



## Factors affecting physician incomes

<https://policybase.cma.ca/en/permalink/policy698>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1972-Jun-16
Topics:	Physician practice/ compensation/ forms
Resolution:	GC72-71

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>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1972-Jun-16
Topics:	Physician practice/ compensation/ forms
Resolution:	GC72-75

Resolved that provincial divisions continue to attempt to reduce the disparities between sectional incomes which are not related to demand for services and workload.



## Wait time protocols and benchmarks

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

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-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.



## Increasing the number of family physicians

<https://policybase.cma.ca/en/permalink/policy1494>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Health human resources

Health systems, system funding and performance

Physician practice/ compensation/ forms

Resolution: GC04-21

The Canadian Medical Association calls on federal, provincial and territorial governments to work together to expand the number of comprehensive family physicians across Canada through the combined approach of training, recruitment and retention initiatives that are incentive based and developed with the input of actively practicing physicians.



## Family physicians and hospital affiliation

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

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-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.



## Compensation for remote consultation

<https://policybase.cma.ca/en/permalink/policy1505>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Health human resources

Health information and e-health

Physician practice/ compensation/ forms

Resolution: GC04-41

The Canadian Medical Association recommends that provincial and territorial authorities recognize that any type of remote consultation such as telemedicine and teleconsultation is a medical act to be duly compensated.



## Payment for discussions of patient health with other health professionals

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

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2004-Aug-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.



## Physician health and well-being

<https://policybase.cma.ca/en/permalink/policy1512>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2004-Aug-18  
Topics: Ethics and medical professionalism  
Health human resources  
Physician practice/ compensation/ forms  
Resolution: GC04-48  
The Canadian Medical Association supports the educational needs of physician leaders with respect to physician health and well-being through the creation of professional development opportunities and programs.



## Role of physicians in private delivery of publicly funded medical services

<https://policybase.cma.ca/en/permalink/policy1516>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

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

Resolution: GC04-83

The Canadian Medical Association calls upon federal, provincial and territorial governments to respect the role and the independence of physicians in their private delivery of publicly funded medical services.



## Medicare cost

<https://policybase.cma.ca/en/permalink/policy1519>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

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

Resolution: GC04-86

The Canadian Medical Association requests that in order to enhance the transparency and accountability of Medicare, the government should identify in their annual public accounts the sum of money expended on insured physician services and acute hospital care (Medicare cost).