

RESOLUTIONS ADOPTED
145th Annual Meeting of the Canadian Medical Association
Aug. 13-15, 2012 – Yellowknife, NWT

Please note: The resolutions passed in any given year may have been revised or superseded by more recent policy. Please consult the [CMA Policy Database](#) to obtain the most current policy.

Strategic Session no. 2 – Achieving Sustainability by Increasing Efficiency

1. The Canadian Medical Association advocates that costs generated by requests for diagnostic and laboratory tests be posted in electronic medical records. (SS2 8-2)
2. The Canadian Medical Association will propose deployment strategies to ensure maximum use of clinical practice guidelines by physicians. (SS2 8-4)
3. The Canadian Medical Association supports the development of chronic disease management and other supportive strategies for vulnerable patients at risk of frequent readmission to the acute care system. (SS2 8-6)
4. The Canadian Medical Association calls for evidence-based evaluation of clinical practice guidelines in terms of patient outcomes, appropriateness and cost-effectiveness. (SS2 8-7)
5. The Canadian Medical Association supports the integration of clinical practice guidelines with electronic medical records. (SS2 8-9)
6. The Canadian Medical Association supports the availability of data on the cost and cost-effectiveness of treatment options at the point of care. (SS2 8-10)
7. The Canadian Medical Association supports the collection of information to evaluate cost-effective care. (SS2 8-12)
8. The Canadian Medical Association supports that before innovative structures or programs are introduced into the Canadian health delivery system, they first be subjected to rigorous pilot studies and demonstrate clear evidence of improvement in health care outcomes and fiscal sustainability before implementation. (SS2 8-13)
9. The Canadian Medical Association supports the development of a registry of specialists to facilitate timely and appropriate referrals. (SS2 8-14)
10. The Canadian Medical Association will conduct an international environmental scan and evaluation of systems that facilitate a more efficient referral and consultation process between primary and specialty care. (SS2 8-1)
11. The Canadian Medical Association promotes the harmonization and centralization, in electronic or written format, of all administrative forms that physicians must fill out on behalf of their patients. (SS2 8-3)
12. The Canadian Medical Association will create a registry of physician-managed health care transformation projects. (SS2 8-5)
13. The Canadian Medical Association supports the implementation of a pan-Canadian clinical practice guidelines strategy. (SS2 8-8)
14. The Canadian Medical Association will examine the barriers and enablers to the seamless transition of patient care from one care setting to the next. (SS2 8-11)

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Strategic Session no. 3 – Engaging Physicians to Lead on Health Care Transformation

15. The Canadian Medical Association will advocate for the preservation and enhancement of physician collegiality and mutual respect. (SS3 9-5)
16. The Canadian Medical Association supports the development of a physician-created, owned and managed infrastructure to facilitate Canadian physicians' objective self-assessment. (SS3 9-1)
17. The Canadian Medical Association supports the development of a framework for communication and problem-solving between physicians and regional health authorities. (SS3 9-9)
18. The Canadian Medical Association supports the reinvestment and local management by physicians of clearly identifiable savings resulting from efficiency gains produced by improvements to clinical processes that were instituted by physicians. (SS3 9-2)
19. The Canadian Medical Association will assess the leadership training physicians will find useful to become effective advocates for health care transformation. (SS3 9-3)
20. The Canadian Medical Association will conduct an environmental scan of the institutional/health authority policies that influence physicians' ability to advocate for health system improvement. (SS3 9-4)
21. The Canadian Medical Association believes physicians, residents and medical students should be adequately supported to attend leadership and advocacy training and activities. (SS3 9-10)
22. The Canadian Medical Association insists that physicians be protected from intimidation when engaging in health and health care system related advocacy. (SS3 9-11)
23. The Canadian Medical Association supports a strong, effective partnership between physician leaders and administrative leaders to achieve health care transformation. (SS3 9-6)
24. The Canadian Medical Association will examine physician leadership and engagement in system transformation across the country. (SS3 9-7)
25. The Canadian Medical Association will facilitate knowledge transfer of best practices in physician leadership and engagement across the country. (SS3 9-8)

Medical Education

26. The Canadian Medical Association encourages the ongoing evaluation and enhancement of formal mentoring programs designed to optimize residency training experiences. (DM 5-14)
27. The Canadian Medical Association supports development of a curriculum to educate physicians and trainees in managing patients with multiple chronic diseases. (DM 5-4)
28. The Canadian Medical Association calls for the inclusion of resource management and financial literacy training as part of the medical school curriculum. (DM 5-5)
29. The Canadian Medical Association will undertake a survey to assess variations in remuneration models for physician clinical teachers across Canada. (DM 5-3)

Ethics and Professionalism

30. The Canadian Medical Association supports efforts to encourage physician awareness of and participation in global health issues throughout their career. (DM 5-9)

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31. The Canadian Medical Association supports regular review of health care institution policies on intimidation and harassment to ensure they are kept up-to-date and effectively promoted and enforced. (DM 5-15)

32. The Canadian Medical Association will foster a public debate on end-of-life care issues in Canada. (DM 5-7)

33. The Canadian Medical Association will review material differences in the bylaws of the provincial/territorial colleges of physicians and surgeons concerning private medical facilities and report back to General Council. (DM 5-8)

34. The Canadian Medical Association will conduct a review of policies concerning physician privileges, reappointment and performance review by hospitals and regional health authorities. (DM 5-10)

35. The Canadian Medical Association will review the ability of provincial/territorial physician regulatory bodies to self-regulate independently. (DM 5-11)

36. The Canadian Medical Association will develop a comprehensive framework of end-of-life care policies. (DM 5-12)

37. The Canadian Medical Association favours maintaining subsection 223(1) of the Criminal Code, which states that a child “becomes a human being within the meaning of this Act when it has completely proceeded, in a living state, from the body of its mother [...]” (DM 5-13)

Health Promotion and Disease Prevention

38. The Canadian Medical Association supports road safety research and the creation of provincial/territorial evaluation networks to compile, monitor and analyze pertinent road safety data. (DM 5-18)

39. The Canadian Medical Association advocates for the development of guidelines to promote the importance of a healthy body mass index prior to pregnancy. (DM 5-23)

40. The Canadian Medical Association calls for the development of a pan-Canadian standardized vaccination protocol. (DM 5-28)

41. The Canadian Medical Association calls for a national education and training strategy on disaster medicine. (DM 5-16)

42. The Canadian Medical Association supports the development and implementation of collaborative strategies to address and promote male-specific health issues. (DM 5-17)

43. The Canadian Medical Association supports the development of a national dementia strategy. (DM 5-19)

44. The Canadian Medical Association will develop a comprehensive strategy to address the impact of depression in the workplace. (DM 5-20)

45. The Canadian Medical Association will prepare a policy discussion paper on the relationship between the food industry and health. (DM 5-21)

46. The Canadian Medical Association supports a reduction in the amount of sugar added to commercially produced beverages. (DM 5-22)

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145th Annual Meeting of the Canadian Medical Association
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47. The Canadian Medical Association calls for public funding to vaccinate both girls and boys for human papillomavirus. (DM 5-24)

48. The Canadian Medical Association calls for the review and update of sunscreen labelling regulations and directions for all sunscreen products. (DM 5-25)

49. The Canadian Medical Association calls for the implementation of strict credentialing requirements for personnel who operate any radiation-emitting laser or pulsed-light devices when treating patients with medical or cosmetic skin concerns. (DM 5-26)

Environment

50. The Canadian Medical Association supports further research into the health impacts related to the exploration for and use of shale gas. (DM 5-32)

51. The Canadian Medical Association supports a comprehensive federal environmental review process, including health impact studies, for all industrial projects. (DM 5-29)

52. The Canadian Medical Association supports a national strategy to assist communities in the development and implementation of comprehensive health plans to address short- or long-term adverse effects associated with a sudden change in the economic climate. (DM 5-30)

53. The Canadian Medical Association supports the creation of a federal/provincial/territorial partnership to monitor the environmental and adverse health effects of natural resource extraction projects. (DM 5-33)

54. The Canadian Medical Association calls for timely and comprehensive public access to all government and industry environmental health-related data gathered during monitoring of natural resource extraction projects. (DM 5-34)

Advocacy for the Profession

55. The Canadian Medical Association will support any provincial/territorial medical association in a court challenge to a refusal by their provincial/territorial government to participate in a fair bargaining process. (DM 5-36)

56. The Canadian Medical Association supports an amendment to subsection 12(2) of the Canada Health Act to require,

(a) provincial governments to enter into an agreement with the provincial organization(s) that represent(s) practising medical practitioners in the province; and

(b) the settlement of disputes relating to compensation through, at the option of the provincial organization(s) referred to in paragraph (a), conciliation or binding arbitration by a panel that is equally representative of the provincial organization(s) and the province and that has an independent chairman, to satisfy the "reasonable compensation" criteria in s.12(1)(c) of the Act for full federal funding. (DM 5-37)

57. The Canadian Medical Association exhorts all provincial/territorial governments to immediately accord representation status to provincial and territorial medical associations or federations in negotiations and dispute resolutions. (DM 5-39)

58. The Canadian Medical Association supports the six recommendations pertaining to in-house duty call as put forward in a Canadian Association of Internes and Residents' position paper, "Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours." (DM 5-38)

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Health Care Delivery and Access

59. The Canadian Medical Association supports providing primary care physicians, and other providers working with them, with the tools to identify, diagnose and treat mental illness in children and youth. (DM 5-40)

60. The Canadian Medical Association supports increased awareness of the impact of hospital acquired infection on the cost of and access to care for Canadians. (DM 5-49)

61. The Canadian Medical Association will develop a strategy to improve the transition of pediatric patients with complex and chronic illness into adult care. (DM 5-41)

62. The Canadian Medical Association recommends that governments provide accessible and affordable transportation options for patients requiring medical services when such services are unavailable locally. (DM 5-42)

63. The Canadian Medical Association will develop a strategy that promotes the widespread use of standardized assessment tools for both baseline and post-injury screening for concussion of all participants in contact sports. (DM 5-43)

64. The Canadian Medical Association calls for a reversal of the changes to the Interim Federal Health Program to allow for proper consultation and a review of the impact of the changes on the health of refugees and on the health care system. (DM 5-44)

65. The Canadian Medical Association recommends the creation of a working group to monitor Canada's standing regarding clinical trials compared with other countries. (DM 5-45)

66. The Canadian Medical Association will study the impacts of personalized medicine on medical practice. (DM 5-46)

67. The Canadian Medical Association will develop a national framework for managing alternate-level-of-care patients. (DM 5-47)

68. The Canadian Medical Association will develop a shortlist of standardized indicators to evaluate performance in primary care delivery. (DM 5-48)

69. The Canadian Medical Association advocates that governments invest in a pan-Canadian approach to evaluate and implement a national arthritis framework for innovative and interdisciplinary models of care for arthritis and other musculoskeletal conditions. (DM 5-51)

Physician Resources and Health Infrastructure

70. The Canadian Medical Association supports programs which facilitate the transition of resident physicians into practice. (DM 5-53)

71. The Canadian Medical Association supports the utilization of best available tools in the development of specialists' electronic medical records. (DM 5-54)

72. The Canadian Medical Association calls for the adoption of seamless, pan-Canadian communication between electronic medical records. (DM 5-55)

73. The Canadian Medical Association believes national specialty societies should be actively engaged in physician resource planning for their respective discipline. (DM 5-56)

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145th Annual Meeting of the Canadian Medical Association
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74. The Canadian Medical Association will support the 2012-13 advocacy efforts of the Canadian Federation of Medical Students to attract physicians to rural and remote regions. (DM 5-52)

Pharmaceuticals

75. The Canadian Medical Association supports an investigation into the underlying causes of prescription drug shortages in Canada. (DM 5-60)

76. The Canadian Medical Association supports national standards for the electronic monitoring of information on prescribing and dispensing of opioid painkillers and other controlled prescription medications. (DM 5-61)

77. The Canadian Medical Association calls for a review of the supply processes in place for drugs and equipment considered essential for medical practice. (DM 5-63)

78. The Canadian Medical Association supports the provinces and territories in their efforts to prevent drug shortages. (DM 5-67)

79. The Canadian Medical Association calls for the establishment of a legislative framework requiring pharmaceutical companies to provide advance notice of production stoppages and any forecast disruptions in the drug supply. (DM 5-65)

80. The Canadian Medical Association supports strategies to discourage single-source purchasing decisions for prescription medications. (DM 5-66)

81. The Canadian Medical Association supports full coverage for all forms of contraception. (DM 5-58)

82. The Canadian Medical Association supports regulations to severely limit the use of medically important antibiotics on animals being raised for human consumption. (DM 5-59)

83. The Canadian Medical Association calls for the modernization of the federal Food and Drugs Act relating to drug manufacturing and distribution processes. (DM 5-62)

84. The Canadian Medical Association recommends the creation of a monitoring unit to track drug production disruptions in Canada and abroad. (DM 5-64)

Other

85. The Canadian Medical Association (CMA) approves the Canadian Academy of Geriatric Psychiatry's application for CMA affiliate status. (BD 1-1)

86. The Canadian Medical Association grants to the Chairs of the Forum on General and Family Practice Issues and the Specialist Forum delegate voting status at General Council. (BD 1-3)

87. General Council directs the Canadian Medical Association (CMA) Board of Directors to ensure the content of the Committee of the Whole discussion on the document entitled "CMA and Canada's Doctors - Health Equity and the Canadian Health Care System" is reflected in the development of CMA policy. (SP 0-14)

88. The Canadian Medical Association accepts the 2011 audited financial statements, attached as Schedule A to the 2012 Audit Committee Report to General Council. (AUD 3-1)

89. The Canadian Medical Association will retain PricewaterhouseCoopers as auditors for the 2013 association fiscal year. (AUD 3-2)

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90. The Canadian Medical Association full membership fee for the year 2013 will be \$450. (BD 1-2)

91. General Council directs the Canadian Medical Association (CMA) Board of Directors to ensure the content of the Committee of the Whole discussion on the document entitled "Backgrounder on the Future of the Federal Role in Health Care: 2012 Update" is reflected in the development of CMA policy. (SP 0-17)