



Capacity of the medical educational and training infrastructure

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

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 2005-Aug-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.



Primary care delivery models

<https://policybase.cma.ca/en/permalink/policy1893>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 2005-Aug-17
Topics: Health systems, system funding and performance
Resolution: GC05-73

The Canadian Medical Association will conduct an economic evaluation of multidisciplinary and other primary care delivery models.



Physician workforce planning for under-serviced areas

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

Policy Type: Policy resolution

Last Reviewed: 2019-Mar-03

Date: 2005-Aug-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-Mar-03

Date: 2005-Aug-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.



Scientifically proven health programs

<https://policybase.cma.ca/en/permalink/policy1915>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 2005-Aug-17
Topics: Health systems, system funding and performance
Resolution: GC05-42

The Canadian Medical Association calls on the federal government to support only scientifically proven health programs that are accepted by a broad consensus of the scientific community.



Programs to achieve national health goals

<https://policybase.cma.ca/en/permalink/policy1926>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 2005-Aug-17
Topics: Population health/ health equity/ public health
Health systems, system funding and performance
Resolution: GC05-09

The Canadian Medical Association calls on all levels of government to adequately resource, coordinate and assume accountability for programs to achieve national health goals.



Wait times

<https://policybase.cma.ca/en/permalink/policy1931>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2005-May-31

Topics: Health systems, system funding and performance
Population health/ health equity/ public health

Resolution: BD05-05-148

The Canadian Medical Association will work with the Canadian Council on Health Services Accreditation to introduce a standard of accreditation for hospitals/districts/ regions with respect to monitoring and reporting on wait times and outcomes of patients awaiting care.



National consensus on future financing of the Canadian health care system

<https://policybase.cma.ca/en/permalink/policy624>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1993-Aug-25

Topics: Health systems, system funding and performance

Resolution: GC93-24

That the Canadian Medical Association take a strong leadership role in the development of a national consensus on future financing of the Canadian health care system.



Principles for consensus on health system financing

<https://policybase.cma.ca/en/permalink/policy626>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC93-26

That the Canadian Medical Association endorse the following primary principles as the basis for developing a new consensus on health system financing: a) Accessibility: Reasonable access to high quality, core health facilities and medical services independent of financial or other barriers, b) Choice: Wherever practicable, Canadian consumers and health care providers should have reasonable choice as to health care setting, mode of delivery (type and location of practice) and method of health care financing, c) Sustainability: The system organization and method of financing the system needs to ensure that core health insurance benefits are commensurate with collective or individual ability to pay through insurance or otherwise, d) Uniformity of core health insurance benefits: The requirement that all bona fide residents of Canada be entitled to reasonably comparable levels of core health insurance benefits, e) Universal coverage: The requirement that all bona fide residents of Canada be entitled to publicly financed core health insurance benefits according to uniform terms and conditions, where core benefits are defined in terms of the most recent evidence available on clinical efficacy and cost effectiveness.



Criteria for CMA involvement in studies and other research

<https://policybase.cma.ca/en/permalink/policy710>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1984-Aug-21
Topics: Health systems, system funding and performance
Ethics and medical professionalism
Resolution: GC84-55

That the Canadian Medical Association assess each proposed study on its own merits and that decisions for Canadian Medical Association involvement, or degree of involvement, be based on: quality of research design and methodology, expertise of the investigators, sound statistical analysis, financial liability.

