



Compensation ceilings for GP's and access to front-line services

<https://policybase.cma.ca/en/permalink/policy1524>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism

Health human resources

Health systems, system funding and performance

Physician practice/ compensation/ forms

Resolution: GC04-51

The Canadian Medical Association recommends that compensation ceilings for general practitioners where they exist be removed in order to improve access to front-line services.



Family physicians and hospital affiliation

<https://policybase.cma.ca/en/permalink/policy1502>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism

Health human resources

Health systems, system funding and performance

Physician practice/ compensation/ forms

Resolution: GC04-36

The Canadian Medical Association calls on the federal, provincial and territorial governments to work together with the Association and its divisions and affiliates to develop initiatives that are incentive based to encourage family physicians to retain hospital affiliation and provide hospital care in supporting the provision of the full continuum of primary care to patients.



Initiatives to reduce wait times

<https://policybase.cma.ca/en/permalink/policy1530>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism

Health human resources

Health systems, system funding and performance

Resolution: GC04-15

The Canadian Medical Association, consistent with A Prescription for Sustainability, advocates to reduce wait times through the following initiatives: a) development of pan-Canadian wait time benchmarks based on available evidence; b) a network of regional registries and referral programs for specialized care; c) streamlined referral for investigation and specialty consultations; and d) Canadian Health Access Fund designed to support inter-jurisdictional portability of care.



National wait-time monitoring system

<https://policybase.cma.ca/en/permalink/policy1532>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism

Health systems, system funding and performance

Resolution: GC04-17

The Canadian Medical Association advocates for the implementation of a national wait-time monitoring system for a broad range of medical conditions and diagnostic services.



Payment for discussions of patient health with other health professionals

<https://policybase.cma.ca/en/permalink/policy1508>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism
Health systems, system funding and performance
Physician practice/ compensation/ forms

Resolution: GC04-44

The Canadian Medical Association recommends that provincial and territorial authorities recognize that any discussion regarding a patient's health between a physician and another health professional is a medical act to be duly compensated.



Renewing medical equipment in the healthcare system

<https://policybase.cma.ca/en/permalink/policy1531>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

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

Resolution: GC04-16

The Canadian Medical Association urges federal and provincial/territorial governments to invest heavily in renewing the medical equipment in the healthcare system.



Wait time protocols and benchmarks

<https://policybase.cma.ca/en/permalink/policy1491>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 2004-08-18

Topics: Ethics and medical professionalism

Health human resources

Health systems, system funding and performance

Physician practice/ compensation/ forms

Resolution: GC04-11

The Canadian Medical Association will ensure that practising physicians are involved in the development of wait time protocols and benchmarks that are based on the available evidence, that are administratively straightforward and that are satisfactory to the needs of patients and physicians.