



## Canadian Association of Medical Biochemists

<https://policybase.cma.ca/en/permalink/policy98>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2003-Aug-20  
Topics: Physician practice/ compensation/ forms  
Resolution: GC03-7

That the Canadian Association of Medical Biochemists be approved as an affiliated society of the Canadian Medical Association.



## National Specialty Society for Community Medicine

<https://policybase.cma.ca/en/permalink/policy99>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2003-Aug-20  
Topics: Physician practice/ compensation/ forms  
Resolution: GC03-8

That the National Specialty Society for Community Medicine be approved as an affiliated society of the Canadian Medical Association.



## National locum licence

<https://policybase.cma.ca/en/permalink/policy120>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2003-Aug-20

Topics: Physician practice/ compensation/ forms  
Health human resources

Resolution: GC03-65

That Canadian Medical Association and the Divisions work with the Federation of Medical Licensing Authorities of Canada and the provincial/territorial licensing bodies to develop a national locum licence.



## Compensating clinical physicians who teach

<https://policybase.cma.ca/en/permalink/policy141>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2003-Aug-20

Topics: Health human resources  
Physician practice/ compensation/ forms

Resolution: GC03-43

That Canadian Medical Association and its divisions and affiliates ask Canadian universities and governments to accurately document and appropriately compensate clinical physicians who are teaching, in recognition of their substantial contribution to the professional education of physicians in Canada.



## Family practice physicians

<https://policybase.cma.ca/en/permalink/policy557>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1984-Aug-21
Topics:	Physician practice/ compensation/ forms
Resolution:	GC84-11

That the family practice physician be competent to provide primary, continuing and comprehensive care to all age groups. He should be competent to recognize and treat common illness -- including severe illness -- with episodic consultative help from other specialists. He should have hospital privileges and should participate in the active care of patients in hospitals. His core training should include training in obstetrics.



## 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:	GC72-71

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: GC72-75

Resolved that provincial divisions continue to attempt to reduce the disparities between sectional incomes which are not related to demand for services and workload.