



Medical direction and administrative responsibility

<https://policybase.cma.ca/en/permalink/policy703>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1981-Aug-28
Topics:	Health systems, system funding and performance Health human resources
Resolution:	GC81-17

That the following be adopted as Canadian Medical Association policy: Medical direction and administrative responsibility: a) service departments which carry out prescribed medical diagnostic tests and/or therapy in hospitals or clinics must have a medical director who is accountable to the hospital board through the hospital administrator and professionally accountable through the normal channels to the organized medical staff. Such medical service departments include medical laboratory services, radiological services, respiratory technology, physiotherapy and nuclear medicine services. The appointment of a medical director for each such service department is essential in order to ensure the best possible service to the patient and to the hospital and to coordinate the related medical programs for the patient, b) the size and complexity of some service departments which carry out medical diagnostic tests and/or therapy may require the appointment of administrative assistants to the medical director, and these may be trained in the disciplines of physiotherapy, radiography, medical laboratory technology, respiratory technology, nuclear medicine technology, etc. They should be responsible to the medical director of the hospital services department and should not be head of the department reporting directly to the hospital administrator. In the small centres where there is not a full-time medical specialist on the medical staff the medical director of the service department should be a qualified physician. Such a non-specialized medical director should establish regular communication with a specialist in the field who may be consulted on general and specific questions, c) it is also recognized that some allied health personnel working in service departments have advanced technical and/or treatment skills. These should be recognized and profitably utilized always under the supervision and accountability of the medical director of the specific service.



Cost containment measures by governments

<https://policybase.cma.ca/en/permalink/policy711>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1985-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC85-41

That the Canadian Medical Association urge all governments to withhold the application of such cost containment measures as global budgeting and capping.



Developing awareness of health care costs and restraints

<https://policybase.cma.ca/en/permalink/policy712>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1985-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC85-42

That the Canadian Medical Association encourage the profession to work with other health and health related organizations, such as hospital associations and hospital trustees, to develop a greater public and political awareness of real health care costs and constraints.



Health care service economic indicators

<https://policybase.cma.ca/en/permalink/policy713>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1985-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC85-44

That Canadian Medical Association, in cooperation with the divisions, develop appropriate economic indicators which, from the physician's perspective, reflect unit price changes of each major component making up the total bundle of health care services. This would include a hospital services price index and a physician services price index, adapted for comparison with other indices such as the consumer price index.



Disclosure of peer review committee proceedings

<https://policybase.cma.ca/en/permalink/policy803>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1985-Aug-25
Topics: Health systems, system funding and performance
Ethics and medical professionalism
Resolution: GC85-35

That the Canadian Medical Association urge all provincial governments to adopt legislation which protects from disclosure, in legal actions, the proceedings of peer review committees evaluating and reviewing quality of care.



National consensus on future financing of the Canadian health care system

<https://policybase.cma.ca/en/permalink/policy624>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC93-24

That the Canadian Medical Association take a strong leadership role in the development of a national consensus on future financing of the Canadian health care system.



Principles for consensus on health system financing

<https://policybase.cma.ca/en/permalink/policy626>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC93-26

That the Canadian Medical Association endorse the following primary principles as the basis for developing a new consensus on health system financing: a) Accessibility: Reasonable access to high quality, core health facilities and medical services independent of financial or other barriers, b) Choice: Wherever practicable, Canadian consumers and health care providers should have reasonable choice as to health care setting, mode of delivery (type and location of practice) and method of health care financing, c) Sustainability: The system organization and method of financing the system needs to ensure that core health insurance benefits are commensurate with collective or individual ability to pay through insurance or otherwise, d) Uniformity of core health insurance benefits: The requirement that all bona fide residents of Canada be entitled to reasonably comparable levels of core health insurance benefits, e) Universal coverage: The requirement that all bona fide residents of Canada be entitled to publicly financed core health insurance benefits according to uniform terms and conditions, where core benefits are defined in terms of the most recent evidence available on clinical efficacy and cost effectiveness.



Letter - CMA's 2006 Pre-Budget Submission to the Minister of Finance

<https://policybase.cma.ca/en/permalink/policy2031>

Policy Type: Parliamentary submission

Last Reviewed: 2013-Mar-02

Date: 2006-Apr-19

Topics: Health human resources
Health systems, system funding and performance

Documents

BR2006-04.pdf

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Recommendations pertaining to children's mental health

<https://policybase.cma.ca/en/permalink/policy8507>

Policy Type: Policy resolution

Last Reviewed: 2020-Feb-29

Date: 2006-Aug-23

Topics: Health systems, system funding and performance
Pharmaceuticals/ prescribing/ cannabis/ marijuana/ drugs
Population health/ health equity/ public health

Resolution: GC06-15

The Canadian Medical Association endorses all of the recommendations pertaining to children's mental health in the Senate report, *Out of the Shadows at Last - Transforming Mental Health, Mental Illness and Addiction Services in Canada*.



Access to the comprehensive spectrum of medically necessary care

<https://policybase.cma.ca/en/permalink/policy8508>

Policy Type: Policy resolution

Last Reviewed: 2020-Feb-29

Date: 2006-Aug-23

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC06-34

The Canadian Medical Association and its divisions and affiliates call on the Federal/Provincial/Territorial Conference of Health Ministers to ensure that all Canadians have timely access to the comprehensive spectrum of medically necessary care by developing, through an open and consultative process, a policy framework that includes: a) a national human resources plan; b) national wait time benchmarks; c) a patient wait time guarantee supported by a publicly funded safety valve; and d) a regulatory regime to best support the public-private interface.