



## CMA/Canadian Association of Social Workers (CASW) Statement on the Health and Well Being of Families

<https://policybase.cma.ca/en/permalink/policy752>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1994-Mar-07

Topics: Population health/ health equity/ public health

Resolution: BD94-07-175

That the Canadian Medical Association Board of Directors approve the draft joint CMA/CASW Statement on the Health and Well Being of Families.



## Goods and Services Tax (GST) replacement tax

<https://policybase.cma.ca/en/permalink/policy641>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1994-May-07

Topics: Population health/ health equity/ public health

Resolution: BD94-08-229

That Canadian Medical Association continue to press for fair and equitable treatment of physicians under any GST replacement tax and that the Canadian Medical Association not publicly endorse any specific form of the tax.



## Portability provisions of the Canada Health Act

<https://policybase.cma.ca/en/permalink/policy643>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-May-07  
Topics: Population health/ health equity/ public health  
Resolution: BD94-08-239

That as part of its commitment to work on behalf of the medical profession and Canadians, the Canadian Medical Association requests that Health Canada enforce the out of country and out of province portability provisions of the Canada Health Act.



## Educating members on physician resources, health care administration and planning, regionalization, and costs

<https://policybase.cma.ca/en/permalink/policy644>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-May-07  
Topics: Population health/ health equity/ public health  
Resolution: BD94-08-240

That the Canadian Medical Association working through its divisions, affiliated societies and members, be committed to assist members in becoming more knowledgeable in matters of physician resources planning, health administration, health care planning, regionalization strategies and health cost.



## Literacy and health

<https://policybase.cma.ca/en/permalink/policy753>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-May-07  
Topics: Population health/ health equity/ public health  
Resolution: BD94-08-203C

The Canadian Medical Association encourages the development and dissemination of simple and clear health and medical information for physicians to distribute to their patients.



## Disease prevention and health promotion public policy

<https://policybase.cma.ca/en/permalink/policy754>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-May-07  
Topics: Population health/ health equity/ public health  
Resolution: BD94-08-203E

That all levels of government be encouraged to develop, in consultation with health care providers and the public, a comprehensive and coordinated public policy for disease prevention and health promotion.



## Folic acid intake for women of child bearing age

<https://policybase.cma.ca/en/permalink/policy755>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-May-07  
Topics: Population health/ health equity/ public health  
Resolution: BD94-08-203G

That a folic acid intake of 0.4 mg, per day be recommended for all women of child bearing age.



## National Coordinating Committee on Post-Graduate Medical Training (NCCPMT) principles on postgraduate medical training

<https://policybase.cma.ca/en/permalink/policy532>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1994-Oct-22
Topics:	Population health/ health equity/ public health
Resolution:	BD95-02-30

That the Canadian Medical Association endorse the principles on postgraduate medical training developed by the National Coordinating Committee on Post-Graduate Medical Training and encourage the Conference of Deputy Ministers to adopt these principles as guidelines for action. [Framework Principles: 1. Physicians are a national resource. 2. The physician to population ratio will be maintained or reduced. 3. The national ratio of general practitioners to specialists should be maintained. 4. The mix and content of training programs must reflect identified population health needs. 5. Further proliferation of sub-specialties should be constrained. 6. Portability of licensure between provinces should exist. 7. Reliance on the recruitment of graduates of foreign medical schools (GOFMS) into Canada should be reduced. 8. The recruitment of GOFMS into Canada for postgraduate training should be reduced, and those trainees who do enter on visas should receive training only in already recognized specialties and agree to return to their countries of origin. 9. The total number of all postgraduate training positions should approximate the number of medical school graduates times the length of post-graduate prelicensure training. 10. Training venues should closely resemble eventual practice settings. 11. Substandard training programs should be eliminated. 12. Regional coordination of sub-speciality training should be promoted. 13. Relocation of training positions across provinces should be considered. 14. As other health care providers have overlapping scopes of capability with physicians, medical training activities should coordinate with roles and training of other health care providers. 15. Trainees should be better informed of the effectiveness, efficiency and alternative allocations of existing or proposed resource commitments designed to improve health through medical care. 16. Better information about shifting human resource needs and context of practice will be provided to students, interns, residents and fellows.]



## Restrictions on the freedom to practise medicine in Canada

<https://policybase.cma.ca/en/permalink/policy533>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-Oct-22  
Topics: Population health/ health equity/ public health  
Resolution: BD95-02-32

That the Canadian Medical Association oppose the principle of the restriction of freedom to practise medicine in Canada based on location of training in Canada.



## Female genital mutilation

<https://policybase.cma.ca/en/permalink/policy768>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1994-Oct-22  
Topics: Population health/ health equity/ public health  
Resolution: BD95-02-33

That the Canadian Medical Association consider female genital mutilation to be a form of violence against girls and women and a violation of their basic human rights to bodily integrity, and furthermore that it condemn the practice of female genital mutilation.