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
Ensuring equitable access to health care: Strategies for governments, health system planners, and the medical profession
https://policybase.cma.ca/link/policy11062

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2013-12-07

TOPICS
Health systems, system funding and performance
Population health, health equity, public health

Documents
Improving efficiency in the Canadian health care system

https://policybase.cma.ca/link/policy11525

POLICY TYPE Policy document
DATE 2015-05-30
TOPICS Health systems, system funding and performance

Documents
PRINCIPLES TO
GUIDE HEALTH CARE
TRANSFORMATION
IN CANADA

PRINCIPLES

1. Patient-centered care: Improving the health and well-being of Canadians requires a health care system that puts patients and their families at the center. This means: 
   a. Providing high-quality care that is accessible, efficient, and safe. 
   b. Fostering a culture of continuous improvement and innovation. 
   c. Ensuring that care is coordinated and integrated, and that patients have access to the right care, at the right time, in the right place. 
   d. Promoting health and preventing illness through public health measures and healthy living policies.

2. Integration and collaboration: Effective health care systems require collaboration among health care providers and among different levels of government. This means: 
   a. Encouraging partnerships and collaborations among health care providers, such as doctors, nurses, and other health care professionals. 
   b. Facilitating collaboration between government levels, such as federal, provincial, and territorial governments. 
   c. Promoting interoperability of electronic health records to improve the flow of information. 
   d. Ensuring that everyone has access to the health care services they need, regardless of their geographic location.

3. Healthy and supportive communities: A healthy community is one that supports the health and well-being of all its members. This means: 
   a. Promoting healthy eating and physical activity. 
   b. Ensuring access to clean water and sanitation. 
   c. Promoting mental health and well-being. 
   d. Addressing social determinants of health, such as poverty, social isolation, and stigma.

4. Fiscal sustainability: To ensure the long-term sustainability of the health care system, we need: 
   a. A stable and predictable funding model. 
   b. Effective stewardship of resources. 
   c. Evidence-based decision-making. 
   d. Strong and effective partnerships to address emerging challenges.

5. Accountability and transparency: The health care system needs to be accountable to the public and transparent in its decision-making processes. This means: 
   a. Making information about health care services and outcomes available to the public. 
   b. Ensuring that health care providers are held accountable for the quality of care they provide. 
   c. Promoting transparency in the decision-making processes of the health care system.

These principles are intended to guide the transformation of the health care system in Canada, to ensure that it is responsive to the needs of Canadians, and to promote the health and well-being of all Canadians.
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
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. Kerryn商 Smart
President of the Canadian Medical Association
February 15, 2022
Direct appeals review
2020 pre-budget submission to the House of Commons Standing Committee on Finance
https://policybase.cma.ca/link/policy14131

POLICY TYPE: Parliamentary submission
DATE: 2020-02-25
TOPICS: Population health, health equity, public health

Documents
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

BRIEF NO. 19:
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 25, 2015
Appearance before the House of Commons Standing Committee on Health

https://policybase.cma.ca/link/policy14475

POLICY TYPE  Parliamentary submission
DATE  2022-05-09
TOPICS  Health systems, system funding and performance
Ethics and medical professionalism

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

[Signature]
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 Elect of the Canadian Medical Association

May 4, 2022

[Image not visible]
Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada
https://policybase.cma.ca/link/policy14466

POLICY TYPE
Policy endorsement

DATE
2021-04-21

TOPICS
Population health, health equity, public health

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 of the letter]
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

Clinical Review

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

Method: To develop a consensus on the following statements:

1. A network for rural anesthesia, surgery, and obstetric care should be established in Canada.
2. The network should include collaboration between rural and tertiary care centres.
3. The network should prioritize the training and retention of healthcare professionals in rural areas.
4. The network should focus on improving access to quality healthcare services in rural communities.

Results: The consensus statement highlights the need for a structured approach to rural anesthesia, surgery, and obstetric care. The network should be designed to support the development of local healthcare infrastructure and the training of healthcare professionals.

Conclusion: The development of a network for rural anesthesia, surgery, and obstetric care is crucial for improving access to quality healthcare services in rural communities.

A Doctor for Every Canadian - Better Planning for Canada's Health Human Resources

CMA Policybase - Canadian Medical Association

p. 16
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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A Doctor for Every Canadian – Better Planning for Canada’s Health Human Resources

The Canadian Medical Association (CMA) thanks the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, in particular the Chair, Ms. Jowita Brodzinski, for the opportunity to present these comments.

The CMA is Canada’s national medical organization representing over 60,000 physicians and medical students. CMA is a voluntary, non-profit, non-partisan organization. CMA represents more than 1,300 local, county, district, and regional medical organizations across Canada. The CMA is the national voice for Canada’s physicians and the patient advocate for the health of all Canadians.

In 2011, the CMA conducted a national survey of Canadian medical students and residents. The results of the survey were presented at the CMA’s Annual General Meeting (AGM) in May 2011. The survey was designed to capture information on the career aspirations and job satisfaction of medical students and residents. The survey was voluntary and was completed by 860 medical students and 266 residents.

The survey results showed that medical students and residents are interested in primary care and public health, but are not as interested in surgical specialties. The survey also showed that medical students and residents are interested in working in rural and remote areas, but are not as interested in working in urban areas.

In addition, the survey showed that medical students and residents are interested in working in under-served areas, but are not as interested in working in over-served areas. The survey also showed that medical students and residents are interested in working in areas where there is a high demand for doctors, but are not as interested in working in areas where there is a low demand for doctors.

The CMA recommends that the government work with medical educators to increase the number of students and residents who choose primary care and public health specialties. The CMA also recommends that the government work with medical educators to increase the number of students and residents who choose to work in rural and remote areas, under-served areas, and areas with a high demand for doctors.

The CMA looks forward to working with the government and medical educators to address the existing labour shortages in high-demand occupations.
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity
https://policybase.cma.ca/link/policy14447

POLICY TYPE
Policy endorsement

DATE
2021-04-30

TOPICS
Population health, health equity, public health
Health information and e-health

Documents
Health Human Resource Policy Recommendations: Summary. Briefing to the House of Commons Standing Committee on Health
https://policybase.cma.ca/link/policy14473

POLICY TYPE: Parliamentary submission
DATE: 2022-04-14
TOPICS: Health systems, system funding and performance
Ethics and medical professionalism

Documents