

**RESOLUTIONS ADOPTED (unconfirmed)**  
**145th Annual Meeting of the Canadian Medical Association**  
**Tuesday, 14 August 2012 – Yellowknife, NWT**

**Monday, Aug. 13, 2012**

1. The Canadian Medical Association (CMA) approves the Canadian Academy of Geriatric Psychiatry's application for CMA affiliate status. (BD1 1-1)
  
2. 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. (BD1 1-3)
  
3. 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)

**Tuesday, Aug. 14, 2012**

4. The Canadian Medical Association accepts the 2011 audited financial statements, attached as Schedule A to the 2012 Audit Committee Report to General Council. (AUD3 3-1)
  
5. The Canadian Medical Association will retain PricewaterhouseCoopers as auditors for the 2013 association fiscal year. (AUD3 3-2)
  
6. The Canadian Medical Association full membership fee for the year 2013 will be \$450. (BD 1-2)

**Strategic Session no. 2 – Achieving Sustainability by Increasing Efficiency**

7. The Canadian Medical Association advocates that costs generated by requests for diagnostic and laboratory tests be posted in electronic medical records. (SS2 8-2)
  
8. The Canadian Medical Association will propose deployment strategies to ensure maximum use of clinical practice guidelines by physicians. (SS2 8-4)
  
9. 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)

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10. 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)

11. The Canadian Medical Association supports the integration of clinical practice guidelines with electronic medical records. (SS2 8-9)

12. 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)

13. The Canadian Medical Association supports the collection of information to evaluate cost-effective care. (SS2 8-12)

14. 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)

15. The Canadian Medical Association supports the development of a registry of specialists to facilitate timely and appropriate referrals. (SS2 8-14)

16. 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)

17. 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)

18. The Canadian Medical Association will create a registry of physician-managed health care transformation projects. (SS2 8-5)

19. The Canadian Medical Association supports the implementation of a pan-Canadian clinical practice guidelines strategy. (SS2 8-8)

20. 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**

21. The Canadian Medical Association will advocate for the preservation and enhancement of physician collegiality and mutual respect. (SS3 9-5)

22. 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)

23. The Canadian Medical Association supports the development of a framework for communication and problem-solving between physicians and regional health authorities. (SS3 9-9)

24. 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)

25. The Canadian Medical Association will assess the leadership training physicians will find useful to become effective advocates for health care transformation. (SS3 9-3)

26. 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)

27. 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)

28. The Canadian Medical Association insists that physicians be protected from intimidation when engaging in health and health care system related advocacy. (SS3 9-11)

29. The Canadian Medical Association supports a strong, effective partnership between physician leaders and administrative leaders to achieve health care transformation. (SS3 9-6)

30. The Canadian Medical Association will examine physician leadership and engagement in system transformation across the country. (SS3 9-7)

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31. The Canadian Medical Association will facilitate knowledge transfer of best practices in physician leadership and engagement across the country. (SS3 9-8)

**Medical Education**

32. The Canadian Medical Association encourages the ongoing evaluation and enhancement of formal mentoring programs designed to optimize residency training experiences. (DM 5-14)

33. The Canadian Medical Association supports development of a curriculum to educate physicians and trainees in managing patients with multiple chronic diseases. (DM 5-4)

34. 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)

**Ethics and Professionalism**

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

36. 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)

**Health Promotion and Disease Prevention**

37. 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)

38. 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)

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

**Environment**

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

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**Advocacy for the Profession**

41. 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)

42. 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)

43. 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)

**Health Care Delivery and Access**

44. 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)

45. 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)

**Physician Resources and Health Infrastructure**

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

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

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

49. 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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50. 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**

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

52. 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)

53. 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)

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

55. 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)

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

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