



Capacity of the medical educational and training infrastructure

<https://policybase.cma.ca/en/permalink/policy1888>

Policy Type: Policy resolution

Last Reviewed: 2019-03-03

Date: 2005-08-17

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC05-68

The Canadian Medical Association calls on the federal government to commission an independent body to assess and report on the capacity of the educational and training infrastructure across Canada to expand enrolment in medicine and nursing programs.



Physician workforce planning for under-serviced areas

<https://policybase.cma.ca/en/permalink/policy1900>

Policy Type: Policy resolution

Last Reviewed: 2019-03-03

Date: 2005-08-17

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC05-80

The Canadian Medical Association recommends that any definition of under-serviced areas for physician workforce planning and related purposes must also include and recognize the needs of inner-city communities and populations, and not be limited to rural and remote locations.



Family medicine residency positions

<https://policybase.cma.ca/en/permalink/policy1901>

Policy Type: Policy resolution

Last Reviewed: 2019-03-03

Date: 2005-08-17

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC05-81

The Canadian Medical Association urges governments to assign targeted funding to increase the number of family medicine residency positions to meet recent increases in medical school enrolment and other demand factors.



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.