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
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
Canadian Medical Association Submission on Motion 315 (Income Inequality)
https://policybase.cma.ca/link/policy10715

POLICY TYPE
Parliamentary submission

DATE
2013-04-25

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
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 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
COVID-19 Vaccine Global Intellectual Property Policy

POLICY TYPE  
Policy document

DATE  
2021-10-22

TOPICS  
Physician practice, compensation, forms
Disclosure of COVID-19 Vaccination Status by Physicians

POLICY TYPE  
Policy document

DATE  
2021-10-22

TOPICS  
Physician practice, compensation, forms

Disclosure of COVID-19 Vaccination Status by Physicians

In summary recommendations:

1. The right to be acknowledged as vaccinated or unvaccinated is an essential aspect of ensuring a safe and effective healthcare system. If not acknowledged, patients may be denied access to healthcare services, which could result in negative outcomes for their health and well-being.

2. Consent for disclosure of vaccination status should be obtained from the patient. Consent can be implied in the context of the patient's continued care. In situations where consent cannot be obtained, disclosure may still be necessary to protect public health or the rights and safety of others.

3. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

4. If a patient's vaccination status is known, it should be shared with the healthcare team providing care.

5. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

6. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

7. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

8. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

9. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

10. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

11. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

12. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

13. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

14. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

15. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

16. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

17. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

18. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

19. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

20. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

21. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

22. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

23. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

24. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

25. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

26. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

27. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

28. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.

29. Consent for disclosure should be obtained from the patient, and the patient should be informed of their rights to access their own information, including their vaccination status.

30. Consent for disclosure should be documented, and the patient should be informed of their rights to access their own information, including their vaccination status.
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

Launched in June 2020, the COVID-19 pandemic has highlighted the significant role of Canada’s front-line health care workers. While the government has provided support for these workers, they have also faced significant challenges, including long working hours, high levels of stress, and financial hardship. The CMA has called on the federal government to provide additional support to these workers, including increased funding for health care systems, increased compensation for health care workers, and improved mental health supports for all health care workers.

1. The government should provide additional funding for health care systems to ensure that they are adequately staffed and equipped to meet the demands of the COVID-19 pandemic.
2. The government should provide additional compensation for health care workers to recognize their significant contributions during the pandemic.
3. The government should provide improved mental health supports for health care workers to address the significant stress and burnout that they have experienced during the pandemic.

For more information, visit the CMA’s webpage on the COVID-19 pandemic: https://policybase.cma.ca/link/policy14247
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
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
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

CMA submission:

MAINTAINING ONTARIO’S LEADERSHIP ON PROHIBITING THE USE OF SICK NOTES FOR SHORT MEDICAL LEAVES

Submission to the Standing Committee on Finance and Economic Affairs
November 15, 2018
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
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

A NEW VISION FOR CANADA
FAMILY PRACTICE—
THE PATIENT’S MEDICAL HOME
2019
The physician appointment and reappointment process 2016

The Canadian Medical Association (CMA) has been in the forefront of the health care system since its founding in 1867. It has played a key role in shaping health policy and advocating for the interests of physicians and their patients. The CMA is a voluntary association of physicians from across Canada, representing all specialties and levels of practice. It is committed to improving the health of all Canadians and advancing the profession of medicine.

The CMA recognizes the importance of physician appointment and reappointment processes in ensuring the delivery of high-quality care to patients. These processes are critical to maintaining the integrity of the physician-patient relationship and ensuring that physicians are properly compensated for their services.

In 2016, the CMA published a policy document titled "Physician Appointment and Reappointment Process 2016." This document outlines the standards and practices for physician appointment and reappointment, including the roles and responsibilities of physicians, hospitals, and other organizations involved in these processes.

The policy document highlights the importance of developing clear and consistent criteria for physician appointment and reappointment, ensuring that all parties involved are aware of their responsibilities and that the process is equitable and transparent. It also emphasizes the need for ongoing evaluation and improvement of these processes to adapt to changing circumstances and improve the quality of care provided.

The policy document can be accessed through the CMA Policybase website, which provides a comprehensive database of policy documents and resources for physicians and other stakeholders involved in the health care system.

For more information, please visit the CMA Policybase website or contact the CMA directly.
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
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

[Image of a document with text]

March 23, 2020

Dr. Brian Podmoroff
President, CMA

Dear Mr. Donald Tapscott,

Thank you for your letter of March 19, 2020, offering support from the Canadian Medical Association in the fight against COVID-19. We appreciate your leadership in this critical time.

We are working closely with the federal government to ensure that healthcare providers have the necessary resources to respond to the pandemic. The recent announcement of temporary foreign worker visas for healthcare workers is a step in the right direction.

We recognize the challenges faced by healthcare providers, and we are working to provide support in the form of extended paid leave and other measures. We are also urging the government to ensure that healthcare providers have access to personal protective equipment.

Thank you for your ongoing support. We will continue to work together to protect the health and well-being of all Canadians.

Sincerely,

[Signature]

Brian Podmoroff, MD
President, CMA

POLICY TYPE
Parliamentary submission

DATE
2015-02-23

TOPICS
Physician practice, compensation, forms

Documents