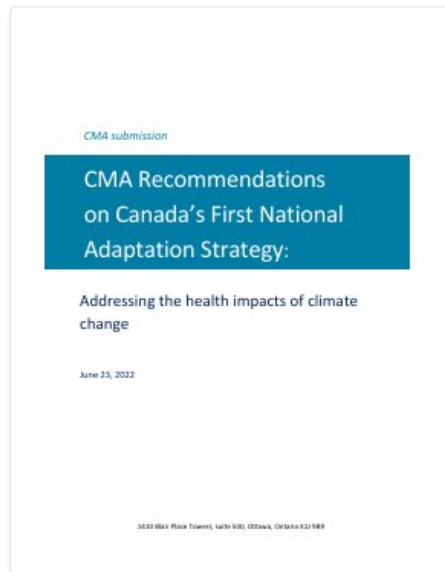


CMA Recommendations on Canada's First National Adaptation Strategy: Addressing the health impacts of climate change

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

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|-------------|---|
| 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



Appearance before the House of Commons Standing Committee on Health

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

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

Documents



Health Human Resource Policy Recommendations: Summary. Briefing to the House of Commons Standing Committee on Health

<https://policybase.cma.ca/link/policy14473>

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

Documents

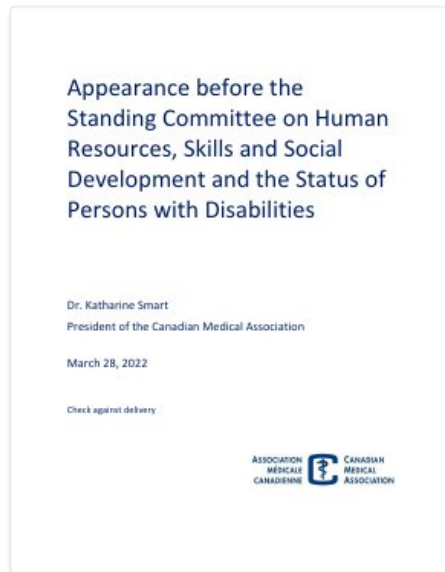


Appearance before the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

<https://policybase.cma.ca/link/policy14472>

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

Documents

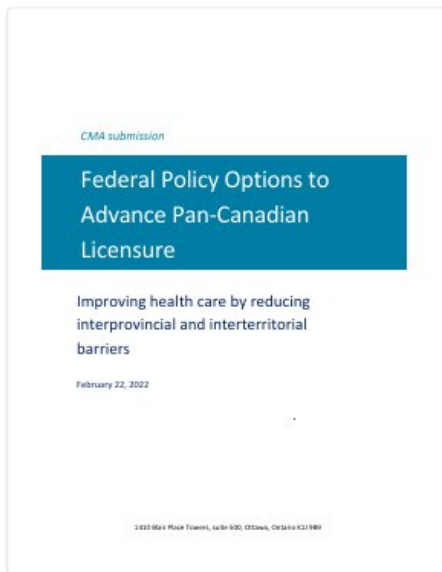


Federal Policy Options to Advance Pan-Canadian Licensure

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

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

Documents

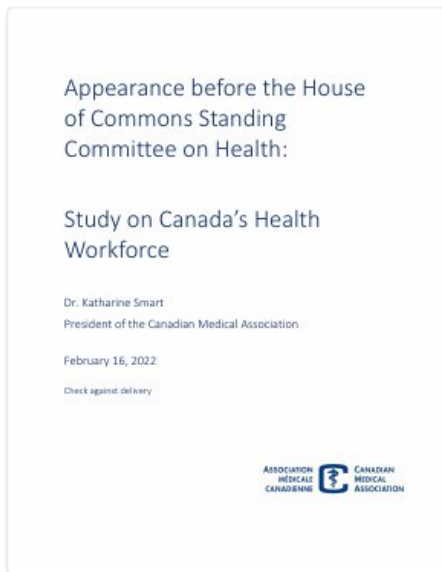


Study on Canada's Health Workforce

<https://policybase.cma.ca/link/policy14469>

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

Documents

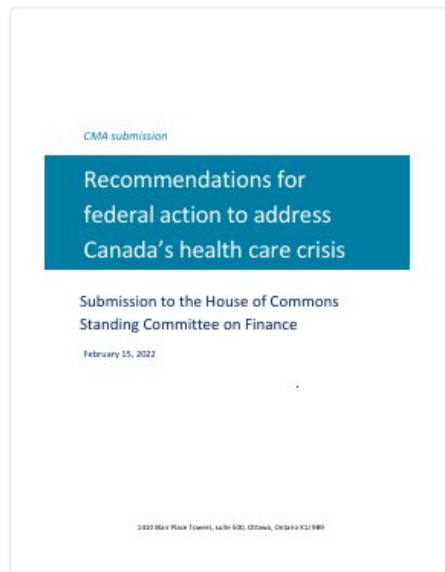


Recommendations for federal action to address Canada's health care crisis

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

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| POLICY TYPE | Parliamentary submission |
| DATE | 2022-02-15 |
| TOPICS | Health systems, system funding and performance Health human resources Ethics and medical professionalism |

Documents

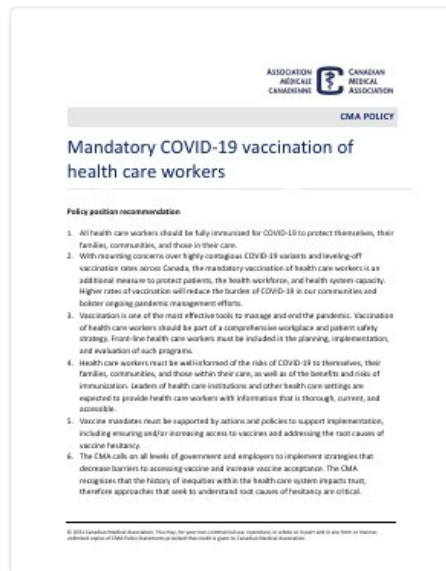


Mandatory COVID-19 vaccination of health care workers

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

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

Documents

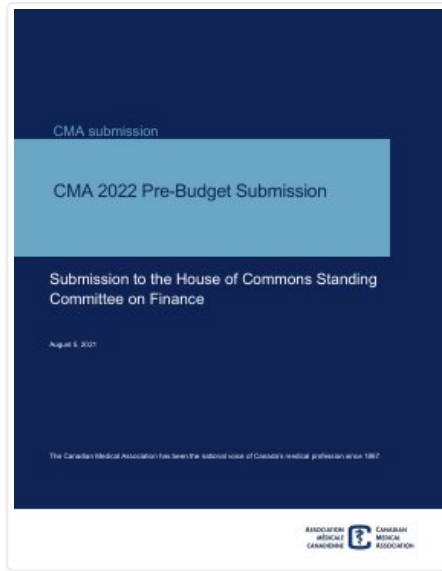


CMA 2022 Pre-Budget Submission

<https://policybase.cma.ca/link/policy14445>

POLICY TYPE Parliamentary submission
DATE 2021-08-05
TOPICS Health systems, system funding and performance

Documents



CMA Letter - Bill C-30 Implementation

<https://policybase.cma.ca/link/policy14442>

POLICY TYPE

Parliamentary submission

DATE

2021-06-24

TOPICS

Health systems, system funding and performance

Documents



National Approach to Licensure

<https://policybase.cma.ca/link/policy14438>

POLICY TYPE Parliamentary submission
DATE 2021-05-26
TOPICS 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

Clinical Review

Editor's key points

A network, surgery and operation delivery programs provide clinically tailored and readily accessible services. The development of networks of specialists and non-specialists provides for the recruitment and retention of specialists in rural programs, supports the delivery of high-quality care, and provides for the recruitment and retention of specialists in rural programs. A network, surgery and operation delivery program provides clinically tailored and readily accessible services. The development of networks of specialists and non-specialists provides for the recruitment and retention of specialists in rural programs, supports the delivery of high-quality care, and provides for the recruitment and retention of specialists in rural programs.

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

Summary The building relationships that are fundamental to successful networks are built through clinical coaching, ongoing professional development, and quality improvement. Conversely, a collaborative effort in which individuals, including a provincial program, build trust and clinical relationships built on the principles and supporting evidence described in this consensus statement.

Objective To describe the essential components of well-resourced and high-functioning multidisciplinary networks that support high-quality anesthesia, surgery, and obstetric care in rural Canada, wherever it is feasible to have as possible.

Composition of the committee A consensus statement group was formed from the Society of Obstetricians and Gynaecologists of Canada, the Society of Rural Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of General Surgeons, the College of Family Physicians of Canada, and the Association of Canadian University Departments of Anesthesia.

Methods A collaborative effort over the past several years among the professional organizations has culminated in this consensus statement on network care designed to inform and support a specialized and coordinated, urban and rural, anesthesia, surgery, and obstetric care in high-functioning networks based on the best available evidence.

Report Surgical and anesthesia service needs to be established within networks to address the barriers between rural/rural programs and local access to care. Safety and quality needs to be recognized for the environment, access and patient and provider, regardless of network size. Triage of patients across multiple sites in a quality customer service environment. Address existing clinical coaching between rural and regional centers can be helpful in building and sustaining high-functioning networks. Maintenance of quality and the provision of continuing professional development in rural/rural settings represent a mutual care proposition.

Conclusion The building relationships that are fundamental to successful networks are built through clinical coaching, ongoing professional development, and quality improvement. Conversely, a collaborative effort in which individuals, including a provincial program, build trust and clinical relationships built on the principles and supporting evidence described in this consensus statement.

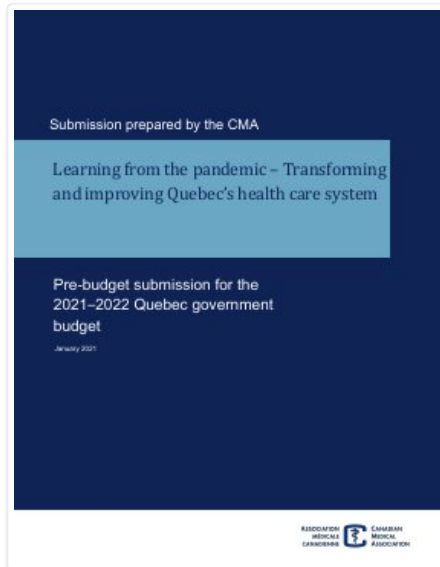
258 | Canadian Family Physician | Volume 67, Number 3, March 2021

Learning from the pandemic – Transforming and improving Quebec’s health care system

<https://policybase.cma.ca/link/policy14388>

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| POLICY TYPE | Parliamentary submission |
| DATE | 2021-01-21 |
| TOPICS | Health systems, system funding and performance |

Documents

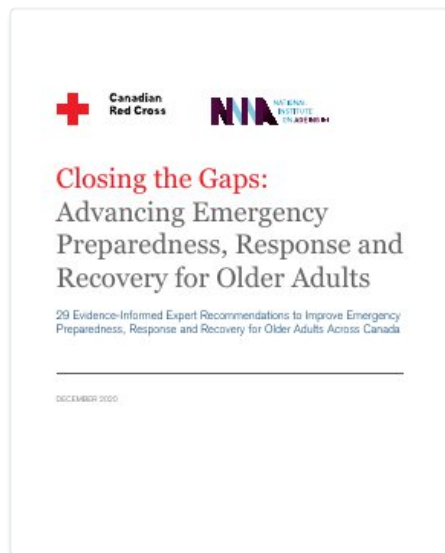


Closing the Gaps: Advancing Emergency Preparedness, Response and Recovery for Older Adults

<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



National Standards for Long-Term Care: The art of the possible?

<https://policybase.cma.ca/link/policy14383>

| | |
|-------------|---|
| POLICY TYPE | Policy endorsement |
| DATE | 2020-12-08 |
| TOPICS | Population health, health equity, public health Health systems, system funding and performance |

Documents



Committee Appearance: House of Commons Standing Committee on Health (HESA)

<https://policybase.cma.ca/link/policy14381>

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|-------------|--|
| POLICY TYPE | Parliamentary submission |
| DATE | 2020-11-30 |
| TOPICS | Health systems, system funding and performance |

Documents

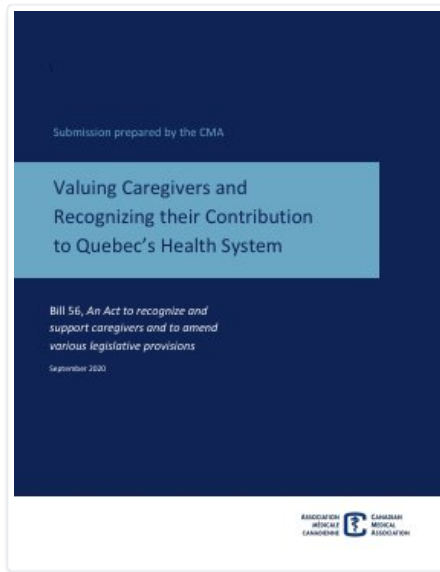


Valuing Caregivers and Recognizing Their Contribution to Quebec's Health System

<https://policybase.cma.ca/link/policy14373>

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| POLICY TYPE | Parliamentary submission |
| DATE | 2020-09-29 |
| TOPICS | Health human resources Health systems, system funding and performance |

Documents



Recommendations for Canada's long-term recovery plan - open letter

<https://policybase.cma.ca/link/policy14262>

POLICY TYPE Parliamentary submission
DATE 2020-08-27
TOPICS Population health, health equity, public health
Health systems, system funding and performance

Documents



VIA EMAIL

August 27, 2020

The Rt. Hon. Justin Trudeau, P.C., M.P.
Office of the Prime Minister
80 Wellington Street
Ottawa, ON, K1A 0A6

Re: Recommendations for Canada's long-term recovery plan

Dear Prime Minister Trudeau,

We would like first to thank and commend you for your leadership throughout the pandemic. Your government's efforts have helped many people in Canada during this unprecedented time and have prevented Canada from facing outcomes similar to those seen in other countries experiencing significant pandemic-related hardship and suffering.

We are writing to you with **recommendations on how to develop a plan for Canada's long-term recovery and the upcoming Spring from the Emergence** on September 27th.

The COVID-19 pandemic has further exposed and amplified many healthcare shortfalls in Canada such as care for older adults and mental healthcare. Added to that, the economic fallout is impacting employment, housing, and access to education. These social determinants of health contribute to and perpetuate inequality, which for us, the pandemic has already exacerbated for vulnerable groups. Action is needed now to address these dual legacies and improve the healthcare system to ensure Canada can chart a path toward an equitable economic recovery.

To establish a foundation for a stronger middle class, Canada must invest in a healthier and fairer society by addressing health care system gaps that were exacerbated by COVID-19. We kindly believe that the measures we are recommending below are critical and should be part of your government's long-term recovery plan:

1. Enhance pandemic emergency preparedness
2. Invest in vulnerable and at-risk populations
3. Improve supports for Canada's aging population
4. Strengthen Canada's National Anti-Racism Strategy
5. Improve access to primary care
6. Implement a universal single-payer pharmacare program
7. Increase mental health funding for healthcare professionals

We know the months ahead will be challenging and that COVID-19 is far from over. As a nation, we have an opportunity now, with the lessons from COVID-19 still unfolding, to bring about essential transformations to our health care system and create a safer and more equitable society.

1. Enhance pandemic emergency preparedness

We commend you for your work with the provinces and territories to deliver the \$19 billion Safe Restart Agreement as it will help in the next six to eight months to increase resources to protect front-line health-care workers and improve testing and contact tracing to protect Canadians against future outbreaks. Moving forward, as you develop a plan for Canada's long-term recovery, we strongly recommend the focus remains on fighting the pandemic. Beyond the six to eight months outlined in the Safe Restart Agreement, it is critical that a long-term recovery plan includes

Page 1 of 4

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

