



Aboriginal patients

<https://policybase.cma.ca/en/permalink/policy8558>

Policy Type: Policy resolution

Last Reviewed: 2013-Mar-02

Date: 2006-Aug-23

Topics: Health human resources
Physician practice/ compensation/ forms
Population health/ health equity/ public health

Resolution: The Canadian Medical Association, working with its divisions and affiliates, in cooperation with Aboriginal associations, calls for medical schools to develop courses to educate physicians on: a) the history and culture of Aboriginal peoples in Canada, b) communication skills to enhance their care of Aboriginal patients, and c) their response to health issues of particular concern to Aboriginal patients and their communities.



Access to a family physician

<https://policybase.cma.ca/en/permalink/policy9534>

Policy Type: Policy resolution

Last Reviewed: 2016-May-20

Date: 2009-Aug-19

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

Resolution: The Canadian Medical Association will work with provincial/territorial medical associations (PTMAs) to urge governments to collaborate with PTMAs in the implementation of a program that will identify and manage "orphan" patients who do not have access to a family physician.



Canadian residency matching process

<https://policybase.cma.ca/en/permalink/policy8549>

Policy Type:	Policy resolution
Last Reviewed:	2013-Mar-02
Date:	2006-Aug-23
Topics:	Health human resources Physician practice/ compensation/ forms
Resolution:	The Canadian Medical Association urges that a transparent and timely consultation process, inclusive of all stakeholders including medical schools, students, residents, professional associations and government/organizations funding those positions, be followed prior to implementation of any changes to the Canadian residency matching process.



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-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:	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.



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: 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.



Economic burden of medical education

<https://policybase.cma.ca/en/permalink/policy8556>

Policy Type: Policy resolution

Last Reviewed: 2013-Mar-02

Date: 2006-Aug-23

Topics: Health human resources

Physician practice/ compensation/ forms

Health systems, system funding and performance

Resolution: The Canadian Medical Association, working with its divisions and affiliates, will continue efforts to reduce the economic burden of medical education by advocating for interest-free government loans, regulation of tuition costs, expansion of bursaries and scholarships, financial assistance for residents in need, and education on debt avoidance and management strategies.



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: 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.



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: 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.



Initiatives to reduce wait times

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

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: 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.



Pay for performance and quality measures in family medicine

<https://policybase.cma.ca/en/permalink/policy9511>

Policy Type: Policy resolution

Last Reviewed: 2016-May-20

Date: 2009-Aug-19

Topics: Health human resources

Ethics and medical professionalism

Physician practice/ compensation/ forms

Resolution: The Canadian Medical Association will develop a discussion paper on international experience and research related to pay for performance and quality measures in family medicine.