




CMA's letter to Mr. James Rajotte, MP Chair, Standing Committee on Industry, Science and Technology: Review of the service sector in Canada


<https://policybase.cma.ca/en/permalink/policy9114>


Policy Type: Parliamentary submission
 Date: 2008-Feb-23
 Topics: Health human resources
 Health systems, system funding and performance

Documents



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Funding for long-term care

<https://policybase.cma.ca/en/permalink/policy9218>

Policy Type: Policy resolution
 Last Reviewed: 2015-Feb-28
 Date: 2008-Aug-20
 Topics: Health human resources
 Health systems, system funding and performance
 Resolution: The Canadian Medical Association and provincial/territorial medical associations will work with governments to ensure appropriate funding for long-term care including physician involvement.



Access to family physicians

<https://policybase.cma.ca/en/permalink/policy9231>

Policy Type:	Policy resolution
Last Reviewed:	2015-Feb-28
Date:	2008-Aug-20
Topics:	Health human resources Health systems, system funding and performance
Resolution:	The Canadian Medical Association, while recognizing the need for better management of chronic illnesses and vulnerable populations, considers that such an emphasis should not be detrimental to the efforts aimed at guaranteeing access to family physicians.



Pay-for-performance programs

<https://policybase.cma.ca/en/permalink/policy9232>

Policy Type:	Policy resolution
Last Reviewed:	2015-Feb-28
Date:	2008-Aug-20
Topics:	Health systems, system funding and performance Health human resources
Resolution:	The Canadian Medical Association will develop a policy discussion paper on the use of incentives designed to improve the quality and outcomes of patient care, such as pay-for-performance programs directed at providers, patients and health systems.



Hospital privileges

<https://policybase.cma.ca/en/permalink/policy9266>

Policy Type: Policy resolution

Last Reviewed: 2015-Feb-28

Date: 2008-Aug-20

Topics: Health systems, system funding and performance
Health human resources
Physician practice/ compensation/ forms

Resolution: The Canadian Medical Association will work with provincial/territorial medical associations to inform faculties of medicine, provincial/territorial ministries of health and regional health authorities that the linking of hospital privileges of attending physicians to the requirement to teach and conduct research is unacceptable.



Clinical preceptors

<https://policybase.cma.ca/en/permalink/policy9270>

Policy Type: Policy resolution

Last Reviewed: 2015-Feb-28

Date: 2008-Aug-20

Topics: Health human resources
Health systems, system funding and performance

Resolution: The Canadian Medical Association urges the Association of Faculties of Medicine of Canada to work in partnership with individual faculties of medicine to quantify the current pool of clinical preceptors, determine the number of additional clinical preceptors required and develop a strategy to recruit, retain and support these preceptors to meet the demands of the expanding number of undergraduate medical students.



Online continuing medical education courses for physicians

<https://policybase.cma.ca/en/permalink/policy9271>

Policy Type: Policy resolution

Last Reviewed: 2015-Feb-28

Date: 2008-Aug-20

Topics: Ethics and medical professionalism
Health human resources
Health systems, system funding and performance

Resolution: The Canadian Medical Association, in conjunction with specialty societies and others, will facilitate and distribute online continuing medical education courses for physicians, with a focus on those specialties and content areas not currently served by existing resources.



Improving access to world-class health care by accelerating health information technology investments: CMA's 2009 pre-budget brief to the Standing Committee on Finance

<https://policybase.cma.ca/en/permalink/policy9399>

Policy Type: Parliamentary submission

Date: 2008-Aug-15

Topics: Health human resources
Health systems, system funding and performance

Documents

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Restoring access to quality health care : Brief Submitted to the House of Commons Standing Committee on Finance 1998 pre-budget consultations

<https://policybase.cma.ca/en/permalink/policy1985>

Policy Type: Parliamentary submission
Last Reviewed: 2019-Mar-03
Date: 1997-Nov-07
Topics: Health human resources
Health systems, system funding and performance
Population health/ health equity/ public health

Documents

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Medical direction and administrative responsibility

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

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1981-Aug-28
Topics:	Health systems, system funding and performance Health human resources
Resolution:	<p>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.</p>