



Coercive legislation

<https://policybase.cma.ca/en/permalink/policy8539>

Policy Type: Policy resolution
Last Reviewed: 2020-02-29
Date: 2006-08-23
Topics: Physician practice/ compensation/ forms
Resolution: GC06-69

The Canadian Medical Association and its divisions staunchly oppose any form of coercive legislation in regard to the negotiation of working conditions and compensation of physicians.



Community-based physician teachers

<https://policybase.cma.ca/en/permalink/policy1887>

Policy Type: Policy resolution
Last Reviewed: 2019-03-03
Date: 2005-08-17
Topics: Physician practice/ compensation/ forms
Resolution: GC05-67

The Canadian Medical Association urges medical faculties to compensate and recognize community-based physician teachers appropriately to reflect the value of their contributions to medical education.



Family practice physicians

<https://policybase.cma.ca/en/permalink/policy557>

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1984-08-21
Topics:	Physician practice/ compensation/ forms
Resolution:	GC84-11

That the family practice physician be competent to provide primary, continuing and comprehensive care to all age groups. He should be competent to recognize and treat common illness -- including severe illness -- with episodic consultative help from other specialists. He should have hospital privileges and should participate in the active care of patients in hospitals. His core training should include training in obstetrics.



International medical students

<https://policybase.cma.ca/en/permalink/policy1898>

Policy Type:	Policy resolution
Last Reviewed:	2019-03-03
Date:	2005-08-17
Topics:	Health human resources Physician practice/ compensation/ forms
Resolution:	GC05-78

The Canadian Medical Association will approach international medical associations to determine best practices for attracting medical students to family medicine and methods for securing a strong professional and adequately compensated future for general and family practitioners.