



Hospital privileges for family physicians

<https://policybase.cma.ca/en/permalink/policy535>

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1981-03-14
Topics:	Population health/ health equity/ public health
Resolution:	BD81-03-74

That the Canadian Medical Association recommends that hospital privileges for family physicians should be dependent on licensure by the provincial medical licensing bodies and should not be restricted to those physicians holding certification from the College of Family Physicians of Canada.



Physician manpower

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

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1977-06-22
Topics:	Health human resources
Resolution:	GC77-2

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.



Medical direction and administrative responsibility

<https://policybase.cma.ca/en/permalink/policy703>

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1981-08-28
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.



Physician availability and practice information

<https://policybase.cma.ca/en/permalink/policy704>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1981-08-28
Topics: Health human resources
Resolution: GC81-47

That the Canadian Medical Association recommend to the divisions that they study methods for making available to the public, information concerning physician availability and nature of practice.



Fluoridation

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

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1977-06-22
Topics: Population health/ health equity/ public health
Resolution: GC77-27

That the Canadian Medical Association encourage programs to promote fluoridation of communal water supplies.



Breastfeeding

<https://policybase.cma.ca/en/permalink/policy797>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1981-08-28
Topics: Population health/ health equity/ public health
Resolution: GC81-39

That the Canadian Medical Association strongly support the value of breast feeding, and that suggestions be made to the manufacturers of infant formulas that their advertising should reflect the supplemental nature of their product rather than a replacement for mother's milk.



Infant formula

<https://policybase.cma.ca/en/permalink/policy798>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1981-08-28

Topics: Population health/ health equity/ public health

Resolution: GC81-40

That the Canadian Medical Association endorse a ban on the free supply of infant formula to hospitals.



Infant formula

<https://policybase.cma.ca/en/permalink/policy1329>

Policy Type: Policy resolution

Last Reviewed: 2019-03-03

Date: 1981-12-05

Topics: Population health/ health equity/ public health

Resolution: BD82-03-56

That the CMA endorse a ban on the free supply of infant formula to hospitals.