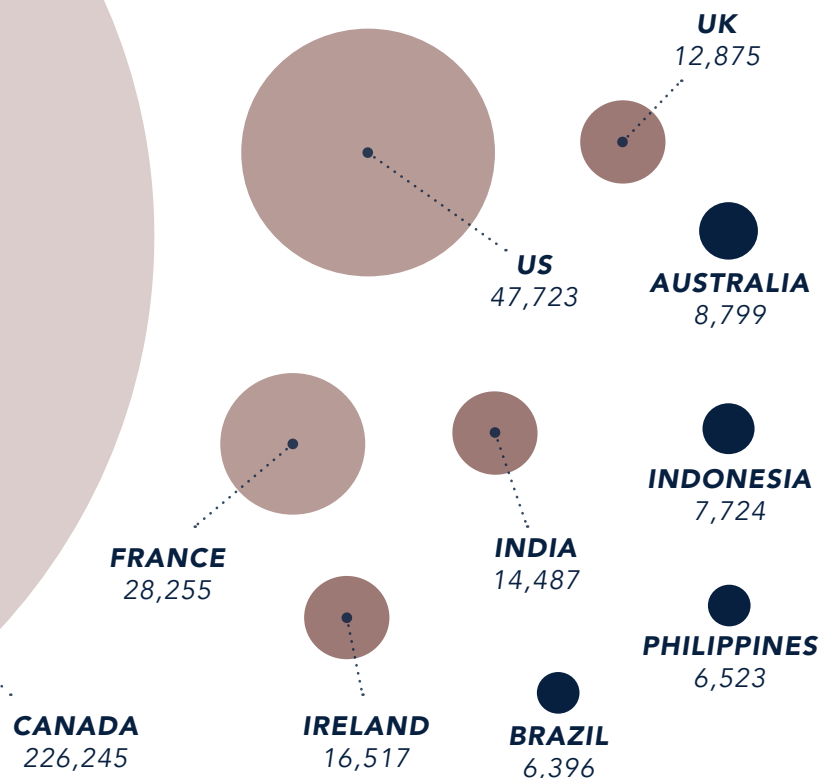
Journal of Obstetrics and Gynaecology Canada





# TOP VISITING COUNTRIES

TO JOGC.COM



FROM JUNE 2020  
TO MAY 2021,  
**JOGC PUBLISHED:**

**479**  
SUBMISSIONS

**138**  
ARTICLES

**14**  
CLINICAL  
PRACTICE  
GUIDELINES

**3**  
COMMITTEE  
OPINIONS



# Education

Online Education  
Conferences  
ALARM Program



# ONLINE *EDUCATION*

## 17 COURSES

Contraception: It's A Plan

Eliminating Cervical Cancer — Once and Forever

Fertility Treatment

Medical Management of Uterine Fibroids

Intrauterine Contraception (IUC)  
Insertion Preceptorship

Medical Abortion Training Program

Not Your 2002 Menopause

Are You Open to MIS?

Vaccination in Pregnancy

Research Course\*

Induction of Labour: Putting Safety First

COVID-19 101\*

Iron Deficiency\*

Alcohol and Pregnancy\*

Lyme Disease and Pregnancy\*

Etonogestrel Extended Release Subdermal  
Implant Preceptorship\*

COVID-19 Vaccination and Pregnancy\*

\*New as of 2020

## CONFERENCES

.....• **FMC DU QUÉBEC VIRTUELLE 2020**

.....• **ONTARIO VIRTUAL CME 2020**

.....• **WEST/CENTRAL VIRTUAL CME 2020**

.....• **VIRTUAL ACSC 2021**

**233** SPEAKERS

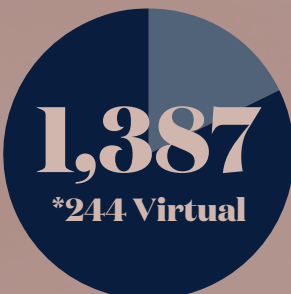
**1019** DELEGATES\*

\*60% increase from last year

## ALARM *PROGRAM*



# ALARM



ALARM  
PARTICIPANTS\*



COURSES ACROSS  
CANADA



CFPC  
COURSES



CUSTOMIZED  
COURSES

**1**

REGULAR  
COURSE

**1**

INSTRUCTOR  
COURSE



# Advocacy

Public Education  
Brand Recognition

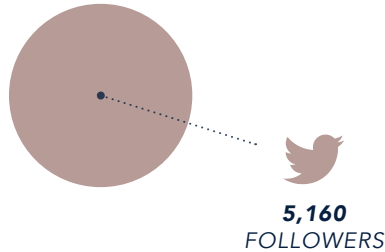


# PUBLIC EDUCATION & *ADVOCACY*

\*From July 2020 to June 30, 2021



MEDIA  
REQUESTS



20,200  
LIKES

PUBLIC EDUCATION  
CAMPAIGNS

## BRAND *RECOGNITION*

**24 over-the-counter (OTC) products** have been reviewed and approved for use by our panel of medical professionals.



**RECOGNIZED BY**

THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA



**RECONNU PAR**

LA SOCIÉTÉ DES  
OBSTÉTRICIENS ET  
GYNÉCOLOGUES  
DU CANADA



# Growing Stronger

Membership  
Financial Summary



# MEMBERSHIP

## SOGC MEMBERS BY TYPE

3,862 MEMBERS TOTAL

\*As of December 31, 2020

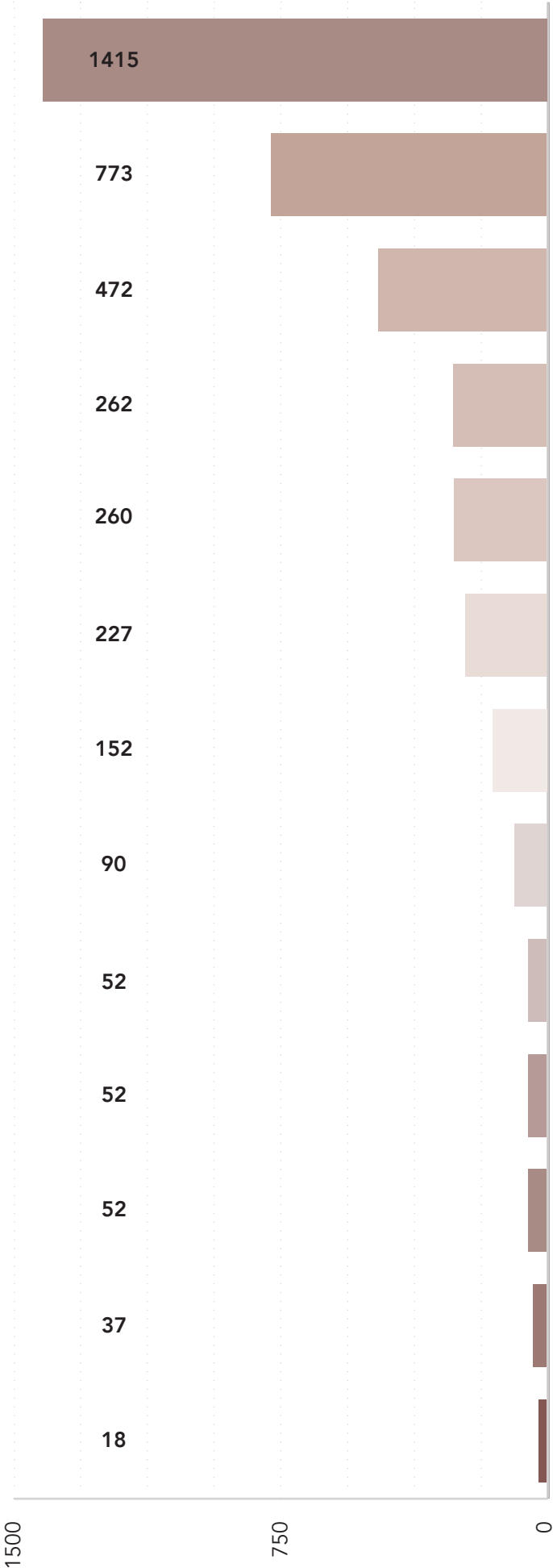


OB/GYN



AFFILIATES

Ob/Gyn Member
Affiliate FP
Ob/Gyn Res
Affiliate Midwife
Affiliate RN/NP
Affiliate Student
Affiliate FP Res
Ob/Gyn Life & Legacy
Affiliate Int'l
Affiliate Honorary
Affiliate HealthCare
Affiliate Reseacher
Affiliate Ob/Gyn US





# FINANCIAL SUMMARY

## ASSETS

### CURRENT ASSETS

	2020	2019
Cash	\$3,456,066	\$2,597,552
Accounts Receivable	292,633	520,058
Prepaid Expenses	310,326	261,037
	<b>4,059,025</b>	<b>3,378,647</b>
Investments	2,259,786	1,849,434
Capital Assets	529,685	633,690
	<b>\$6,848,496</b>	<b>\$5,861,771</b>

## LIABILITIES & NET ASSETS

### CURRENT LIABILITIES

Accounts Payable & Accrued Liabilities	\$300,057	\$238,402
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### DEFERRED REVENUE

Sponsorships	1,026,528	749,933
Membership & Conference Registration Fees	852,266	480,153
CME / ALARM Course Revenue	109,247	136,223
International Programs	3,593	0
Academic Council	0	44,024
Deferred Lease Inducement	254,174	284,970

### NET ASSETS BEGINNING

Net Revenue	374,565	399,531
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### NET ASSETS ENDING

	<b>4,302,631</b>	<b>3,928,066</b>
	<b>\$6,848,496</b>	<b>\$5,861,771</b>

## STATEMENT OF OPERATIONS

### REVENUE

Grants & Sponsorships	1,966,096	3,320,446
Conferences & Courses	810,231	1,999,388
Membership Fees	1,126,288	1,248,170
Journal & Publications	539,438	538,470
Investment & Other Income	52,592	186,890
Government Assistance	589,859	0
	<b>5,084,504</b>	<b>7,293,364</b>

### EXPENDITURES

Salaries & Benefits	2,775,351	2,802,840
Conferences & Courses	282,740	1,143,159
Governance & Committees	175,665	399,267
Womens' Health Programs	614,839	1,464,321
Administration & Program Support	908,207	934,757
Journals & Publications	284,287	299,099
	<b>5,041,089</b>	<b>7,043,443</b>

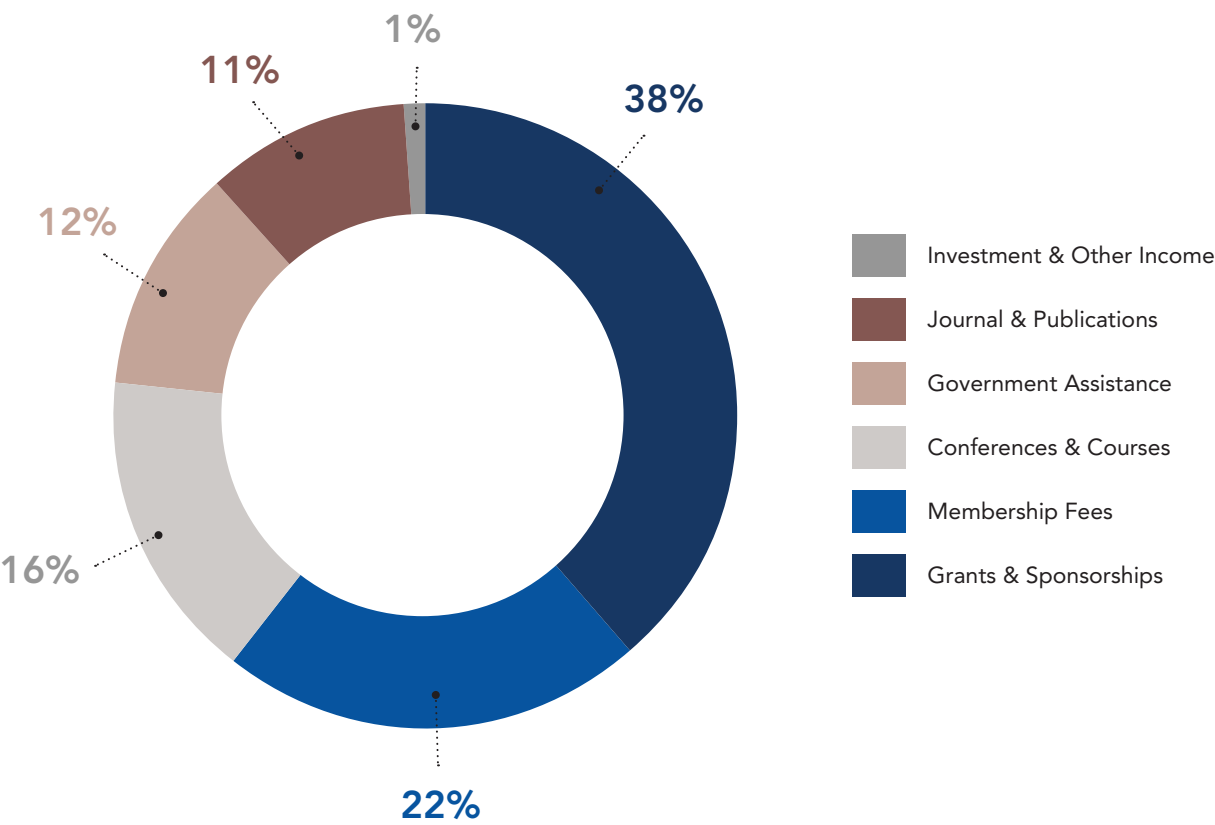
Net Income from investment in SALUS	331,150	112,246
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### NET REVENUE

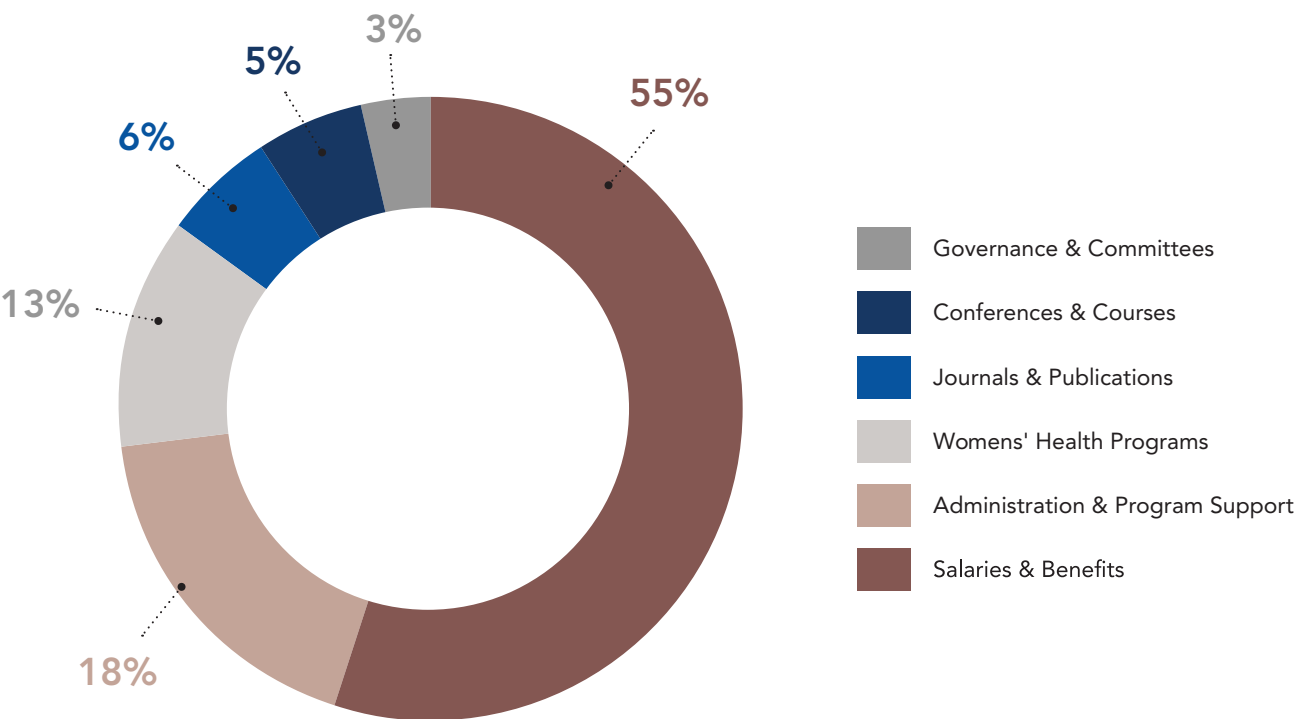
	<b>\$374,565</b>	<b>\$362,167</b>
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# FINANCIALS AT A *GLANCE*

## 2020 *REVENUES*



## 2020 *EXPENDITURES*







**SOGC**

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