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

[Image: Canadian Medical Association logo]
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
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
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

![Image of Federal Policy Options to Advance Pan-Canadian Licensure]

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

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
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

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
PHYSICIAN HEALTH

BACKGROUND TO CMA POLICY

PHYSICIAN HEALTH

1. The state of current end-of-life practice

The current state of end-of-life practice is characterized by a lack of access to end-of-life care, a lack of training for healthcare professionals, and a lack of patient knowledge. This is a critical public health issue that requires urgent attention. In order to improve the state of end-of-life practice, it is essential to address the following issues:

a. Access to end-of-life care

End-of-life care is not universally available. In some jurisdictions, patients may have difficulty accessing end-of-life care due to geographical barriers, lack of expertise, or financial constraints. It is essential to ensure that all patients have access to high-quality end-of-life care, regardless of their location or socioeconomic status.

b. Training for healthcare professionals

Healthcare professionals need training in end-of-life care in order to provide high-quality care to their patients. This training should include information on pain management, symptom control, and palliative care. It is also important to ensure that healthcare professionals are aware of the ethical and legal aspects of end-of-life care.

c. Patient knowledge

Patients need to be informed about their end-of-life options and the consequences of their choices. This information should be provided in a clear and concise manner, taking into account the patient's cultural and linguistic background.

CMA STATEMENT ON PHYSICIAN HEALTH AND WELLNESS

Guiding Principles for a Diverse Population

What it is

The CMA Statement on Physician Health and Wellness provides guidance for physicians on how to maintain their health and wellness. This statement is based on the principles of professionalism, ethical practice, and public trust.

Why it matters

Physicians are in a unique position to influence the health of their communities. This responsibility requires them to maintain their own health and wellness. By doing so, physicians can model healthy behaviors, set a positive example for their patients, and enhance the overall quality of care provided.

GUIDING PRINCIPLES

Physician health as a public good

Physician health is essential for the delivery of high-quality care. Physicians who are physically and emotionally healthy are better able to provide care to their patients. Conversely, physicians who are not healthy may be unable to provide care effectively.

Physician health as a quality indicator

Physician health is an indicator of the quality of care provided. Physicians who are healthy are more likely to provide high-quality care. Conversely, physicians who are not healthy may provide care that is not appropriate or effective.

Physician health as a global responsibility

Physician health is a global responsibility. Physicians have a role to play in promoting health and well-being on a global scale. This includes advocating for policies that support the health and well-being of physicians and their communities.

Physician health as a public good, quality indicator, and global responsibility

Physician health is a public good, quality indicator, and global responsibility. It is essential for the delivery of high-quality care and for promoting health and well-being on a global scale.
Physician resource planning (updated 2015)
https://policybase.cma.ca/link/policy11533

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2015-05-30

REPLACES
Physician resource planning (Update 2003)

TOPICS
Health human resources
Protecting and supporting Canada's health-care providers during COVID-19

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
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
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
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
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. Cameron Smart
President of the Canadian Medical Association
February 16, 2022

CMA Policybase - Canadian Medical Association
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