Disclosure of COVID-19 Vaccination Status by Physicians

https://policybase.cma.ca/link/policy14457

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

Documents

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Disclosure of COVID-19 Vaccination Status by Physicians

By identifying the vaccination status of a COVID-19 vaccine, it is not a breach of confidentiality to disclose information that is already available to the patient. This information can be included in the medical record and shared with other health-care providers who have access to the electronic medical record. If the patient is unaware of the status, it should be discussed with them.

1. **Informed Consent**: The patient must be informed about the use of the vaccine and any potential risks or side effects. This information should be documented in the medical record.

2. **Confidentiality**: The information should be kept confidential and should not be used for any purpose other than the treatment of the patient.

3. **Privacy**: The information should be protected from unauthorized access.

4. **Consent**: The patient must consent to the disclosure of the information.

5. **Security**: The information should be stored in a secure manner.

6. **Audit Trail**: An audit trail should be maintained to track who has accessed the information.

7. **Removal of Information**: The information should be removed from the medical record once it is no longer necessary.

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COVID-19 Vaccine Global Intellectual Property Policy

CMA Policybase - Canadian Medical Association
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
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
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
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/policy14052

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

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May 14, 2019

Bill Casey, M.P.
Chair, Standing Committee on Health
House of Commons

Be Standing Committee on health’s study on violence faced by healthcare workers.

Dear Mr. Casey,

This writing is a draft of Canadian Medical Association (CMA) which contains submissions for consideration by the Standing Committee on Health (Standing Committee) on policy work by physicians and healthcare workers.

Policy submissions are designed to provide an opportunity for the Standing Committee to consider issues related to healthcare workers and violence.

The Standing Committee on Health (Standing Committee) was conducted in collaboration with the Canadian Medical Association (CMA) and the Canadian Association of Physicians for the Environment (CAPE) to inform its deliberations on the impact of violence on healthcare workers.

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Policy content is drawn from the Standing Committee on Health (Standing Committee) on policy work by physicians and healthcare workers.

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The Standing Committee on Health (Standing Committee) was held in collaboration with the Canadian Medical Association (CMA) and the Canadian Association of Physicians for the Environment (CAPE) to inform its deliberations on the impact of violence on healthcare workers.
Auditing Physician Billings

Policy document

LAST REVIEWED 2019-03-03
DATE 2004-12-04
TOPICS Physician practice, compensation, forms

Documents

Auditing Physician Billings

Policies

Auditing Physician Billings

A new vision for Canada: family practice— the patient's medical home 2019

CMA Policybase - Canadian Medical Association
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

**POLICY TYPE**
Policy document

**LAST REVIEWED**
2018-03-03

**DATE**
2013-12-07

**REPLACES**
Physician Compensation (Update 2001)

**TOPICS**
Physician practice, compensation, forms

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**CMA POLICY**

**PHYSICIAN COMPENSATION**

*31 October 2013*

**Conference**

Physician compensation is the income derived by a physician from the practice of medicine. Compensations in the practice of medicine vary according to the compensation model, the context in which it is practiced, and the individual decision-making process of the physician. The purpose of this policy is to provide guidance on the importance of physician compensation.

**Supporting small business**

The CMA policy on physician compensation is based on the need to support small business, the economic impact on the medical profession, and the need for medical care in underserved areas. The policy states that physician compensation should be fair and equitable, and that it should be determined on a case-by-case basis.

**CMA Policybase - Canadian Medical Association**
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
RATIONAL

The physician’s assessment and diagnosis on a third-party form is a salient feature of the physician-employer relationship. A payee who claims illness absent and under the care of a physician, when in truth that physician did not so diagnose the illness, is misrepresenting the physician’s assessment of the claimant’s capacity to do the work. However, the means of enforcing this (i.e., receiving two signatures of the claimant’s treating physician) may not be the most appropriate tool in regulating the role of the physician in form completion. The physician’s evaluation of the claimant’s state of health and capacity to perform is valuable to insurance companies. The legitimacy of payments is subsequently dependent upon the physician’s evaluation of the claimant’s capacity to perform.

SCOPE OF POLICY

This policy pertains to the use of forms for physicians and third-party administrators. It supports third-party forms and encourages physicians to use the forms in their capacity as medical practitioners. The policy is designed to ensure that the forms accurately reflect the physician’s evaluation of the claimant’s capacity to perform.

GENERAL PRINCIPLES

The physician’s evaluation of a claimant’s capacity to perform is valuable to third-party administrators. The physician’s role in form completion should be used as a tool to support the employer-employee relationship. The physician’s evaluation of the claimant’s capacity to perform is valuable to third-party administrators. The role of the physician in form completion should be used as a tool to support the employer-employee relationship.

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THE PHYSICIAN APPOINTMENT AND REAPPOINTMENT PROCESS 2016

BACKGROUND

The physician appointment and reappointment process is a crucial aspect of ensuring that healthcare services are delivered effectively. The process involves several key steps, including recruitment, evaluation, and appointment, all of which are governed by various policies and guidelines. The Canadian Medical Association (CMA) has developed policies to guide healthcare providers and organizations in this process, with a focus on maintaining high standards of patient care and maximizing efficiency.

POLICY

The primary policy document for the physician appointment and reappointment process is "CMA Policy on the Physician Appointment and Reappointment Process". This policy outlines the steps involved in the appointment and reappointment process, including the responsibilities of healthcare providers and organizations, the criteria for successful appointments, and the procedures for handling complaints and grievances.

EXECUTIVE SUMMARY

Intriguingly, the 2016 policy was developed in collaboration with healthcare professionals and stakeholders to ensure that the process is fair, transparent, and efficient. The policy emphasizes the importance of adapting to changing healthcare needs and priorities to maintain the quality of healthcare services.

IMPLEMENTATION

Healthcare providers and organizations are encouraged to consult the policy document for guidance on the appointment and reappointment process. This includes the responsibilities of healthcare providers, the criteria for successful appointments, and the procedures for handling complaints and grievances. The implementation of the policy is expected to improve the efficiency and effectiveness of the process, leading to better patient outcomes.

IMPACT

The implementation of the policy is expected to have several positive impacts, including improved patient outcomes, increased efficiency, and strengthened relationships between healthcare providers and organizations. The policy is expected to guide healthcare providers and organizations in delivering high-quality healthcare services.

CONCLUSION

The physician appointment and reappointment process is a critical aspect of ensuring that healthcare services are delivered effectively. The CMA policy on this process is designed to guide healthcare providers and organizations in ensuring fairness, transparency, and efficiency. The policy is expected to lead to improved patient outcomes and strengthened relationships between healthcare providers and organizations.

REFERENCE

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
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