



inside stories



Canadian
Paediatric
Society

the year in review
2010-2011



mission

The Canadian Paediatric Society is the national association of paediatricians, committed to working together and with others to advance the health of children and youth by promoting excellence in health care, advocacy, education, research and support of its membership.

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president's message

Uptake, outreach: The CPS is us

Robert I. Hilliard, MD EdD FRCPC



Things have certainly changed dramatically in the 36 years that I have been a paediatrician. Our patients today are much more likely to have complex medical needs and to require additional care from subspecialists than would have been the case a generation ago. In a perfect world, health care teams work seamlessly together to meet every patient's needs. In reality, with a shortage of specialists and resources, and unequal access to services, there may be gaps in a child or youth's circle of care.

As doctors, we are often called upon to combine the CanMEDS roles of medical expert, communicator, collaborator, manager, health advocate, scholar and professional in our daily lives.

As paediatricians and members of the Canadian Paediatric Society, we need to build relationships with paediatric subspecialists, family physicians and other health professionals that widen and strengthen circles of care. Indeed, this may be a leading medical mission in the coming years.

Fortunately, building relationships can happen at many levels: among CPS members, in your local hospitals and communities, and through outreach to other organizations and allied health professionals. Also, nurturing professional ties is nothing new for the CPS, an organization involved with many disciplines that learn, share and strengthen one another.

The growth of subspecialty sections and a steady increase in associate membership in recent years are two examples of this inclusive trend. More and more, relationship-building happens electronically. CPS members are using their section e-Forums for



The good that our members do for children and youth is beyond measure, but we can always do a little better.

information exchange and, as of this year, can plan or converse before the Annual Conference with speakers or delegates over a new online network.

One of the best ways to build relationships is through advocacy. As you'll read in this report, 2010-2011 saw headway on two important fronts: immunization and injury prevention. We are always looking for ways to make such efforts easier. Issues and initiatives can now be shared with the wider CPS membership via *Connecting the Docs*, a new e-newsletter. To encourage political engagement while strengthening organizational ties with our provincial/territorial counterparts the CPS, with the Action Committee for Children and Teens, is piloting Provincial Paediatric Action Committees (PPACS). For the recent federal election as well as provincial/territorial elections now in view, we've developed an Election Advocacy Toolkit.

Professional education is evolving far beyond the traditional base of Annual Conference delegates to reach a diverse audience of learners. Online courses through AdvancingIn Paediatric Health and mdBriefCase continue to draw large numbers of learners from different medical or health backgrounds. The new Immunization Competencies Education Program (ICEP), launched in December 2010, was developed by multidisciplinary experts for a wide range of health professionals in training. For example, pharmacists were involved in developing course content for the first time, and ICEP is now an accredited training program at some provincial colleges. Similarly, new CPS teaching tools, such as the presentation *First Shots, Best Shot: Childhood vaccines at work in Canada*, are designed to be adapted easily for any professional or community audience.

However, both the necessity for and the benefits of outreach culminated—certainly for me—in

Johannesburg, South Africa, where we won our bid to host the International Pediatric Association conference for 2016. It's tremendously affirming for a national organization like the CPS, with our commitment to global health, to find the world responding in kind.

There are so many members, past and present, whose care for children and youth outside of Canada or whose advocacy work on global issues effectively laid the groundwork for this bid. Other recent meetings, such as the 4th International Meeting on Indigenous Child Health in February, and our involvement in two Latin American forums this spring, seemed to point toward a global future. Every issue the CPS takes up between now and 2016 is sure to be shaped in part by the certain knowledge that we'll be sharing results with colleagues the world over in just a few short years.

While the current economic climate has many downsides, it has surely driven home the importance of focusing our organizational efforts. A new strategic plan is underway to ensure that we make the best use of limited resources, both human and financial. A Statement Reference Task Force is reviewing our policy development process, and a Paediatric Resource Planning Committee will assess human resources in the near term and give future guidance to paediatric practitioners and government.

The good that our members do for children and youth is beyond measure, but we can always do a little better. Let's remember: **We** are the CPS. We can make sure that every CPS project and program is well founded, focused, and results-oriented from start to finish. Going forward, let's also remember that improving the health and well-being of children and youth around the world is an important and valuable mission.



advocacy

Childhood immunization is hardly routine

Immunization may be the world's greatest public health success story, but it's a tale that's still unfolding.

The Canadian Immunization Conference in December 2010 reminded participants that global forces—international travel, immigration and refugees, even anti-immunization sentiment—are affecting local disease patterns more dramatically than ever before. And vice-versa. As keynote speaker Dr. Scott Halperin observed, “News coming out in other parts of the world has an impact here in Canada, and it happens in the other direction too.”

There's an extra twist to Canada's immunization story: Unlike many industrialized nations, we lack a national harmonized schedule for giving childhood vaccines. This systemic risk increases the likelihood of disease outbreaks, leaves gaps in children's immunization records that parents

or vaccine providers may find hard to complete or keep up-to-date, and creates inequities of access to life-saving vaccines.

A recent position statement from the CPS Infectious Diseases and Immunization Committee renews calls for a single schedule to replace the current provincial/territorial patchwork. Besides enhancing patient safety by eliminating gaps and missed doses, a harmonized schedule would cost less and simplify the education of families and health professionals alike.

The CPS first called for a harmonized schedule over 10 years ago and has kept the issue on the public agenda through two editions of *Are We Doing Enough? A status report on Canadian public policy and child and youth health*. Momentum toward a single schedule seems to be growing, which could bring this chapter in Canada's immunization story to a happy close.



We have to make sure that we are basing our advocacy on good evidence.

— Dr. Nathalie Yanchar, Chair of the CPS Injury Prevention Committee and recipient of the Victor Marchessault Advocacy Award, 2010

Once upon a stroller

This year, CPS surveillance and advocacy helped to advance legislation protecting Canada’s youngest citizens.

A 2010 survey of baby equipment safety by the Canadian Paediatric Surveillance Program (CPSP) confirmed that serious injuries associated with strollers, baby walkers and cribs still occur far too often. Their findings underscored provisions in the Consumer Products Safety Act, then wending its way through Parliament, and reinforced years of CPS advocacy for safer standards and better regulation of baby products.

The legislation passed into law in December and is now being implemented... and none too soon.

Some CPSP survey results are particularly disturbing. Baby walkers, a product formally banned in Canada since 2004, are still heavily implicated in causing serious injuries such as concussions, lower extremity fractures, and abrasions/lacerations.

One lesson to be learned from this survey concerns knowledge transfer. Statistics show there are more serious stroller-related injuries than those involving cribs or baby walkers combined. This trend triggered a Health Canada recall of specific stroller models, followed by an advisory notice on safer use of strollers with hinged or folding mechanisms, both in 2010. Yet barely half the paediatricians who responded to the survey were aware of either notice, and only 36% knew of both. Three-quarters of respondents who were aware had learned of these public alerts through news media, and 83% agreed that better communication of product hazards to paediatric health professionals is necessary.

Apart from the new safety act’s onus on industry and importers to adhere to standards, test products, report problems and comply with recalls, the best part of this story is that doctors are counselling families about baby product safety. Safety advocates ensure happier endings.

Reported incidents (n=92)	Strollers (n=58 [63%])	Baby walkers (n=19 [21%])	Cribs (n=15 [16%])
Concussions	4 (7)	1 (5)	1 (6)
Skull fractures	1 (2)	0 (0)	3 (20)
Upper extremity fractures	2 (3)	0 (0)	1 (6)
Lower extremity fractures	1 (2)	2 (11)	1 (6)
Abrasions/lacerations	16 (27)	5 (26)	2 (13)
Minor injuries	34 (59)	11 (58)	7 (47)

Data presented as n (%), unless otherwise indicated. Source: CPSP Highlights, Oct. 2010. *Paediatrics & Child Health* 15(8): 490.



national programs

Better training means better care for Aboriginal kids

Most of the students in the pilot felt there was a very strong need for this information.

— Dr. Kent Saylor

Future paediatricians will be better prepared to delivery quality care to First Nations, Métis and Inuit kids once the Canadian Paediatric Society rolls out its curriculum on Aboriginal child and youth health.

The curriculum, which involves two half-days of training, was developed by Dr. Kent Saylor of Montreal and a working group from the CPS First Nations, Inuit and Métis Health Committee. It was reviewed by Aboriginal organizations through the Many Hands, One Dream coalition, and piloted at Queen's University in 2010.

“Most of the students in the pilot felt there was a very strong need for this information,” said Dr. Saylor, of the Montreal Children’s Hospital, McGill University Health Centre.

“Many were not familiar with the data presented to them, and even basic information was new, such as the difference between First Nations, Inuit and Métis peoples; who is considered an Aboriginal person; who the Indian Act applies to; how housing works in different jurisdictions; and who supplies basic medications in which jurisdictions. A lot of this is eye-opening.”

Funded by the National Collaborating Centre for Aboriginal Health, the training includes topics not traditionally taught in paediatric programs, such as a brief



It's hard to see how this program will not help improve outcomes.

— Dr. Kent Saylor, principal author, curriculum on Aboriginal child and youth health

history of Aboriginal peoples in Canada, health benefits, social determinants of health, and resiliency. Residents will also learn about the populations they are most likely to encounter in their particular geographic setting.

“It’s hard to see how this program will not help improve outcomes,” said Dr. Saylor.

CPS members with experience in Aboriginal child and youth health will deliver the curriculum to residents at their respective sites as part of the academic half-day schedule.

Spotlight on Indigenous health

The first International Meeting on Indigenous Child Health—held in Seattle in 2005—was supposed to be a one-time event. But the enthusiasm of the delegates and presenters, and the continued support of communities, has made the gathering an essential forum for sharing information and best practices.

The 4th biennial conference, co-hosted by the Canadian Paediatric Society and the American Academy of Pediatrics, brought a diverse group of more than 250 health care and allied professionals to Vancouver in March 2011. From early literacy to H1N1, sessions focused on a wide range of clinical issues as well as social determinants.

Highlights included a keynote speech by Nobel Prize nominee Sheila Watt-Cloutier on how climate change is affecting the health of Northern communities, and a discussion of suicide prevention, featuring Professor Michael Chandler of the University of British Columbia and Dr. Robert Sege of Boston Medical Center.

The next conference will be held in 2013 in the United States.



communications and public education

Learning by heart

More than ever, committee-authored documents are integral to everything the CPS does.

The CPS is communicating information in dynamic new ways, but the position statement is still at the heart of the message. More than ever, these committee-authored documents—expressing CPS positions on clinical practice and public policy—are integral to everything the organization does.

While *Paediatrics & Child Health* allows the CPS to reach paediatricians and family physicians, social and other electronic media are increasingly used to deliver targeted, consistent content to a range of audiences, including journalists. This year, medium and message converged seamlessly around immunization.

An October 2010 position statement from the Infectious Diseases and Immunization Committee not only reinforced National Advisory Committee on Immunization (NACI) recommendations for protecting infants with rotavirus vaccine, but renewed advocacy around public funding for vaccines not currently covered by provincial/territorial health plans. The statement dovetailed with another in January 2011 calling for a harmonized immunization schedule for Canada.

Immunization was also the focus of two popular courses and one teaching tool. *First Shots, Best Shot: Childhood vaccines at work in Canada* was developed for vaccine educators working primarily in community or public health settings. Downloadable at no cost from the CPS website, this presentation is easily adaptable for any audience. The CPS collaborated with the First Nations and Inuit Health Branch of Health Canada to develop an online course on immunization in Aboriginal populations, and with Health Canada and the Public Health Agency of Canada on the Immunization



For the CPS, best practice is core practice.

Competencies Education Program. This two-day course for health professionals is delivered both live and online.

For the public there was a new rotavirus vaccine brochure in the Getting Your Shots series and information for parents posted on the Caring for Kids website. The new CPS recommendations were picked up by media across Canada, and featured on the CPS Facebook page and Twitter feed.

CPS statements also have implications for vaccine surveillance. IMPACT (Immunization Monitoring Program, ACTive) recently released the first nationally representative baseline data on rotavirus serotypes, which will be watched for and tested as vaccine use increases.

For the CPS, best practice is core practice.

Learning by doing

- From June 2010 to May 2011: *Immunization in Aboriginal clients across Canada* drew 1,395 online course-takers. This course ends in June 2011.
- From December 2010 to March 2011: The Immunization Competencies Education Program attracted 223 online learners and 125 participants for a “live” course. Nearly 80% were allied health professionals—particularly nurses and pharmacists—the highest for any CPS online course.
- December 2010 through April 2011: *First Shots, Best Shot* was downloaded from the CPS website more than 500 times, with just over 100 presenters responding to a follow-up evaluation.
- October 2010 through March 2011: Almost 16,500 copies of the new rotavirus vaccine brochure were distributed.

Election stories

When Dr. Katherine Austin defended the **long-gun registry** on behalf of the CPS before a Commons Standing Committee in May 2010, she cited a CPS position statement, *Youth and firearms in Canada*. The statement credits the registry with a steady, significant decline in youth deaths involving a rifle or shot-gun, as well as with reducing domestic violence resulting in spousal deaths. CPS advocacy may have helped defeat the bill to dismantle the long-gun registry in September 2010—albeit by the narrowest of margins—but this issue was “back in the crosshairs” at election time.

The CPS call for a **national early learning and care strategy**, reiterated during the recent federal election campaign, is supported by two position statements and a definitive resource for child care providers: *Well Beings: A Guide to Health in Child Care*. Early learning and care is also a key indicator of child health and well-being in the latest edition the CPS status report, *Are We Doing Enough?*



professional development

Sections, intersections

*Sections are active
advocats on child
and youth health
issues in Canada and
around the world.*

Just as rising child and youth health special interests are reshaping paediatrics, expanding sections are redefining CPS activities in important ways.

Since 2005, the Canadian Paediatric Society's sections have grown in number (from 10 to 15), in size (by nearly 500 members), and in scope: child and youth maltreatment, environmental health, hospital paediatrics, mental health, oral health, and sports and exercise medicine now have active networks. Section members communicate through eForums and share section activities with the wider membership through Annual Conference programming and a biannual e-newsletter. Some sections, such as environmental health, bring together CPS members from a wide range of disciplines, while others closely reflect their subspecialties.

Sections are a source of energy and expertise. They can write brief features ("practice points") on specific paediatric topics in clinical care for *Paediatrics & Child Health*. Section involvement has added a new dimension to professional education at and around the Annual Conference. In addition to full- and half-day section programming during the conference, the Developmental Paediatrics Section is piloting a preconference "subspecialty day" this year. Featuring content specifically geared to specialized learning, these interactive, "hands-on" forums may expand in 2012.

Sections are also reshaping CPS learning experiences by determining where their interests overlap with those of other health professionals, and teaching



Sections can be a 'home' for research, professional development, knowledge transfer, advocacy, networking, or simply consulting on a difficult case: It's time to make a house call.

and mentoring in those areas. An example of this trend is curriculum development for residency programs. The International Child Health Section has designed four, hour-long modules covering what every resident needs to know about global child health. The curriculum will be launched at the 2011 Annual Conference with a “train-the-trainers” workshop. Co-hosting section seminars are another way of bridging specialized interests.

Sections are active advocates on child and youth health issues in Canada and around the world. This year, the Environmental Health Section is considering a collaboration with the Respiratory Health Section to develop community and regional initiatives to control air pollution. The International Child Health Section has supported a model program, Healthy Child Uganda, for several years. Sections also advance community programming. The Paediatric Oral Health Section is working on an initiative to link primary care physicians with dentists in the same community to help children at risk find a dental “home” by age one.

Sections can be a “home” for research, professional development, knowledge transfer, advocacy, networking, or simply consulting on a difficult case: It's time to make a house call.

Section membership reaps its own awards

- This year's **Distinguished Community Paediatrician Award** is being given to **Dr. Denis Leduc** (Montreal, Que.)
- The **Distinguished Neonatologist Award** is being given to **Dr. Reginald Sauve** (Calgary, Alta.)
- The newly created **Anna Jarvis Paediatric Emergency Medicine Teaching Award** will be given for the first time in 2012.

Section grants and bursaries

- **Don and Elizabeth Hillman International Child Health Grants** for 2010 were awarded to **Dr. Nisha Thampi** (Siem Reap, Cambodia) and **Dr. Andréanne Villeneuve** (Mali and Bénin, West Africa).
- The 2010 **Hospital Paediatrics Bursary for Residents** was given to **Dr. Niraj Mistry**.
- The 2010 **Resident Advocacy Grant** was awarded to **Julie Nguyen** (Montreal, Que.) and **Rania Gosselin-Papadopoulos** (Gatineau, Que.)
- The 2010 **Paediatric Sports Medicine Grant** was awarded to **Dr. Eric Koelink** (Toronto, Ont.)



surveillance

Information for action

Surveillance is an essential activity that provides data to help support advocacy and position statements, inform public policy, and advance research.

This year marks two important milestones: the 15th anniversary of the Canadian Paediatric Surveillance Program (CPSP), and the 20th anniversary of IMPACT, the Immunization Monitoring Program, ACTive. Surveillance is an essential activity that provides data to help support advocacy and position statements, inform public policy, and advance research.

The CPSP is a nexus for patient-based epidemiological data on rare conditions, while IMPACT focuses on adverse events following immunization and tracks cases of selected vaccine-preventable infections. Beyond incidence rates, the data captures risk factors, treatment effectiveness, and safety issues.

Both are pan-Canadian networks of dedicated volunteers. The CPSP relies on just over 2,500 practicing paediatricians and subspecialists reporting from clinical settings, while 12 hospital-based IMPACT centres review data about cases from every province and territory.

Both are collaborative “umbrella” networks for a range of health experts, administered by the CPS, and supported by funding from the Public Health Agency of Canada (PHAC). The CPSP is led by a multidisciplinary steering committee. IMPACT is led by co-principal investigators in collaboration with the Vaccine Evaluation Centre in Vancouver. The work they do is adaptable and far-reaching, and a few recent examples follow:



Surveillance is your diagnostic tool for public health. Once you have a good handle on a condition, you can inform prevention strategies and prescribe appropriate treatments.

— Dr. Gilles Delage, vice president of medical affairs and microbiology, HEMA Québec

- CPSP studies provided national incidence data supporting the need for new guidelines to manage jaundice in newborns, and documenting that obesity/overweight is the predisposing factor in nearly all cases of type 2 diabetes in children and youth.
- The review of IMPACT data since 2005 supported recent CPS recommendations for universal immunization to protect infants against rotavirus.
- Both programs provided surveillance assistance to the PHAC in times of crisis. The CPSP conducted a one-time survey for a public health scare concerning melamine-contaminated infant formula in 2008; and data collected by both networks during the H1N1 crisis helped inform public health policy.

Surveillance data results are shared widely and quickly with health professionals, researchers, policy makers, politicians and the general public. Data collection is about to get even faster by transitioning to a web-based reporting platform.

Finally, both networks have considerable international reach. The CPSP plays a leadership role in the International Network of Paediatric Surveillance Units, while IMPACT methodology has been the model for programs in New Zealand and Australia. Both the U.S. and Cuba have sought advice and programming assistance.

As of 2011...

- The CPSP has studied 45 conditions and confirmed more than 5,000 cases of rare diseases and conditions, with 8 to 12 studies underway at any one time.
- Over 40 peer-reviewed articles about CPSP studies and more than 60 about IMPACT results have been published.
- IMPACT has logged over 20,000 case reports, and made 97 scientific presentations. The CPSP collected 718 reports for 2009 alone, and has made 142 scientific presentations since the program was launched.



awards

Our heroes: 2011 award recipients

Dr. Noni MacDonald (Halifax, N.S.), founding editor of *Paediatrics & Child Health* and a leading infectious disease expert, is receiving the prestigious **Alan Ross Award**.

For outstanding research and leadership on neonatal follow-up, **Dr. Reginald Sauve** (Calgary, Alta.) is receiving both the **Geoffrey C. Robinson Award** and the **Distinguished Neonatologist Award**.

Dr. Jonathan Kronick (Halifax, N.S.) is receiving the **Michel Weber Education Award** for outstanding teaching, both clinical and academic, as well as for involvement with medical education standards and publishing.

Dr. Geoff Ball (Edmonton, Alta.) receives the **Young Investigator Award** for work in population science and for establishing and directing the Pediatric Centre for Weight and Health.

Dr. Ziad Solh (Hamilton, Ont.) and fellow authors received the **Noni MacDonald Award** for “Practising what we preach: A look at healthy active living policy and practice in Canadian paediatric hospitals,” published in *Paediatrics & Child Health* in December 2010.

Life Memberships are awarded to members who advance the health of children and youth by supporting the work of the CPS over many years. This year’s recipients are **Drs. Emmett Francoeur** (Montreal, Que.), **Danielle Grenier** (Gatineau, Que.), and **Denis Leduc** (Montreal, Que.).

Dr. Dorothy Moore (Montreal, Que.) is receiving the **Member Recognition Award** for her role in developing CPS position statements, publications, and web information for families and caregivers.

Sid Stevens (Montreal, Que.) is receiving **Honorary Membership** to recognize more than 50 years of helping disadvantaged people through Sun Youth, the organization he co-founded.

Certificates of Merit recognize members making exceptional contributions to the health of children and youth in their regions:

Dr. Mammen Cheriyan – Atlantic Region
Dr. Aaron Chiu – Manitoba
Dr. Thiru Govender – Alberta
Dr. Alan Hudak – Ontario
Dr. Jean Labbé – Quebec
Dr. Alan Rosenberg – Saskatchewan
Dr. Stephen Siau – New Brunswick
Dr. Alphonso Solimano – British Columbia

For section award winners, see page 11.



committees and sections

Executive Committee

Robert I. Hilliard, MD	President
Jean-Yves Frappier, MD	President-Elect
Richard Stanwick, MD	Vice President
Kenneth J. Henderson, MD	Past President
Minoli N. Amit, MD	Representing the Board of Directors
Robert Moriarty, MD	Representing the Board of Directors
Robin C. Williams, MD	Representing the Board of Directors
Danielle Grenier, MD	Director of Medical Affairs (<i>ex officio</i>)
Marie Adèle Davis	Executive Director (<i>ex officio</i>)

Board Subcommittee Chairs

Jean-Yves Frappier, MD	Membership
Richard Stanwick, MD	Communications
Susan E. Tallett, MD	Education
Kenneth J. Henderson, MD	Finance and Audit
Andrew Lynk, MD	Action Committee for Children and Teens

Committee Chairs

Angelo Mikrogianakis, MD	Acute Care
Jorge L. Pinzon, MD	Adolescent Health
Jeremy N. Friedman, MD	Annual Conference
Robert Bortolussi, MD	Awards
Ellen Tsai, MD	Bioethics
Mark E. Feldman, MD	Community Paediatrics
Susan E. Tallett, MD	Continuing Professional Development
Michael J. Rieder, MD	Drug Therapy and Hazardous Substances
Robin C. Williams, MD	Early Years Task Force
Ann L. Jefferies, MD	Fetus and Newborn
Sam K. Wong, MD	First Nations, Inuit and Métis Health
Claire LeBlanc, MD	Healthy Active Living and Sports Medicine
Robert Bortolussi, MD	Infectious Diseases and Immunization
Natalie L. Yanchar, MD	Injury Prevention
Stacey A. Bélanger, MD	Mental Health and Developmental Disabilities
Denis Leduc, MD	Nominating
Khalid Aziz, MD	NRP Steering Committee

Valérie Marchand, MD
Minoli N. Amit, MD
Glen Kielland Ward, MD

Nutrition and Gastroenterology
Physician Resource Planning Task Force
Public Education Advisory Committee

Section Presidents

Margo A. Lane, MD
Janet R. Roberts, MD
Laurel A. Chauvin-Kimoff, MD
Peter Nieman, MD
Karen Harman, MD
Sanjay Mahant, MD
Laura J. Sauvé, MD
Diane Sacks, MD
Krista A.L. Jangaard, MD
Adam Cheng, MD
Irena S. Buka, MD
Kelly J. Wright, DMD
Laura K. Purcell, MD
Gillian Dolansky, MD
Patrick Daigneault, MD

Adolescent Health
Allergy
Child and Youth Maltreatment
Community Paediatrics
Developmental Paediatrics
Hospital Paediatrics
International Child Health
Mental Health
Neonatal-Perinatal Medicine
Paediatric Emergency Medicine
Paediatric Environmental Health
Paediatric Oral Health
Paediatric Sports and Exercise Medicine
Residents
Respiratory Health

Paediatrics & Child Health

Noni MacDonald, MD Editor-in-chief

Healthy Generations Foundation

Robert M. Issenman, MD President

Immunization Monitoring Program, ACTIVE (IMPACT)

Scott Halperin, MD, and
Wendy L.A. Vaudry, MD Co-principal Investigators
David W. Scheifele, MD Data Centre Chief

Canadian Paediatric Surveillance Program

Kimberly E. Dow, MD Chair, Steering Committee



new publications

Published since the 2009-2010 Annual Report

Teaching tools

- First Shots, Best Shot: Childhood vaccines at work in Canada (2nd edition)

Position statements and Practice points

Acute Care Committee

- A case-based update: 2010 paediatric basic and advanced life-support guidelines
- Emergency department use of oral ondansetron for acute gastroenteritis-related vomiting in infants and children
- Emergency management of the paediatric patient with generalized convulsive status epilepticus
- Emergency treatment of anaphylaxis in infants and children
- Minimum equipment guidelines for paediatric prehospital care

Adolescent Health Committee

- The sexual abuse of young people with a disability or chronic health condition

Bioethics Committee

- Ethical participation of children and youth in medical education
- Withholding and withdrawing artificial nutrition and hydration

Community Paediatrics Committee

- Ankyloglossia and breastfeeding
- Universal newborn hearing screening

Fetus and Newborn Committee

- Premedication for endotracheal intubation in the newborn infant
- Retinopathy of prematurity: Recommendations for screening
- Safe discharge of the late preterm infant

First Nations, Inuit and Métis Health Committee

- Early childhood caries in Indigenous communities
- Fetal alcohol spectrum disorder: Diagnostic update (Addendum to position statement FNIMH 02-01)
- Inhalant abuse

Infectious Diseases and Immunization Committee

- Antifungal agents for the treatment of systematic fungal infections in children
- FluMist vaccine: Questions and answers
- A harmonized immunization schedule for Canada: A call to action
- Home intravenous therapy: Accessibility for Canadian children and youth
- Management of community-associated methicillin-resistant *Staphylococcus aureus* skin abscesses in children
- Management of HIV-exposed and HIV-infected children
- Recommendations for the use of rotavirus vaccines in infants
- Tuberculosis in children: New diagnostic blood tests
- Update on the success of pneumococcal conjugate vaccine

Nutrition and Gastroenterology Committee

- Human milk banking
- Infantile colic: Is there a role for dietary interventions?
- Trans fats: What physicians should know

NRP Executive Committee

- Neonatal resuscitation guidelines update: A case-based review

Information for parents and caregivers

- Healthy eating for children
- Inhalant abuse: What parents should know
- A parent's guide to the participation of children and teens in medical education
- Rotavirus vaccine
- Swimming lessons and water safety for young children
- Your newborn: Bringing your baby home from the hospital



financial statements

Statement of Operations

year ended December 31, 2010

	2010	2009
Revenue		
Advertising fees	\$ 7,458	\$ 73,298
Grants and sponsorships	2,098,985	1,787,542
Investment income	93,324	85,023
Meetings	657,407	452,185
Membership dues	695,446	666,129
Miscellaneous	44,987	56,443
Projects	430,182	466,046
Publication sales	238,723	380,024
	4,266,512	3,966,690
Expenses		
Administrative services	558,963	379,115
Amortization of capital assets	66,016	73,926
Meetings	1,036,897	891,639
Printing and postage	266,707	271,733
Projects	167,637	230,041
Rent	336,742	313,377
Salaries and benefits	1,519,777	1,490,027
Technology services	15,748	33,596
Travel	283,836	261,243
	4,252,323	3,944,697
Excess of Revenue over Expenses	\$ 14,189	\$ 21,993

Statement of Financial Position

as at December 31, 2010

	2010	2009
Current Assets		
Cash	\$ 44,859	\$ 25,151
Investments	2,078,250	1,995,853
Accounts receivable	925,047	413,364
Inventory	203,397	238,419
Prepaid expenses	9,253	118,090
	3,260,806	2,790,877
Other Asset	—	53,369
Capital Assets	246,362	300,326
	\$ 3,507,168	\$ 3,144,572
Current Liabilities		
Accounts payable and accrued liabilities	\$ 934,558	\$ 810,601
Deferred revenue	913,307	658,371
Due to Healthy Generations	120,932	151,418
	1,968,797	1,620,390
Net Assets		
Special Projects fund	122,901	122,901
Paediatrics & Child Health fund	68,839	71,905
Section funds	122,221	111,498
Development fund	80,000	80,000
Net assets invested in capital assets	246,362	300,326
Operating fund	898,048	837,552
	1,538,371	1,524,182
	\$ 3,507,168	\$ 3,144,572

The information provided is intended as a brief overview of the financial situation of the Canadian Paediatric Society (CPS). The complete set of audited financial statements are available on-line at www.cps.ca or upon request by contacting the CPS office. The report will be presented at the Annual General Meeting of Members on Friday, June 17, 2011 at 9:15 am at the Annual Conference in Quebec City.

Statement of Changes in Net Assets

year ended December 31, 2010

	2010	2009
Special Projects fund		
Balance, beginning of year	\$ 122,901	\$ 122,901
Balance, end of year	\$ 122,901	\$ 122,901
Paediatrics & Child Health fund		
Balance, beginning of year	\$ 71,905	\$ 67,382
Transfer (to) from operating fund	(3,066)	4,523
Balance, end of year	\$ 68,839	\$ 71,905
Section funds		
Balance, beginning of year	\$ 111,498	\$ 98,137
Transfer from operating fund	10,723	13,361
Balance, end of year	\$ 122,221	\$ 111,498
Development fund		
Balance, beginning of year	\$ 80,000	\$ 80,000
Balance, end of year	\$ 80,000	\$ 80,000
Net Assets Invested in Capital Assets		
Balance, beginning of year	\$ 300,326	\$ 365,826
Transfer to operating fund	(53,964)	(65,500)
Balance, end of year	\$ 246,362	\$ 300,326
Operating fund		
Balance, beginning of year	\$ 837,552	\$ 767,943
Excess of revenues over expenses	14,189	21,993
Transfer (to) from Paediatrics & Child Health fund	3,066	(4,523)
Transfer to Section funds	(10,723)	(13,361)
Transfer from Net Assets Invested in Capital Assets	53,964	65,500
Balance, end of year	\$ 898,048	\$ 837,552



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membership statistics

Member type	December 2005	December 2010
AAP members	8	8
Associate health care professionals	82	114
Associate medical students	46	54
Associate physicians, surgeons and dentists	23	61
Corresponding Fellows	19	23
Emeritus Fellows	257	352
Fellows	1,472	1,570
Honorary members	2	6
Life members	12	21
Residents	527	727
Total	2,448	2,936

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2305 St. Laurent Blvd. • Ottawa, Ontario K1G 4J8 • Tel.: 613-526-9397 • Fax: 613-526-3332
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