



Canada Health Act

<https://policybase.cma.ca/en/permalink/policy694>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1996-Dec-07
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association continue its discussions with the Federal Government to influence Provincial Governments to comply with the lawful provisions of Sections 11 and 12 of the Canada Health Act.



Guidelines for childhood immunization

<https://policybase.cma.ca/en/permalink/policy773>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1996-Dec-07
Topics: Population health/ health equity/ public health
Resolution: That the document, Guidelines for Childhood Immunization Practices, be endorsed by the Canadian Medical Association.
[<http://www.collectionscanada.gc.ca/webarchives/20071212102200/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97pdf/acs-6.pdf>]



Access to medical education for Aboriginal students

<https://policybase.cma.ca/en/permalink/policy529>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1996-Aug-21
Topics: Health human resources
Resolution: That the Canadian Medical Association and its Divisions work with Canadian medical schools to facilitate access to medical education for Canadian aboriginal students.



Non-core services

<https://policybase.cma.ca/en/permalink/policy663>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Aug-21
Topics:	Physician practice/ compensation/ forms
Resolution:	That any service not listed as core shall be billable as a private service to the patient or his/her private insurance.



Canada Health Act and the delivery of health care services

<https://policybase.cma.ca/en/permalink/policy664>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Aug-21
Topics:	Health systems, system funding and performance
Resolution:	That the Canadian Medical Association and its Divisions work with governments and other groups to examine the principles and applicability of the Canada Health Act to the delivery and funding of contemporary medical and health care services in Canada.



Uninsured services

<https://policybase.cma.ca/en/permalink/policy665>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Aug-21
Topics:	Physician practice/ compensation/ forms
Resolution:	The Canadian Medical Association deems that whenever a government designates a medical service as having a payment of nil it shall be considered uninsured and therefore billable as a private service to the patient or his/her private insurance.



Subsidies for Canadian Medical Protective Association insurance costs

<https://policybase.cma.ca/en/permalink/policy669>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Aug-21
Topics:	Physician practice/ compensation/ forms
Resolution:	That the Canadian Medical Association, through its Divisions, lobby provincial and territorial governments to maintain subsidies for Canadian Medical Protective Association insurance costs while pushing for tort reform.



Monitoring health care access and quality indicators

<https://policybase.cma.ca/en/permalink/policy760>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Aug-21
Topics:	Health systems, system funding and performance Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association insist that appropriate mechanisms for objective monitoring of access and quality indicators and benchmarks for national standards be developed by providers, governments and consumers to track identified areas of perceived deterioration in access to quality of health care.



Approaches to enhancing the quality of drug therapy : a joint statement by the CMA and the Canadian Pharmaceutical Association

<https://policybase.cma.ca/en/permalink/policy187>


Policy Type: Policy document

Last Reviewed: 2019-Mar-03


Date: 1996-May-04


Topics: Pharmaceuticals/ prescribing/ cannabis/ marijuana/ drugs

Documents



PD96-03.pdf

 Read PDF

 Download PDF



Prescriber profiles

<https://policybase.cma.ca/en/permalink/policy589>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1996-May-04

Topics: Ethics and medical professionalism

Resolution: That the Canadian Medical Association and the divisions continue to denounce the current inappropriate collection and use of prescriber profiles by private industry and insist that any further collection, sale and other use of prescriber profiles be conducted in an ethical and legal manner (including individual physician knowledge and consent).



Guiding principles for negotiations

<https://policybase.cma.ca/en/permalink/policy691>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-May-04
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association, in consultation with its Divisions, develop a set of guiding principles for negotiations, applicable for use by all Divisions, thereby introducing a consistency and national authority in the approach to negotiations by the Divisions.



Physician pension plan

<https://policybase.cma.ca/en/permalink/policy692>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-May-04
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association investigate in principle the feasibility of developing a national physician-owned and operated voluntary pension plan.



Definition of women's health

<https://policybase.cma.ca/en/permalink/policy771>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-May-04
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association endorse the following definition of women's health and use it to guide the association's work in this area: Women's health involves women's emotional, social, cultural, spiritual and physical well-being, and it is determined by the social, political and economic context of women's lives as well as by biology.



Tax fairness for physicians

<https://policybase.cma.ca/en/permalink/policy1178>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-May-04
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association work closely with divisions to ensure that the new provincial tax structures ensure tax fairness for physicians.



Goods and Services Tax (GST)

<https://policybase.cma.ca/en/permalink/policy661>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Mar-04
Topics:	Physician practice/ compensation/ forms
Resolution:	In the event that governments fail to resolve the discriminatory effect of the GST on medical practices, that the Canadian Medical Association discuss with its members appropriate methods of passing on these additional costs to their patients.



License fees for medical procedures and technology

<https://policybase.cma.ca/en/permalink/policy689>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1996-Mar-04
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association in consultations with Industry Canada and Health Canada, consider the issue of industry enforcing payments (license fees) from physicians for use of medical procedures or technology.



Building bridges: the link between health policy and economic policy in Canada : A Document prepared by the Canadian Medical Association (CMA)

<https://policybase.cma.ca/en/permalink/policy1990>

Policy Type: Parliamentary submission


Last Reviewed: 2019-Mar-03


Date: 1996-Jan-30

Topics: Health systems, system funding and performance

Documents

BR1996-02.pdf

 Read PDF

 Download PDF

A thumbnail of the PDF document cover page, identical to the one in the top left. Below the thumbnail, the filename "BR1996-02.pdf" is displayed. Underneath the filename are two buttons: "Read PDF" with a document icon and "Download PDF" with a download icon.




Brief to the House of Commons Standing Committee on Finance 1995 Pre-Budget Consultation


<https://policybase.cma.ca/en/permalink/policy1994>

Policy Type: Parliamentary submission
Last Reviewed: 2019-Mar-03
Date: 1994-Nov-18
Topics: Health systems, system funding and performance

Documents

BR1995-02.pdf

 Read PDF

 Download PDF




Registered retirement savings plans : Presentation to the House of Commons Standing Committee on Finance


<https://policybase.cma.ca/en/permalink/policy1996>

Policy Type: Parliamentary submission
Last Reviewed: 2019-Mar-03
Date: 1994-Nov-17
Topics: Physician practice/ compensation/ forms

Documents

BR1995-01.pdf

 Read PDF

 Download PDF



National Coordinating Committee on Post-Graduate Medical Training (NCCPMT) principles on postgraduate medical training

<https://policybase.cma.ca/en/permalink/policy532>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1994-Oct-22
Topics:	Population health/ health equity/ public health
Resolution:	<p>That the Canadian Medical Association endorse the principles on postgraduate medical training developed by the National Coordinating Committee on Post-Graduate Medical Training and encourage the Conference of Deputy Ministers to adopt these principles as guidelines for action. [Framework Principles: 1. Physicians are a national resource. 2. The physician to population ratio will be maintained or reduced. 3. The national ratio of general practitioners to specialists should be maintained. 4. The mix and content of training programs must reflect identified population health needs. 5. Further proliferation of sub-specialties should be constrained. 6. Portability of licensure between provinces should exist. 7. Reliance on the recruitment of graduates of foreign medical schools (GOFMS) into Canada should be reduced. 8. The recruitment of GOFMS into Canada for postgraduate training should be reduced, and those trainees who do enter on visas should receive training only in already recognized specialties and agree to return to their countries of origin. 9. The total number of all postgraduate training positions should approximate the number of medical school graduates times the length of post-graduate prelicensure training. 10. Training venues should closely resemble eventual practice settings. 11. Substandard training programs should be eliminated. 12. Regional coordination of sub-speciality training should be promoted. 13. Relocation of training positions across provinces should be considered. 14. As other health care providers have overlapping scopes of capability with physicians, medical training activities should coordinate with roles and training of other health care providers. 15. Trainees should be better informed of the effectiveness, efficiency and alternative allocations of existing or proposed resource commitments designed to improve health through medical care. 16. Better information about shifting human resource needs and context of practice will be provided to students, interns, residents and fellows.]</p>