



Canada Health Act

<https://policybase.cma.ca/en/permalink/policy621>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Aug-19
Topics: Health systems, system funding and performance
Resolution: GC92-22

That the Canadian Medical Association continue to lobby the federal government with respect to its obligations under Section 12.2 of the Canada Health Act.



Decentralization of health care planning and management

<https://policybase.cma.ca/en/permalink/policy622>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Aug-19
Topics: Health systems, system funding and performance
Resolution: GC92-26

That the Canadian Medical Association continue to document decentralization of health planning/management initiatives and to provide the information necessary for members and divisions to have effective input into the development of decentralization policies and system management processes



Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government


<https://policybase.cma.ca/en/permalink/policy13940>

Policy Type: Policy endorsement


Date: 2018-Dec-15


Topics: Population health/ health equity/ public health
Health systems, system funding and performance
Ethics and medical professionalism

Documents



PD19-04.pdf

 Read PDF

 Download PDF



Health services access and utilization guidelines

<https://policybase.cma.ca/en/permalink/policy497>

Policy Type: Policy resolution

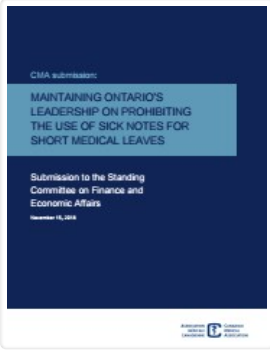
Last Reviewed: 2017-Mar-04

Date: 1987-Aug-25

Topics: Health systems, system funding and performance

Resolution: GC87-61

That, in conjunction with the provincial/territorial medical associations and societies, a set of guidelines be drafted for defining access to, and utilization of, health services, identifying the factors that affect use and the relative contribution of such factors. The guidelines should also address the ways to measure and monitor the identified factors.



Maintaining Ontario's leadership on prohibiting the use of sick notes for short medical leaves

<https://policybase.cma.ca/en/permalink/policy13934>

Policy Type: Parliamentary submission
Date: 2018-Nov-15
Topics: Physician practice/ compensation/ forms
Health systems, system funding and performance

Documents

BR2019-03.pdf

Read PDF

Download PDF

The document thumbnail shows the same title as the first image: 'MAINTAINING ONTARIO'S LEADERSHIP ON PROHIBITING THE USE OF SICK NOTES FOR SHORT MEDICAL LEAVES'. Below the thumbnail, the filename 'BR2019-03.pdf' is displayed. There are two buttons: 'Read PDF' with a document icon and 'Download PDF' with a download icon.



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.



Nuclear medicine services in under-served areas

<https://policybase.cma.ca/en/permalink/policy567>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1987-Aug-25

Topics: Health systems, system funding and performance
Population health/ health equity/ public health

Resolution: GC87-71

That the Canadian Medical Association encourage the development of innovative technical and administrative procedures to ensure continued appropriate medically supervised services to those communities that cannot support a full time Certificant in Nuclear Medicine.



Provincial health advisory councils

<https://policybase.cma.ca/en/permalink/policy700>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1973-Jun-16

Topics: Health systems, system funding and performance

Resolution: GC73-63

That in each province there be established a health advisory council to advise government in matters relating to health facilities and provision of health care services throughout the province, and that on this council there be representation from the provincial division of the Canadian Medical Association.