CMA’s Submission to Finance Canada regarding proposed amendments to the Income Tax Act
https://policybase.cma.ca/link/policy10353

POLICY TYPE  Parliamentary submission
DATE  2012-02-14
TOPICS  Physician practice, compensation, forms

Documents

CMA’s Submission to Finance Canada regarding proposed amendments to the Income Tax Act
February 14, 2012

Assessments and evaluations
Canadian Medical Association
CMA’s Submission to the House of Commons Standing Committee on Finance: 
Amending Bill C–25 to expand the PRPP framework to provide value to self-employed Canadians
https://policybase.cma.ca/link/policy10355

POLICY TYPE: Parliamentary submission
DATE: 2012-02-24
TOPICS: Physician practice, compensation, forms

Documents
Canadian Medical Association Submission on Bill C-462 Disability Tax Credit Promoters Restrictions Act
https://policybase.cma.ca/link/policy10812

POLICY TYPE       Parliamentary submission
DATE              2013-05-22
TOPICS            Physician practice, compensation, forms

Documents
Submission on Bill C-462 Disability Tax Credit Promoters Restrictions Act. Submitted to the House of Commons Standing Committee on Finance
https://policybase.cma.ca/link/policy14026

POLICY TYPE
Parliamentary submission

DATE
2013-05-22

TOPICS
Health systems, system funding and performance
Physician practice, compensation, forms

Documents
Response to the consultation paper Pension Innovation for Canadians: The Target benefit plan
https://policybase.cma.ca/link/policy11213

POLICY TYPE: Response to consultation
DATE: 2014-06-23
TOPICS: Physician practice, compensation, forms

Documents
Response of the Canadian Medical Association to the Canada Revenue Agency Draft GST/HST Policy Statement* (GST/HST Notices – Notice 286)
https://policybase.cma.ca/link/policy11479

POLICY TYPE: Parliamentary submission
DATE: 2015-02-23
TOPICS: Physician practice, compensation, forms

Documents
CMA's Response to CRA’s Questions, Public consultation on the Disability Tax Credit Promoters Restrictions Act regulations
https://policybase.cma.ca/link/policy14027

POLICY TYPE
Parliamentary submission

DATE
2015-05-15

TOPICS
Health systems, system funding and performance
Physician practice, compensation, forms

Documents

Guiding principles for physicians recommending mobile health applications
CMA Policybase - Canadian Medical Association
Guiding principles for physicians recommending mobile health applications to patients

https://policybase.cma.ca/link/policy11521

POLICY TYPE: Policy document
DATE: 2015-05-30
TOPICS: Health information and e-health
Physician practice, compensation, forms

Documents

GUIDING PRINCIPLES FOR PHYSICIANS
RECOMMENDING MOBILE HEALTH APPLICATIONS
TO PATIENTS

The document is designed to guide healthcare professionals on how to use mobile applications for recommendations in the care of patients.

Background

- Mobile health applications, also known as health apps, can be effective tools for patients to track their health and well-being.
- Patients may use apps to monitor their health, set reminders for medication, or track their exercise.
- When using health apps, patients should be aware of the potential risks, such as the accuracy of the information provided.

Recommendations

- Physicians should educate patients on the benefits and limitations of mobile health applications.
- Physicians should ensure that the health apps used are reliable and trustworthy.
- Physicians should provide patients with information on how to use the apps safely and effectively.
- Physicians should discuss the potential risks and benefits of using mobile health applications with patients.

Conclusion

The use of mobile health applications can be beneficial for patients, but it is important for physicians to guide patients on how to use these tools effectively.

CMA POLICY
Small business perspectives of physician medical practices in Canada
https://policybase.cma.ca/link/policy11846

POLICY TYPE  Parliamentary submission
DATE  2016-03-21
TOPICS  Physician practice, compensation, forms
Health human resources

Documents
Avoiding negative consequences to health care delivery from federal taxation policy
https://policybase.cma.ca/link/policy11957

POLICY TYPE  
Response to consultation

DATE  
2016-08-31

TOPICS  
Health human resources
Physician practice, compensation, forms

Documents

CMA Submission
Avoiding negative consequences to health care delivery from federal taxation policy

Response to Finance Canada’s Consultation on Legislative Proposals Relating to Income Tax, Sales and Excise Duties
Federal tax proposal risks negative consequences for health care delivery

https://policybase.cma.ca/link/policy11960

POLICY TYPE
Parliamentary submission

DATE
2016-11-18

TOPICS
Physician practice, compensation, forms

Documents
The physician appointment and reappointment process 2016
https://policybase.cma.ca/link/policy13564

POLICY TYPE
Policy document

DATE
2016-12-03

TOPICS
Health human resources
Physician practice, compensation, forms
THIRD-PARTY FORMS
(Update 2017)

RATIONALE
Third-party forms, such as the Short-Term Illness Certificate, have a role in the assessment and treatment of patient care. However, the use of these forms may not be appropriate for all patient care situations. When forms are used, they should be designed to support the assessment and treatment of patient care, rather than being used to generate income for the physician. Forms should be used in a manner that respects patient confidentiality and privacy.

SCOPE OF POLICY
This policy is intended to provide guidelines for the use of third-party forms in the assessment and treatment of patient care. It is not intended to address the use of third-party forms for the purpose of generating income for the physician.

GENERAL PRINCIPLES

1. The physician should use third-party forms to support the assessment and treatment of patient care. The use of third-party forms should be based on the patient's clinical situation and not on the physician's financial interests.

2. When third-party forms are used, the physician should ensure that the forms are completed accurately and that they are returned to the appropriate party as soon as possible. The physician should also ensure that the patient's confidentiality is maintained.

3. The physician should not use third-party forms to generate income for the physician, either directly or indirectly.

4. The physician should be aware of the potential conflicts of interest that may arise when third-party forms are used, and should take steps to ensure that these conflicts are managed appropriately.

5. The physician should be aware of the potential legal and ethical implications of using third-party forms, and should take steps to ensure that these implications are understood.

6. The physician should be aware of any regulations or guidelines that may apply to the use of third-party forms, and should ensure that these guidelines are followed.
A medical industry perspective – supporting small business, the economic engine of Canada
https://policybase.cma.ca/link/policy13731

POLICY TYPE  Parliamentary submission
DATE  2017-10-02
TOPICS  Physician practice, compensation, forms

Documents
Physician compensation (Update 2013)
https://policybase.cma.ca/link/policy11060

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2013-12-07

REPLACES
Physician Compensation (Update 2001)

TOPICS
Physician practice, compensation, forms

Documents

CMA POLICY

PHYSICIAN COMPENSATION
31 DECEMBER 2013

Conclusions

Physicians are compensated for the care and services they provide to patients. Physician compensation is determined by a combination of factors, including the costs of providing care, the demand for services, and the economic environment.

Key points

1. Physicians should be compensated for the full range of services they provide, including the time required to provide care, as well as non-remunerative activities.
2. Physician compensation should be adequate to ensure the sustainability of the medical profession and to attract and retain qualified physicians.
3. Salary and remuneration for practice activities should be determined by a combination of factors, including the market, the costs of providing care, and the value of the services provided.
4. The compensation of physicians should be competitive with the compensation of other health care professionals.

Formulary

Many physicians are compensated through salary and remuneration for practice activities. Salary is paid for the services provided to patients, while remuneration for practice activities is paid for the time required to provide care, as well as non-remunerative activities. The compensation of physicians should be competitive with the compensation of other health care professionals.

Due to the complexity of the issues involved, the CMA recommends that the compensation of physicians be determined by a combination of factors, including the market, the costs of providing care, and the value of the services provided. The compensation of physicians should be adequate to ensure the sustainability of the medical profession and to attract and retain qualified physicians.
Maintaining Ontario’s leadership on prohibiting the use of sick notes for short medical leaves
https://policybase.cma.ca/link/policy13934

POLICY TYPE  Parliamentary submission
DATE  2018-11-15
TOPICS  Physician practice, compensation, forms
  Health systems, system funding and performance

Documents
A new vision for Canada: family practice— the patient’s medical home 2019
https://policybase.cma.ca/link/policy14024

POLICY TYPE  Policy endorsement
DATE        2019-03-02
TOPICS      Physician practice, compensation, forms
            Health systems, system funding and performance

Documents
Auditing Physician Billings

https://policybase.cma.ca/link/policy1878

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2004-12-04
TOPICS  Physician practice, compensation, forms

Documents