Disclosure of COVID-19 Vaccination Status by Physicians

POLICY TYPE  
Policy document

DATE  
2021-10-22

TOPICS  
Physician practice, compensation, forms

Documents
COVID-19 Vaccine Global Intellectual Property Policy

POLICY TYPE  Policy document
DATE  2021-10-22
TOPICS  Physician practice, compensation, forms

Documents
CMA Pre-budget Submission

https://policybase.cma.ca/link/policy14259

**POLICY TYPE**  Parliamentary submission

**DATE**  2020-08-07

**TOPICS**
- Physician practice, compensation, forms
- Health information and e-health
- Health care and patient safety
- Health systems, system funding and performance

**Documents**
Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll

https://policybase.cma.ca/link/policy14258

POLICY TYPE                   Parliamentary submission
DATE                          2020-06-05
TOPICS                        Physician practice, compensation, forms
                                Health systems, system funding and performance

Documents

Submission in Response to the Consultation on the Canada Emergency Wage Subsidy:
Keeping Medical Clinic Employees on the Payroll
June 5, 2020
Federal measures to recognize the significant contributions of Canada’s front-line health care workers during the COVID-19 pandemic

https://policybase.cma.ca/link/policy14247

POLICY TYPE  Parliamentary submission
DATE  2020-06-02
TOPICS  Physician practice, compensation, forms

Documents
Protecting and supporting Canada’s health-care providers during COVID-19
https://policybase.cma.ca/link/policy14260

POLICY TYPE
Parliamentary submission

DATE
2020-03-23

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

Documents
Rural and remote practice issues
https://policybase.cma.ca/link/policy211

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2000-05-09

REPLACES
Promoting medicine as a career for rural high school students (Resolution BD88-03-78)

TOPICS
Physician practice, compensation, forms

Documents

RURAL AND REMOTE PRACTICE ISSUES

The Canadian Medical Association (CMA) recognizes that rural and remote physician practice requires flexible strategies to ensure that medical services are available to patients. The CMA has developed policy to address the unique aspects of rural and remote physician practice and has taken a number of initiatives to support these efforts.

Purpose

The purpose of this policy is to outline the responsibilities of rural and remote physicians, the support and resources available to them, and to advocate for policy changes that may be necessary to address the unique challenges faced by rural and remote physicians.

Responsibilities

Rural and remote physicians have the same responsibilities as their urban counterparts, including the provision of high-quality medical care, patient education, and the maintenance of competency in clinical practice.

Support and Resources

The CMA offers support and resources to rural and remote physicians, including access to continuing medical education, mentoring, and professional development opportunities. The CMA also advocates for policies that may be necessary to address the unique challenges faced by rural and remote physicians.

Recommendation

The CMA recommends that policy makers and decision makers consider the unique needs of rural and remote physicians and take steps to ensure that medical services are available to patients in these areas.

References


Note:

This policy is updated periodically by the Canadian Medical Association to reflect changes in the medical profession and the rural and remote practice environment.
The treating physician’s role in helping patients return to work after an illness or injury (Update 2013)
https://policybase.cma.ca/link/policy10754

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2013-05-25

REPLACES
The physician’s role in helping patients return to work after an illness or injury (Update 2010)

TOPICS
Physician practice, compensation, forms

Documents
Standing Committee on Health’s study on violence faced by healthcare workers
https://policybase.cma.ca/link/policy4052

POLICY TYPE  Parliamentary submission
DATE  2019-05-14
TOPICS  Health care and patient safety
Ethics and medical professionalism
Health human resources
Physician practice, compensation, forms

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

Auditing Physician Billings

Purpose:
The CMA has determined that many physician practices are failing to comply with national ethics codes regarding billing practices. These practices affect the integrity of the health care system and reduce the availability of funds for public health programs.

To ensure that all physicians are treated fairly, the CMA has established a set of practices for auditing physician billings. These practices include:

- Monitoring and auditing physician billings
- Developing a comprehensive billing policy
- Establishing a billing committee

It is the responsibility of each physician practice to monitor and audit their billings to ensure compliance with these policies.

References:


CMA POLICY

Auditing Physician Billings

Purpose:

- Monitoring and auditing physician billings
- Developing a comprehensive billing policy
- Establishing a billing committee

It is the responsibility of each physician practice to monitor and audit their billings to ensure compliance with these policies.

References:

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

PREFERRED TERM
Physician compensation

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2013-12-07

REPLACES
Physician Compensation (Update 2001)

TOPICS
Physician practice, compensation, forms

Documents
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
THIRD-PARTY FORMS (Update 2017)

RATIONAL

A physician’s assessment and diagnosis on a third-party form is a substitute for the physician’s clinical evaluation and management of the patient in the physician’s office. Thus, the standards and requirements for completing third-party forms are identical to those for any assessment or diagnosis provided by the physician, whether it is completed in-clinic or electronically.

SCOPE OF POLICY

This policy outlines CMA positions on third-party forms. It is intended for use by Canadian physicians who are paid by third-party payers. It is intended to assist physicians in the completion of third-party forms, to ensure that the information provided is accurate and consistent with the standards of the Canadian Medical Association.

GENERAL PRINCIPLES

Confidentiality

1. The physician has a duty to maintain confidentiality of patient information. This duty extends to third-party forms.

The physician must ensure that the information contained on third-party forms is complete, accurate and consistent with the standards of the Canadian Medical Association. This includes ensuring that the information is complete and accurate, and that it is consistent with the standards of the Canadian Medical Association.

The physician must ensure that the information contained on third-party forms is complete, accurate and consistent with the standards of the Canadian Medical Association. This includes ensuring that the information is complete and accurate, and that it is consistent with the standards of the Canadian Medical Association.

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The physician must ensure that the information contained on third-party forms is complete, accurate and consistent with the standards of the Canadian Medical Association. This includes ensuring that the information is complete and accurate, and that it is consistent with the standards of the Canadian Medical Association.
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

Documents
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

CMA Submission
Federal Tax Proposal Risks Negative Consequences for Health Care Delivery
Submission to the House of Commons Standing Committee on Resnick
Bill C-20, Budget Implementation Act, 2016, No. 2
November 18, 2016
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
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

CMA Policy

GUIDING PRINCIPLES FOR PHYSICIANS RECOMMENDING MOBILE HEALTH APPLICATIONS TO PATIENTS

This document is designed to provide guidance to physicians about how to present mobile health applications to their patients in the context of the patient's health, health care, and health information.

The policy is based on the Canadian Medical Association's (CMA) Privacy Guidelines for Sharing Personal Health Information.

Background
- The use of mobile health applications involves a variety of stakeholders, including physicians, patients, and health information technology providers.
- Physicians should consider the potential benefits and risks of mobile health applications before recommending them to their patients.
- Patients should be informed about the potential benefits and risks of mobile health applications before agreeing to use them.
- Physicians should ensure that mobile health applications meet the standards for data protection and privacy.
- Physicians should be aware of the potential legal and ethical implications of using mobile health applications.

Recommendations
- Physicians should ensure that mobile health applications are safe, effective, and secure.
- Physicians should ensure that mobile health applications meet the standards for data protection and privacy.
- Physicians should be aware of the potential legal and ethical implications of using mobile health applications.
- Physicians should ensure that mobile health applications are compatible with the patient's electronic health record.
- Physicians should ensure that mobile health applications are accessible to all patients, including those with disabilities.

Conclusion
- The use of mobile health applications can improve the quality of care, but physicians should be aware of the potential benefits and risks before recommending them to their patients.
- The use of mobile health applications should be guided by the principles of patient autonomy, confidentiality, and informed consent.
- The use of mobile health applications should be based on evidence-based guidelines and be consistent with the patient's preferences and values.

The policy is designed to provide guidance to physicians about how to present mobile health applications to their patients in the context of the patient's health, health care, and health information.