



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>

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| 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>

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| 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>

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| 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>

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| 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>

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| 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. |



Physician practice patterns

<https://policybase.cma.ca/en/permalink/policy778>

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|----------------|---|
| Policy Type: | Policy resolution |
| Last Reviewed: | 2017-Mar-04 |
| Date: | 1972-Jun-16 |
| Topics: | Health systems, system funding and performance |
| Resolution: | That the profession continue to critically analyse patterns of practice of physicians and that consumers be encouraged to critically analyse patterns of utilization of medical services by the patients. |



Suicide prevention

<https://policybase.cma.ca/en/permalink/policy813>

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| Policy Type: | Policy resolution |
| Last Reviewed: | 2017-Mar-04 |
| Date: | 1972-Jun-16 |
| Topics: | Population health/ health equity/ public health |
| Resolution: | <p>The Canadian Medical Association (CMA) supports the principle of community based suicide prevention centres staffed with appropriate personnel on a 24 hour basis and recommends that the effect of such centres on the reduction of the suicide rate be studied. The CMA recommends that training be given to both medical and other personnel so that they may more readily recognize and treat the potential suicidal patient. The CMA supports efforts by all stakeholders to make the public in general and families of high risk patients in particular, aware of all resources available to treat such patients. The CMA recommends that a central registry be established to provide the necessary statistics, etc., so that epidemiological data may be available for research into this problem.</p> |