

## Evaluating BCMA Performance at the 2012 CMA General Council

<b>Total CMA resolutions adopted:</b>	<b>90</b>	
<b>Total BCMA caucus resolutions adopted:</b>	<b>16</b>	(73% of all BCMA submitted resolutions, 18% of all approved CMA resolutions)
BCMA resolutions submitted:	22	
BCMA resolutions heard:	18	
BCMA resolutions merged:	1	
BCMA resolutions deferred:	1	
<b>Total BC resolutions adopted*:</b>	<b>26</b>	(29% of all approved CMA resolutions)

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### *2011 Performance Evaluation*

<b>Total CMA resolutions passed:</b>	<b>63</b>	
<b>Total BCMA resolutions approved*:</b>	<b>27</b>	(43% of all approved CMA resolutions)
BCMA resolutions rejected:	1	

\* Includes BCMA caucus resolutions and non-BCMA motions moved or seconded by BC physicians.

**2012 BCMA Resolutions adopted at CMA General Council:**

	<b>2012 CMA Resolutions</b>
<p><i>Achieving Sustainability by Increasing Efficiency</i></p> <p>(SS 2)</p>	<p><b>SS2 8-7 – Evidence-based evaluation of clinical practice guidelines</b></p> <p>The Canadian Medical Association calls for evidence-based evaluation of clinical practice guidelines in terms of patient outcomes, appropriateness and cost-effectiveness. (Unconfirmed)</p>
	<p><b>SS2 8-10 – Availability of data on cost of treatment options</b></p> <p>The Canadian Medical Association supports the availability of data on the cost and cost-effectiveness of treatment options at the point of care. (Unconfirmed)</p>
	<p><b>SS2 8-11 – Transition of patient care</b></p> <p>The Canadian Medical Association will examine the barriers and enablers to the seamless transition of patient care from one care setting to the next. (Unconfirmed)</p>
<p><i>Engaging Physicians to Lead on Health Care Transformation</i></p> <p>(SS 3)</p>	<p><b>SS3 9-1 – Physician self-assessment</b></p> <p>The Canadian Medical Association supports the development of a physician-created, owned and managed infrastructure to facilitate Canadian physicians’ objective self-assessment. (Unconfirmed)</p>
	<p><b>SS3 9-3 – Leadership training</b></p> <p>The Canadian Medical Association will assess the leadership training physicians will find useful to become effective advocates for health care transformation. (Unconfirmed)</p>

<p><i>Engaging Physicians to Lead on Health Care Transformation</i></p> <p>(SS 3)</p>	<p><b>SS3 9-4 – Health authority policies</b></p> <p>The Canadian Medical Association will conduct an environmental scan of the institutional/health authority policies that influence physician’s ability to advocate for health system improvement. (Unconfirmed)</p>
	<p><b>SS3 9-9 – Health Authorities</b></p> <p>The Canadian Medical Association supports the development of a framework for communication and problem-solving between physicians and regional health authorities. (Unconfirmed)</p>
<p><i>Ethics and Professionalism</i></p> <p>(DM 5)</p>	<p><b>DM 5-8 – College bylaws</b></p> <p>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. (Unconfirmed)</p>
	<p><b>DM 5-9 – International health</b></p> <p>The Canadian Medical Association supports efforts to encourage physician awareness of and participation in global health issues throughout their career. (Unconfirmed)</p>
	<p><b>DM 5-10 – Performance review</b></p> <p>The Canadian Medical Association will conduct a review of policies concerning physician privileges, reappointment and performance review by hospitals and regional health authorities. (Unconfirmed)</p>
	<p><b>DM 5-11 – Independent colleges</b></p> <p>The Canadian Medical Association will review the ability of provincial/territorial physician regulatory bodies to self-regulate independently. (Unconfirmed)</p>

<p><i>Health Promotion and Disease Prevention</i></p> <p><i>(DM 5)</i></p>	<p><b>DM 5-16 – Disaster medicine</b></p> <p>The Canadian Medical Association calls for a national education and training strategy on disaster medicine. (Unconfirmed)</p>
	<p><b>DM 5-17 – Men’s Health</b></p> <p>The Canadian Medical Association supports the development and implementation of collaborative strategies to address and promote male-specific health issues. (Unconfirmed)</p>
	<p><b>DM 5-18 – Road safety</b></p> <p>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. (Unconfirmed)</p>
	<p><b>DM 5-20 – Workplace Depression</b></p> <p>The Canadian Medical Association will develop a comprehensive strategy to address the impact of depression in the workplace. (Unconfirmed)</p>
<p><i>Environment</i></p> <p><i>(DM 5)</i></p>	<p><b>DM 5-29 – Environmental review process</b></p> <p>The Canadian Medical Association supports a comprehensive federal environmental review process, including health impact studies, for all industrial projects. (Unconfirmed)</p>
	<p><b>DM 5-30 – Health plans for communities</b></p> <p>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. (Unconfirmed)</p>

<p><i>Environment</i>  (DM 5)</p>	<p><b>DM 5-32 – Shale gas</b> The Canadian Medical Association supports further research into the health impacts related to the exploration for use of shale gas. (Unconfirmed)</p>
<p><i>Health Care Delivery and Access</i>  (DM 5)</p>	<p><b>DM 5-40 – Mental illness in youth</b> 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. (Unconfirmed)</p>
	<p><b>DM 5-41 – Youth transition</b> The Canadian Medical Association will develop a strategy to improve the transition of pediatric patients with complex and chronic illness into adult care. (Unconfirmed)</p>
	<p><b>DM 5-42 – Patient transportation</b> The Canadian Medical Association recommends that governments provide accessible and affordable transportation options for patients requiring medical services when such services are unavailable locally. (Unconfirmed)</p>
	<p><b>DM 5-43 – Concussion prevention</b> 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. (Unconfirmed)</p>
<p><i>Physician Resources and Health Infrastructure</i>  (DM 5)</p>	<p><b>DM 5-52 – Rural and remote regions</b> 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. (Unconfirmed)</p>

<i>Pharmaceuticals</i>  <i>(DM 5)</i>	<b>DM 5-60 – Prescription drug shortages</b> The Canadian Medical Association supports an investigation into the underlying causes of prescription drug shortages in Canada. (Unconfirmed)
	<b>DM 5-61 – Electronic monitoring of controlled prescription medications</b> 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. (Unconfirmed)
	<b>DM 5-66 – Single-source purchasing for prescription medications</b> The Canadian Medical Association supports strategies to discourage single-source purchasing decisions for prescription medications. (Unconfirmed)

**2012 BCMA Resolutions merged and deferred at CMA General Council:**

	<b>2012 BCMA Resolutions</b>
<i>Merged</i>  <i>(DM 5)</i>	<b>DM 5-59 – Antibiotics use in food</b> The Canadian Medical Association supports regulations to severely limit the use of medically important antibiotics on animals being raised for human consumption. (Unconfirmed)
<i>Deferred</i>	<b>Pharmaceutical privacy</b> The Canadian Medical Association calls on pharmaceutical companies to make publically available information on their financial relationships with all physicians receiving any financial or non-financial compensation. (Deferred)

**2012 BCMA Resolutions not heard at CMA General Council:**

	2012 BCMA Resolutions
<i>Not heard</i>	<p><b>Wood smoke</b></p> <p>The Canadian Medical Association will collaborate in the development of educational materials that outline the serious health hazards associated with exposure to wood smoke, describe the populations most at risk, and offer evidence-based methods and guidelines to reduce avoidable exposure to wood smoke.</p>
	<p><b>Fracking</b></p> <p>The Canadian Medical Association supports the development of a consistent regulatory approach to shale gas development that ensures the protection of Canadians from the negative effects of hydraulic fracturing.</p>
	<p><b>Anti-smoking</b></p> <p>The Canadian Medical Association calls on the federal government to restore funding levels to at least as high as originally planning for the Federal Tobacco Control Strategy.</p>
<i>Ruled out of order</i>	<p><b>Septic water</b></p> <p>The Canadian Medical Association will collaborate in the development of rigorous standards for the oversight, construction, and maintenance of water and wastewater systems that ensure an independent process of regulation is applicable and effectively enforced.</p>