



## 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.



## Ambulance services

<https://policybase.cma.ca/en/permalink/policy786>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Health human resources Health systems, system funding and performance
Resolution:	GC75-21

The Canadian Medical Association, recognizing the vital role of ambulance services in providing mobile life support for the acutely ill and injured, recommends that i) ambulance services be considered, where practicable, a direct extension of a hospital emergency department and integrated with the emergency services, ii) ambulance services incorporate standards of personnel education, vehicular design and life support equipment commensurate with those of the overall emergency care system.



## Application of evidence-based medicine

<https://policybase.cma.ca/en/permalink/policy9893>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2010-Aug-25

Topics: Health human resources

Ethics and medical professionalism

Health systems, system funding and performance

Resolution: GC10-70

The Canadian Medical Association calls on the Association of Faculties of Medicine of Canada, faculties of medicine, College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada to greatly expand efforts to familiarize medical students and residents with the application of evidence-based medicine, including systematic reviews, clinical practice guidelines, care pathways and related techniques to improve quality, safety and efficiency in medicine.



## CMA's Presentation to the House of Commons Standing Committee on Finance: Pre-budget Consultations 2010-2011

<https://policybase.cma.ca/en/permalink/policy10018>

Policy Type: Parliamentary submission  
Date: 2010-Oct-27  
Topics: Health systems, system funding and performance  
Health human resources

### Documents

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BR2011-02.pdf

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## Compensation models

<https://policybase.cma.ca/en/permalink/policy9867>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2010-Aug-25  
Topics: Ethics and medical professionalism  
Health human resources  
Resolution: GC10-38  
The Canadian Medical Association calls on governments to develop compensation models in partnership with provincial/territorial medical associations that address non-physician clinicians working under the supervision of a physician.



## Data on physician human resources

<https://policybase.cma.ca/en/permalink/policy9868>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2010-Aug-25  
Topics: Health human resources  
Health systems, system funding and performance  
Resolution: GC10-35  
The Canadian Medical Association will work with governments, provincial/territorial medical associations, affiliate and associate organizations, and other stakeholders to regularly analyse data on physician human resources in the context of changing information.



## Distributed medical education (DME)

<https://policybase.cma.ca/en/permalink/policy9894>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2010-Aug-25  
Topics: Ethics and medical professionalism  
Health human resources  
Resolution: GC10-71  
The Canadian Medical Association will work with the Canadian Association of Internes and Residents, Canadian Federation of Medical Students, all other relevant stakeholder organizations and governments to address challenges faced by students and residents engaged in distributed medical education (DME), particularly in rural and remote locations.



## Eye care

<https://policybase.cma.ca/en/permalink/policy783>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1975-Jun-25  
Topics: Health human resources  
Resolution: GC75-7  
That this Canadian Medical Association statement on eye care be

approved. 1. The medical profession in general and ophthalmologists in particular have a responsibility to provide leadership in developing plans for effective, efficient and realistic eye care in Canadians. 2. The principle that the provision of eye care includes both medical and non-medical personnel is recognized and accepted. Any such personnel should be organized and administered to ensure adherence to all of the following specific principles: a) provision of quality eye care includes both medical (including surgical) and non-medical acts, b) only duly qualified and legally licensed physicians must be allowed to provide the medical aspects of eye care, c) duly qualified and legally licensed physicians must also be free to provide complete eye care, d) the duly qualified and legally licensed physician must be free to delegate appropriate eye care acts at his discretion to persons acting under his control and his responsibility, e) non-medical personnel should be free to perform independently only non-medical eye care acts: and they should perform independently only those acts that they are legally authorized to perform independently, and f) guidelines for referral between non- medical and medical personnel are essential. 3. Within the broad limits set by the above, many patterns are possible. However, in order to be effective, efficient and realistic, any eye care plan or plans that are developed should meet the following criteria: a) every citizen should have reasonable access to the eye care system through duly qualified and legally licensed medical or non-medical personnel of his choice in his own population-area, b) every citizen should have reasonable access to treatment of ocular disease by duly qualified and legally licensed medical personnel either by direct personal appointment, or by referral from other primary eye care personnel, c) treatment for especially complicated cases should be available to every citizen upon referral from medical personnel to specialized medical personnel in one or more adequately equipped centres in each province or region, d) programs designed for the promotion of eye health should be provided in every population-area. These should include prevention and early detection of eye disease and injury, and may be provided through programs and services that serve general needs or special needs such as: i) pre-school needs ii) school needs iii) industrial and occupational and recreational needs iv) specific survey (e.g., glaucoma) needs v) special purpose (e.g., driving and sports) needs vi) geriatric needs vii) ocular rehabilitation needs e) training institutions must be equipped and staffed to prepare graduates appropriately for their assigned roles in eye care term, f) optical appliances should be available in every population area, and other ocular prostheses should be within reasonable access- all at reasonable cost, g) methods of financing should provide for the maximum quality eye care for every one at the lowest possible cost to the government and to the private citizen, h) eye research programs should be appropriately staffed and funded, and i) the organizational structure of eye care services should establish and maintain lines of control and responsibility that are consistent with the principles and criteria enunciated above.



## Family physicians

<https://policybase.cma.ca/en/permalink/policy9849>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2010-Aug-25

Topics: Ethics and medical professionalism  
Health human resources

Resolution: GC10-17

The Canadian Medical Association will promote the significant role that family physicians play in securing the sustainability of the health care system through patient attachment.



## 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



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