A Doctor for Every Canadian – Better Planning for Canada’s Health Human Resources: The Canadian Medical Association’s brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities – Addressing Existing Labour Shortages in High-Demand Occupations

https://policybase.cma.ca/link/policy10387

POLICY TYPE  Parliamentary submission
DATE  2012-05-09
TOPICS  Health human resources

Documents

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[Additional text or content not visible in the image]
Accessibility: the solution lies in cooperation
https://policybase.cma.ca/link/policy11518

POLICY TYPE
Parliamentary submission

DATE
2015-03-25

TOPICS
Health human resources

Documents

ACCESSIBILITY: THE SOLUTION LIES IN COOPERATION

Joint Brief of
The Quebec Medical Association
and
the Canadian Medical Association

BILL NO.: 10
An Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted suicide
March 21, 2015
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
Reducing barriers to physician mobility and for a more uniformed healthcare system in Canada
https://policybase.cma.ca/link/policy11850

POLICY TYPE: Parliamentary submission
DATE: 2016-05-12
TOPICS: Health human resources

Documents

CMA Submission:
Reducing barriers to physician mobility and for a more uniformed healthcare system in Canada
Submission to the Standing Senate Committee on Banking, Trade and Commerce:
May 12, 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
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

Physician health
https://policybase.cma.ca/link/policy13739

POLICY TYPE
Policy document

DATE
2017-10-21

REPLACES
PD98-04 Physician health and well-being

TOPICS
Health human resources
Ethics and medical professionalism

Documents
PHYSICIAN HEALTH

1. The nature of emergency and after-hours health

Physicians' involvement in the provision of care outside regular office hours and in emergency situations is critical to the health of the community. In these settings, physicians often encounter complex and urgent health issues, which can be emotionally and physically demanding. As a result, it is essential to ensure that these physicians have adequate resources and support to provide high-quality care.

2. The role of the community in emergency and after-hours health

Communities play a vital role in ensuring that physicians have the necessary resources and support to provide care in emergency and after-hours situations. Local health authorities, government agencies, and hospitals must work together to ensure that physicians have access to the appropriate equipment, medication, and personnel to provide effective care.

3. The impact of emergency and after-hours health on the health of the community

Emergency and after-hours care is essential to the health of the community. It is critical to ensure that these physicians have the necessary resources and support to provide high-quality care. The impact of the availability of emergency and after-hours care on the health of the community cannot be overstated.

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Scopes of practice

https://policybase.cma.ca/link/policy1237

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2002-01-22

TOPICS
Health human resources

Documents
Management of physician fatigue
https://policybase.cma.ca/link/policy11127

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2014-05-24
TOPICS  Health human resources
The purpose of the policy statement is to define the key elements required to develop a reliable physician workforce planning model that is consistent with the needs of all Canadians. Such a model can be used to conduct a reliable, evidence-based planning process, that is, one informed by appropriate use of the best available research. A reliable planning model must be transparent, transparently report its evidence and assumptions, and be subject to an ongoing evaluation process. This is achieved by: 

1. Identifying key workforce indicators and metrics to guide the planning process.
2. Conducting a comprehensive, systematic, and transparent literature review to inform the planning process.
3. Develop a comprehensive and transparent planning process, that includes the use of appropriate models to inform the planning process.
4. Creating a comprehensive and transparent inventory of current and proposed workforce indicators and metrics.
5. Conducting a comprehensive and transparent analysis of the planning process to inform the planning process.

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Conclusion

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Flexibility in Medical Training (Update 2009)

https://policybase.cma.ca/link/policy9485

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2009-05-31
REPLACES  Flexibility in Medical Training
TOPICS  Health human resources

DOCUMENTS

CMA POLICY

Flexibility in Medical Training
(Update 2009)

The Canadian Medical Association (CMA) policy is:  

1. Support for flexibility in medical training for human resource and system needs. 

2. Support for mechanisms to facilitate the movement of physicians into and out of regions and specialties as needed. 

3. Support for the development of policies to facilitate the movement of health-care providers in Canada.

4. Support for the development of policies to facilitate the movement of health-care providers internationally.

5. Support for the development of policies to facilitate the movement of health-care providers within Canada.

6. Support for the development of policies to facilitate the movement of health-care providers between Canada and other countries.

7. Support for the development of policies to facilitate the movement of health-care providers within specialties.

8. Support for the development of policies to facilitate the movement of health-care providers between specialties.

9. Support for the development of policies to facilitate the movement of health-care providers within regions.

10. Support for the development of policies to facilitate the movement of health-care providers between regions.

11. Support for the development of policies to facilitate the movement of health-care providers within countries.

12. Support for the development of policies to facilitate the movement of health-care providers between countries.

13. Support for the development of policies to facilitate the movement of health-care providers within hospitals.

14. Support for the development of policies to facilitate the movement of health-care providers between hospitals.

15. Support for the development of policies to facilitate the movement of health-care providers within medical schools.

16. Support for the development of policies to facilitate the movement of health-care providers between medical schools.

17. Support for the development of policies to facilitate the movement of health-care providers within clinics.

18. Support for the development of policies to facilitate the movement of health-care providers between clinics.

19. Support for the development of policies to facilitate the movement of health-care providers within dental schools.

20. Support for the development of policies to facilitate the movement of health-care providers between dental schools.

21. Support for the development of policies to facilitate the movement of health-care providers within nursing schools.

22. Support for the development of policies to facilitate the movement of health-care providers between nursing schools.

23. Support for the development of policies to facilitate the movement of health-care providers within schools of public health.

24. Support for the development of policies to facilitate the movement of health-care providers between schools of public health.

25. Support for the development of policies to facilitate the movement of health-care providers within schools of pharmacy.

26. Support for the development of policies to facilitate the movement of health-care providers between schools of pharmacy.

27. Support for the development of policies to facilitate the movement of health-care providers within schools of medicine.

28. Support for the development of policies to facilitate the movement of health-care providers between schools of medicine.

29. Support for the development of policies to facilitate the movement of health-care providers within schools of dentistry.

30. Support for the development of policies to facilitate the movement of health-care providers between schools of dentistry.

31. Support for the development of policies to facilitate the movement of health-care providers within schools of pharmacy.

32. Support for the development of policies to facilitate the movement of health-care providers between schools of pharmacy.

33. Support for the development of policies to facilitate the movement of health-care providers within schools of medicine.

34. Support for the development of policies to facilitate the movement of health-care providers between schools of medicine.
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
Valuing Caregivers and Recognizing Their Contribution to Quebec’s Health System
https://policybase.cma.ca/link/policy14373

POLICY TYPE
Parliamentary submission

DATE
2020-09-29

TOPICS
Health human resources
Health systems, system funding and performance

Documents
Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

https://policybase.cma.ca/link/policy14477

POLICY TYPE
Policy endorsement

DATE
2021-05-17

TOPICS
Health systems, system funding and performance
Health human resources

Documents
Mandatory COVID-19 vaccination of health care workers

https://policybase.cma.ca/link/policy14449

POLICY TYPE  Policy document
DATE  2021-08-21
TOPICS  Health human resources
Population health, health equity, public health

Documents
Recommendations for federal action to address Canada’s health care crisis

https://policybase.cma.ca/link/policy14468

POLICY TYPE
Parliamentary submission

DATE
2022-02-15

TOPICS
Health systems, system funding and performance
Health human resources
Ethics and medical professionalism

Documents
Study on Canada’s Health Workforce
https://policybase.cma.ca/link/policy14469

POLICY TYPE  Parliamentary submission
DATE  2022-02-16
TOPICS  Health systems, system funding and performance
          Health human resources
          Ethics and medical professionalism

Documents

Appearance before the House of Commons Standing Committee on Health:

Study on Canada’s Health Workforce

Dr. Cairine Smart
President of the Canadian Medical Association

February 16, 2022

Dear committee members,

As President of the Canadian Medical Association, I am pleased to provide testimony on Canada’s health workforce. Our health care system is facing significant challenges, including a growing demand for health services and a shortage of health professionals.

One of the key issues we face is the need to ensure that our health workforce is adequately trained and supported. This includes ensuring that our health professionals have access to the necessary education and training to provide high-quality care to Canadians.

Another important issue is the need to ensure that our health workforce is diverse and representative of the communities we serve. This includes ensuring that our health professionals come from all parts of Canada, and that we have a workforce that reflects the diversity of our society.

We also need to ensure that our health workforce is adequately compensated and supported. This includes ensuring that our health professionals have access to the necessary resources to provide high-quality care to Canadians.

In conclusion, we need to invest in our health workforce to ensure that we have the necessary capacity to provide high-quality care to Canadians. This includes ensuring that our health professionals have access to the necessary education and training, that our workforce is diverse and representative of the communities we serve, and that our health professionals are adequately compensated and supported.

Thank you for your attention to this important issue.

Dr. Cairine Smart
President of the Canadian Medical Association

February 16, 2022
Federal Policy Options to Advance Pan-Canadian Licensure

https://policybase.cma.ca/link/policy14471

POLICY TYPE  Parliamentary submission
DATE  2022-02-22
TOPICS  Health systems, system funding and performance
         Health human resources
         Ethics and medical professionalism

Documents

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Federal Policy Options to Advance Pan-Canadian Licensure

Improving health care by reducing interprovincial and interterritorial barriers
February 22, 2022

(Canadian Medical Association)
Appearance before the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities
https://policybase.cma.ca/link/policy14472

POLICY TYPE  Parliamentary submission
DATE  2022-03-28
TOPICS  Health human resources
Health systems, system funding and performance

Documents

Appearance before the
Standing Committee on Human
Resources, Skills and Social
Development and the Status of
Persons with Disabilities

Dr. Katherine Smart
President of the Canadian Medical Association
March 28, 2022

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