



University incentive programs for Aboriginal students

<https://policybase.cma.ca/en/permalink/policy524>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1993-Oct-16
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association commend the ongoing efforts of those Canadian universities who provide support or incentive programs for aboriginal students to help increase the number of aboriginal physicians in Canada and recommend that other universities consider adopting programs of similar intent.



Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

<https://policybase.cma.ca/en/permalink/policy750>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1993-Oct-16
Topics:	Population health/ health equity/ public health
Resolution:	The Canadian Medical Association recommends that, to reduce the risk of Sudden Infant Death Syndrome in Canada, physicians be encouraged to advise parents to put infants on their backs to sleep.



Smoking and Sudden Infant Death Syndrome (SIDS)

<https://policybase.cma.ca/en/permalink/policy751>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1993-Oct-16
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association urge the federal government to warn the public about the relationship between smoking and SIDS.



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:	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:	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.



Graduated driver licensing programmes

<https://policybase.cma.ca/en/permalink/policy741>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Aug-25
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association endorse the concept of a graduated licensing program for new drivers of motor vehicles in Canada.



Physician practice profiles

<https://policybase.cma.ca/en/permalink/policy636>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-May-08
Topics: Population health/ health equity/ public health
Resolution: That physicians be entitled to review at any time data on their practice profile with appropriate statistical analysis.



Health economics information

<https://policybase.cma.ca/en/permalink/policy637>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-May-08
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association, in collaboration with its divisions, seek to establish close liaison with governments to share information in the area of health economics.



Patent medicines reporting system

<https://policybase.cma.ca/en/permalink/policy638>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-May-08
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association endorse efforts by the Patent Medicines Prices Review Board (PMPRB) to implement a more detailed reporting system of research and development spending.



Drug price controls

<https://policybase.cma.ca/en/permalink/policy639>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-May-08
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association endorse efforts by the PMPRB to adopt more stringent price controls on drugs judged to be of "minimal or no therapeutic" benefit.



Prescription drug price and cost controls

<https://policybase.cma.ca/en/permalink/policy718>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Mar-01
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association continue to encourage governments to develop a national service or "agency" to enhance price and cost controls over both patented and non patented prescription drugs.



Physician manpower

<https://policybase.cma.ca/en/permalink/policy702>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1977-Jun-22
Topics:	Health human resources
Resolution:	Whereas the subject of physician manpower is one of major concern and importance to the profession and the governments in Canada, and Whereas it is essential that the profession have major input to the policies developed in this regard Therefore be it resolved that the Board of Directors ensure that the appropriate body in the Canadian Medical Association continues to examine this subject of physician manpower, develops expertise in it, and provides advice to the board of directors in relation to it, on an ongoing basis.



Fluoridation

<https://policybase.cma.ca/en/permalink/policy793>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1977-Jun-22
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association encourage programs to promote fluoridation of communal water supplies.



Continuing medical education in medical schools

<https://policybase.cma.ca/en/permalink/policy540>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1972-Jun-16
Topics:	Population health/ health equity/ public health
Resolution:	That all medical schools should have recognized departments of continuing medical education competently staffed and adequately funded.



Continuing medical education department heads

<https://policybase.cma.ca/en/permalink/policy541>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Population health/ health equity/ public health
Resolution: That the head of the department should be full time and have specialized expertise in the field of continuing medical education.



Factors affecting physician incomes

<https://policybase.cma.ca/en/permalink/policy698>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Physician practice/ compensation/ forms
Resolution: Whereas there are many factors which have an effect on medical incomes such as working life time of physicians, morbidity and mortality of physicians, income distribution curves, varying work loads etc., the precise effect of which has not as yet been measured in specific studies: Be it resolved that the Canadian Medical Association encourage, initiate and participate in such studies through its councils and divisions and give encouragement and assistance to those who are willing to carry out such studies.



Provincial income disparities

<https://policybase.cma.ca/en/permalink/policy699>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Physician practice/ compensation/ forms
Resolution: Resolved that provincial divisions continue to attempt to reduce the disparities between sectional incomes which are not related to demand for services and workload.



Breathalyzers

<https://policybase.cma.ca/en/permalink/policy774>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association re-endorse the use of the breathalyzer where all the guidelines for such use are correctly followed.



Traffic signs

<https://policybase.cma.ca/en/permalink/policy775>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Population health/ health equity/ public health
Resolution: Whereas it has been proven that regional variations in traffic visual aids to driving are hazardous council strongly recommends (a) uniformity of signs across the country and (b) consideration of the introduction of the international sign system.



Traffic codes

<https://policybase.cma.ca/en/permalink/policy776>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1972-Jun-16
Topics: Population health/ health equity/ public health
Resolution: The Canadian Medical Association calls on governments across Canada to standardize provincial/territorial traffic codes in the interests of public safety.