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
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
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
Reducing barriers to physician mobility and for a more uniformed healthcare system in Canada

https://policybase.cma.ca/link/policy1850

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

Documents
Joint Canadian Medical Association & Canadian Psychiatric Association
Policy - Access to mental health care
https://policybase.cma.ca/link/policy11890

<table>
<thead>
<tr>
<th>POLICY TYPE</th>
<th>Date</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy document</td>
<td>2016-05-20</td>
<td>Health care and patient safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Population health, health equity, public health</td>
</tr>
</tbody>
</table>

### Documents

**Joint Statement on Access to Mental Health Care**

from the
Canadian Medical Association and
Canadian Psychiatric Association
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

CMA POLICY

THE PHYSICIAN APPOINTMENT AND REAPPOINTMENT PROCESS 2016

Introduction

The physician appointment and reappointment process is a critical aspect of physician practice and compensation. The process involves the selection, hiring, and rehiring of physicians to provide care in various health settings, including hospitals, clinics, and community health centers. The process is governed by regulatory and ethical standards, as well as contractual agreements between physicians and healthcare organizations.

The process typically includes the following steps:

1. Orientation: Physicians undergo orientation and training to familiarize themselves with the healthcare environment and the expectations of their role.
2. Appointment: Physicians are appointed to positions based on their qualifications and availability.
3. Reappointment: After a specified period, physicians are reappointed based on performance, availability, and the needs of the healthcare organization.
4. Termination: Physicians may be terminated due to various reasons, such as poor performance or change in organizational needs.

The process is governed by provincial and federal regulations, as well as ethical codes set by professional organizations, such as the Canadian Medical Association (CMA).

CMA Policy

The Wait Starts Here: Final Report of the Primary Care Wait Time Partnership

CMA Policybase - Canadian Medical Association

p. 7
The Wait Starts Here: Final Report of the Primary Care Wait Time Partnership

https://policybase.cma.ca/link/policy9705

POLICY TYPE: Policy document
LAST REVIEWED: 2018-03-03
DATE: 2009-10-03
TOPICS: Health systems, system funding and performance

Documents
Health Care Transformation in Canada: Change that Works, Care that Lasts
https://policybase.cma.ca/link/policy9837

POLICY TYPE         Policy document
LAST REVIEWED      2018-03-03
DATE               2010-07-13
TOPICS             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

CMA POLICY

CMA POSITION STATEMENT
ENSURING EQUITABLE ACCESS TO CARE: STRATEGIES FOR GOVERNMENTS, HEALTH SYSTEM PLANNERS, AND THE MEDICAL PROFESSION

Introduction

Ensuring equitable access to effective and comprehensive health care services is a strategic priority from both an ethical and social equity perspective. Inequalities in health outcomes reflect wider social and economic inequities. In the United States, these inequities are stark, and in Canada, there are growing concerns about the widening gap in health outcomes for vulnerable groups. Equitable access to health care is a matter of social justice and is essential to achieving Canada’s goal of universal health care.

There is growing evidence indicating that access to care is inequitable in Canada. There are lower absolute rates of hospital visits and surgery for disadvantaged groups, and these disparities have increased since the 1990s. Disadvantaged groups also have higher rates of mortality, and access to care is often more limited. There is also evidence that health care expenditures are inversely related to income levels, with higher expenditures on services for the wealthy and lower expenditures on services for the poor.

Those who are disadvantaged are more likely to have poor health outcomes, which is a result of multiple factors, including social determinants of health, such as poverty, education, and employment. There is also evidence that the patient experience of care is poorer for disadvantaged groups, with lower levels of satisfaction and higher levels of dissatisfaction.

There is a need for a comprehensive approach to addressing health care inequities, including both structural and systemic changes. This includes addressing the underlying causes of health care inequities, such as poverty, education, and employment, as well as improving the patient experience of care for all groups.

Conclusion

Ensuring equitable access to health care is a fundamental right, and it is essential to achieving Canada’s goal of universal health care. There is a need for a comprehensive approach to addressing health care inequities, including both structural and systemic changes.

CMA POLICY

CMA POSITION STATEMENT
ENSURING EQUITABLE ACCESS TO CARE: STRATEGIES FOR GOVERNMENTS, HEALTH SYSTEM PLANNERS, AND THE MEDICAL PROFESSION

Introduction

Ensuring equitable access to effective and comprehensive health care services is a strategic priority from both an ethical and social equity perspective. Inequalities in health outcomes reflect wider social and economic inequities. In the United States, these inequities are stark, and in Canada, there are growing concerns about the widening gap in health outcomes for vulnerable groups. Equitable access to health care is a matter of social justice and is essential to achieving Canada’s goal of universal health care.

There is growing evidence indicating that access to care is inequitable in Canada. There are lower absolute rates of hospital visits and surgery for disadvantaged groups, and these disparities have increased since the 1990s. Disadvantaged groups also have higher rates of mortality, and access to care is often more limited. There is also evidence that health care expenditures are inversely related to income levels, with higher expenditures on services for the wealthy and lower expenditures on services for the poor.

Those who are disadvantaged are more likely to have poor health outcomes, which is a result of multiple factors, including social determinants of health, such as poverty, education, and employment. There is also evidence that the patient experience of care is poorer for disadvantaged groups, with lower levels of satisfaction and higher levels of dissatisfaction.

There is a need for a comprehensive approach to addressing health care inequities, including both structural and systemic changes. This includes addressing the underlying causes of health care inequities, such as poverty, education, and employment, as well as improving the patient experience of care for all groups.

Conclusion

Ensuring equitable access to health care is a fundamental right, and it is essential to achieving Canada’s goal of universal health care. There is a need for a comprehensive approach to addressing health care inequities, including both structural and systemic changes.
Principles for health system governance

https://policybase.cma.ca/link/policy10320

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2011-10-23

REPLACES
Regionalization (Update 2001)

TOPICS
Health systems, system funding and performance

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

Documents
PHYSICIAN RESOURCE PLANNING (Updated 2015)

The purpose of the policy statement is to discuss the role that physician supply and demand planning plays in the planning of health care services in Canada. The statement is based on the following principles:

1. Physician supply planning should be a core component of a national health care planning strategy.
2. Physician supply planning should be integrated with other health care planning activities.
3. Physician supply planning should be guided by evidence-based decision-making.
4. Physician supply planning should be informed by public input and stakeholder consultation.

This policy statement is designed to inform the development of physician supply planning policies and practices in Canada.
2020 pre-budget submission to the House of Commons Standing Committee on Finance

https://policybase.cma.ca/link/policy14131

<table>
<thead>
<tr>
<th>POLICY TYPE</th>
<th>Parliamentary submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>2020-02-25</td>
</tr>
<tr>
<td>TOPICS</td>
<td>Population health, health equity, public health</td>
</tr>
</tbody>
</table>

Documents
Streamlining patient flow from primary to specialty care: a critical requirement for improved access to specialty care

https://policybase.cma.ca/link/policy11299

POLICY TYPE: Policy document
LAST REVIEWED: 2020-02-29
DATE: 2014-10-25
TOPICS: Health systems, system funding and performance

STREAMLINING PATIENT FLOW FROM PRIMARY TO SPECIALTY CARE: A CRITICAL REQUIREMENT FOR IMPROVED ACCESS TO SPECIALTY CARE

Context

Many physicians believe that inadequate infrastructure and organizational barriers make it difficult to provide care to patients. This is particularly true in primary care settings. Improved access to specialty care is essential for the health of Canadians. However, there are several factors that contribute to delays in specialty care, such as limited availability of specialist physicians, long wait times for appointments, and limited access to diagnostic services.

The Canadian Medical Association (CMA) has been advocating for improvements in the patient flow between primary and specialty care. This is critical to ensure that patients receive timely and appropriate care.

Rationale

Improving the flow of patients from primary to specialty care is essential for the efficient use of healthcare resources and ensuring timely access to specialist services. A streamlined patient flow system can help reduce waiting times, improve patient satisfaction, and enhance the overall quality of care.

Objective

The objective of this policy is to address the challenges in patient flow and improve access to specialty care. This includes implementing strategies to reduce wait times, enhance communication between primary care providers and specialists, and ensuring that patients are referred to the appropriate specialist in a timely manner.

Recommendations

1. Implementation of a comprehensive referral system
2. Enhancement of diagnostic capabilities to reduce wait times for appointments
3. Development of a multidisciplinary approach to patient care
4. Collaboration between primary care physicians and specialists to improve patient flow

Conclusion

Streamlining patient flow from primary to specialty care is a critical requirement for improved access to specialty care. The CMA continues to advocate for policies that will address the challenges in patient flow and ensure timely and appropriate care for all Canadians.
Closing the Gaps: Advancing Emergency Preparedness, Response and Recovery for Older Adults
https://policybase.cma.ca/link/policy14384

POLICY TYPE  Policy endorsement
DATE  2020-12-15
TOPICS  Population health, health equity, public health
Health systems, system funding and performance

Documents