CMA Recommendations on Canada’s First National Adaptation Strategy: Addressing the health impacts of climate change

https://policybase.cma.ca/link/policy14484

POLICY TYPE: Parliamentary submission
DATE: 2022-06-23
TOPICS: Population health, health equity, public health
Health systems, system funding and performance

Documents
CMA Letter to the Council of the Federation regarding the Council of the Federation meeting and Canada’s health funding priorities (health workforce, primary care, labour mobility)

https://policybase.cma.ca/link/policy14486

POLICY TYPE  Parliamentary submission
DATE  2022-06-22
TOPICS  Health systems, system funding and performance
Health human resources

Documents

[Image]
CMA Recommendations on Vaccine Equity and Intellectual Property

https://policybase.cma.ca/link/policy14476

POLICY TYPE  Parliamentary submission
DATE  2022-05-13
TOPICS  Ethics and medical professionalism
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program
https://policybase.cma.ca/link/policy14474

POLICY TYPE  Parliamentary submission
DATE  2022-05-03
TOPICS  Population health, health equity, public health
Ethics and medical professionalism

Documents

Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

Dr. Alka Lamba
President, Canadian Medical Association
May 4, 2022

Mandate and mandate
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

Federal Policy Options to Advance Pan-Canadian Licensure

Improving health care by reducing interprovincial and interterritorial barriers
February 22, 2022
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. Erich Zeidler
President of the Canadian Medical Association
February 15, 2022
Direct support services
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

Recommendations for federal action to address Canada’s health care crisis
Submission to the House of Commons Standing Committee on Finance
February 15, 2022
Canadian Medical Association input in advance of the World Health Assembly Special Session

https://policybase.cma.ca/link/policy14461

POLICY TYPE
Parliamentary submission

DATE
2021-11-17

TOPICS
Population health, health equity, public health

Ethics and medical professionalism

Documents
New Criminal Code offence to protect health workers from threats and violence, including online
https://policybase.cma.ca/link/policy14463

POLICY TYPE
Parliamentary submission

DATE
2021-11-16

TOPICS
Population health, health equity, public health
Ethics and medical professionalism
The Lancet Countdown on Health and Climate Change – Policy brief for Canada, October 2021
https://policybase.cma.ca/link/policy14455

POLICY TYPE Policy endorsement
DATE 2021-10-20
TOPICS Population health, health equity, public health

Documents
Vaccine certificates
https://policybase.cma.ca/link/policy14448

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

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

Mandatory COVID-19 vaccination of health care workers

Policy recommendation:

1. All health care workers should be required to be vaccinated against COVID-19 as part of their workplace health and safety policies. This requirement should be consistent with public health guidelines and government regulations.

2. A coordinated approach to vaccination, including education and support, should be developed for health care workers. This approach should include resources for vaccination, such as vaccination clinics and mobile vaccination teams.

3. Health care workers who are not vaccinated should be provided with alternative work arrangements, such as remote work or leave, to ensure that they can continue to provide care while not putting patients at risk.

4. Efforts should be made to address the concerns and misconceptions about COVID-19 vaccination, including misinformation and vaccine hesitancy.

5. Support should be provided to health care workers who are vaccinated, including financial compensation for any workplace restrictions or accommodations.

6. The Canadian Medical Association (CMA) recommends that all health care workers who are employed in long-term care facilities, hospitals, and other health care settings be vaccinated against COVID-19 as part of their workplace health and safety policies.
Vaccine acceptance
https://policybase.cma.ca/link/policy14450

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Global vaccine equity
https://policybase.cma.ca/link/policy14451

POLICY TYPE  Policy document
DATE  2021-08-21
TOPICS  Ethics and medical professionalism
Populaton health, health equity, public health

Documents
Return to school during COVID-19

https://policybase.cma.ca/link/policy14452

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents

Return to school during COVID-19

Policy recommendation

1. The Public Health Agency of Canada (PHAC) and the provinces and territories should work closely with the Canadian Education Standards Organization (CESO) to develop clear and comprehensive guidelines for reopening schools.

2. Schools should implement strong infection control measures, including regular cleaning and disinfection, proper hand hygiene, and physical distancing.

3. The use of masks should be mandatory for all students and staff, especially in indoor settings.

4. Regular testing and contact tracing should be implemented to quickly identify and manage potential outbreaks.

5. Schools should provide mental health support to students and staff, including resources for dealing with the stress of the pandemic.

6. The government should provide adequate funding to cover the additional costs of reopening schools.

7. The CMA recommends that the government provide a national strategy for the safe reopening of schools.

8. The CMA recommends that the government provide incentives for schools to implement strong infection control measures.

The CMA recommends that the government provide incentives for schools to implement strong infection control measures.
Interchangeability of vaccines (vaccine mixing)
https://policybase.cma.ca/link/policy14453

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents

Interchangeability of vaccines (vaccine mixing)

Policy position/Recommendation

1. The CMA supports the recommendations issued by the National Advisory Committee on Immunization (NACI). Despite vaccine novelty, it is crucial that clinicians follow vaccine exchange policies set by the relevant regulatory bodies, such as Health Canada or the local health authorities.

2. The CMA notes that vaccine interchangeability is a practical concern for healthcare providers and should be considered in the context of vaccine availability, risk management, and public health guidelines. It is important to adhere to the recommended use of each vaccine, as outlined by the regulatory bodies.

3. The CMA encourages healthcare providers to be aware of the potential for vaccine interactions and to consult with public health officials or vaccine manufacturers when considering vaccine switching.

Interchangeability of vaccines

1. Interchangeability of vaccines may be indicated under certain circumstances:

   a. In situations where a recommended vaccine is not available, another vaccine may be substituted if it is considered to be reasonably similar in terms of efficacy and safety.

   b. In cases of vaccine shortages, where a preferred vaccine is not available, a less-preferred but effective vaccine may be used as a temporary measure.

   c. In scenarios where a vaccine is contraindicated for a specific patient, a similar vaccine may be considered if it is safe and effective for the patient's condition.

2. Healthcare providers should consult with public health officials or vaccine manufacturers for specific guidance on vaccine interchangeability and potential contraindications.

3. Interchangeability must be based on rigorous scientific evidence and regulatory approval.

Interchangeability and immunization (IAI)

1. The CMA recognizes the importance of immunization and the role of vaccine interchangeability in enhancing public health outcomes.

2. Healthcare providers should be prepared to discuss the potential benefits and risks associated with vaccine interchangeability with their patients and families.

3. The CMA supports ongoing research and surveillance to monitor the safety and effectiveness of vaccine interchangeability practices.

Interchangeability of vaccines: recommendations

1. The CMA endorses the National Advisory Committee on Immunization (NACI) guidelines for vaccine interchangeability, which are based on evidence-based criteria.

2. Healthcare providers should refer to the latest NACI guidelines for specific recommendations on vaccine interchangeability.

3. The CMA encourages dialogue among healthcare providers, public health officials, and vaccine manufacturers to ensure the safe and effective interchangeability of vaccines.

Interchangeability of vaccines

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Interchangeability of vaccines

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2. Healthcare providers should refer to the latest NACI guidelines for specific recommendations on vaccine interchangeability.

3. The CMA encourages dialogue among healthcare providers, public health officials, and vaccine manufacturers to ensure the safe and effective interchangeability of vaccines.
Firearms Control (Update 2021)
https://policybase.cma.ca/link/policy14401

POLICY TYPE
Policy document

DATE
2021-07-15

REPLACES
Firearms control (Update 2001)

TOPICS
Population health, health equity, public health
Health care and patient safety

Documents
Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

https://policybase.cma.ca/link/policy14443

POLICY TYPE
Policy endorsement

DATE
2021-06-24

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

INTRODUCTION

Introduction. The CMA has been an advocate for reforming how drug use is regulated, recognizing that treating addiction through a criminal justice response does not equate to treating it effectively.

The primary objectives of the criminal justice system can be summarized as: to help reduce the incidence of drug use and associated harms; to reduce public fear and demand for drugs; to ensure public safety; and to ensure public health.

The CMA supports harm reduction strategies, such as methadone, safer injection sites, and supervised consumption sites, as well as evidence-based diversion programs that address the social needs of people who use drugs.

Evidence that demonstrates reduced harm associated with harm reduction programs, such as decreases in drug-related deaths and iatrogenic deaths, is accumulating.

The CMA encourages the expansion and optimization of evidence-based harm reduction programs for all drug users and supports the decriminalization of the personal use of drugs.

The CMA believes that policies should be evidence-based and should be rooted in a human rights approach that values the dignity, health, and safety of all people.

POLICY ROLES

CMA policy roles include advocacy, education, information, and research.

ADVOCACY

The CMA advocates for policies that promote health, prevent illness, and support wellness. The CMA supports policies that address the social determinants of health and promote equity in access to health care.

EDUCATION

The CMA provides education and training to support health care providers and other professionals in their efforts to promote health and prevent illness.

INFORMATION

The CMA provides information to the public and to health care providers on a wide range of health topics.

RESEARCH

The CMA supports research that contributes to the understanding of health issues and the development of evidence-based policies.

CMA Policybase - Canadian Medical Association