The Board endeavours to carry out all resolutions on behalf of General Council; the Board must also determine the level of effort to carry out each resolution, the amount of resources (financial and human) to effectively act on each resolution and weigh this information against the fit within the strategic plan, the knowledge and expertise available to the association and budgetary implications so as carry out its fiduciary obligations.

**Process for disposing of General Council resolutions**

- Resolutions adopted by General Council are posted daily on [cma.ca/gc](http://cma.ca/gc) and made available in the CMA Policy Database.
- Following General Council, staff review resolutions adopted and propose dispositions for each.
- The Board reviews the dispositions proposed at its October meeting recognizing that dispositions requiring significant human or financial resources are further considered as strategic priorities and the budget are developed.
- Once approved by the Board, the proposed dispositions are disseminated to General Council delegates for information and comment; dispositions are built into current and future workplans and business plans as appropriate.
- In many instances, resolutions form part of CMA policy initiatives and are incorporated into new or existing policies; resolutions requiring a ‘call on’ governments or other stakeholders could be dealt with via a letter to these entities sharing CMA’s position on the issue. Resolutions, where CMA is asked to develop tools or a strategy, etc., are further scrutinized against fit with the organization’s mandate and ability to deliver (i.e., does CMA have the knowledge or expertise to develop such tools, etc.), strategic plan, priorities and budget.
- Dispositions are acted on for the most part during the association year; the final dispositions are disseminated to General Council delegates and to movers and seconders for information and comment. Comments received are dealt with individually and delegates also have the specific opportunity to ask questions during the Chair/CEO panel at the Annual Meeting of members.
## Final Disposition of 2017 General Council Resolutions
### 150th Annual Meeting of the Canadian Medical Association – Quebec

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| 1.     | GC17-04 Consent agenda Patients/public Policy   | **What do we propose to deliver?**  
Watching brief – CMA continues to be supportive of evidence informed practice with new immigrants and refugees. We will continue to monitor the situation and seek opportunities for advocacy and support. Over the past 6 or 7 years, we have partnered with Canadian Doctors for Refugee Care in advocacy around changes to the Interim Federal Health Program. We have supported the Canadian Collaboration for Immigrant and Refugee Health which seeks to develop and disseminate evidence based guidelines. We have collaborated with the Canadian Paediatric Society in disseminating their website: [www.caringforkidsnewtocanada.ca](http://www.caringforkidsnewtocanada.ca)  
**Desired outcome/What do we hope to achieve?**  
The development of clinical best practice guidelines for the provision of care to new immigrants and refugees in Canada. | In progress. CMA continues to be supportive of evidence informed practice with new immigrants and refugees. We will continue to monitor the situation and seek opportunities for advocacy and support. Over the past 6 or 7 years, we have partnered with Canadian Doctors for Refugee Care in advocacy around changes to the Interim Federal Health Program. We have supported the Canadian Collaboration for Immigrant and Refugee Health which seeks to develop and disseminate evidence based guidelines. We have collaborated with the Canadian Paediatric Society in disseminating their website: [www.caringforkidsnewtocanada.ca](http://www.caringforkidsnewtocanada.ca)  
**Desired outcome/What do we hope to achieve?**  
The development of clinical best practice guidelines for the provision of care to new immigrants and refugees in Canada. |
| 2.     | GC17-14 Consent agenda Profession Policy        | **What do we propose to deliver?**  
Letter to government(s) and/or stakeholder(s) – A letter will be sent to provincial/territorial medical associations, the Canadian Society of Physician Executives to express CMA’s support for initiatives to recognize and support physician administrators and executives.  
**Desired outcome/What do we hope to achieve?**  
The development of clinical best practice guidelines for the provision of care to new immigrants and refugees in Canada. | Completed. Letter sent to provincial/territorial medical associations, the Canadian Society of Physician Leaders to express CMA’s support for initiatives to recognize and support physician administrators and executives. |
| 3.     | GG17-15 Consent agenda Profession Policy        | **What do we propose to deliver?**  
Letter to government(s) and/or stakeholder(s) – A letter will be sent to provincial/territorial medical associations, HealthcareCAN and Canadian Society of Physician Executives informing to raise awareness of the importance of continued involvement by administrators/executives in clinical care.  
(Could be part of letter suggested for GC17-14)  
**Desired outcome/What do we hope to achieve?**  
Increased clinical practice opportunities in organizations for physician administrators/executives. | Completed. Letter sent to provincial/territorial medical associations, the Canadian Society of Physician Leaders and HealthcareCAN to express CMA’s support for initiatives to recognize and support physician administrators and executives. |
| 4.     | GC17-05 Consent agenda Patients/public Policy   | **What do we propose to deliver?**  
Watching brief – In the first instance, we will conduct a brief scan of key stakeholders including the Canadian Fertility and Andrology Society and the Society of Obstetricians and Gynaecologists of Canada to determine if this issue has been raised by their members and will advise the Board on further action as warranted.  
**Desired outcome/What do we hope to achieve?**  
Should it be determined that there is a growing prevalence of international surrogacy it would be desirable to raise awareness among the appropriate segment of the medical profession about the need to caution their patients who might be contemplating this avenue. | Watching brief – CMA will conduct a brief scan of key stakeholders including the Canadian Fertility and Andrology Society and the Society of Obstetricians and Gynaecologists of Canada to determine if this issue has been raised by their members and will advise the Board on further action as warranted. |
| 5.     | GC17-06 Consent agenda Patients/public Policy   | **What do we propose to deliver?**  
Letter to government(s) and/or stakeholder(s) – CMA is supportive of more widespread accessibility to naloxone, in a similar fashion as defibrillators have become. In speaking with experts, there is a need for the expansion of access, particularly in higher risk areas for opioid overdose. This is in addition to the current strategy of training and providing naloxone to family members and peers of people who use opioids, as well as encouraging physicians to discuss take-home naloxone when prescribing opioids.  
**Desired outcome/What do we hope to achieve?**  
Improved access to naloxone and other opioid overdose prevention supplies in public locations. | Completed. Letter sent to governments informing CMA’s call for more widespread accessibility to naloxone in a similar fashion as defibrillators have become. |

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<td>6.</td>
<td>GC17-16 Consent agenda&lt;br&gt;Profession Policy</td>
<td>The Canadian Medical Association encourages medical licensing bodies to require registrants to have training in cultural awareness.</td>
<td>What do we propose to deliver? Letter to government(s) and/or stakeholder(s) – A letter will be sent to the Federation of Medical Regulatory Authorities of Canada and Medical Council of Canada calling for training in cultural awareness. Desired outcome/What do we hope to achieve? A requirement by provincial/territorial licensing bodies for physicians across Canada to receive training in cultural awareness.</td>
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<td>7.</td>
<td>GC17-07 Consent agenda&lt;br&gt;Patients/public Policy</td>
<td>The Canadian Medical Association supports increased approval and funding of pharmacologic options for the management of chronic pain in older adults.</td>
<td>What do we propose to deliver? Watching brief – Will incorporate as part of CMA’s Seniors Care initiative, CMA will continue to advocate for better options for the management of chronic pain – and include the need to address older adults. It is critical to increase options and access to non-pharmacologic and non-opioid pharmacologic options so that opioids are only used judiciously when situations are consistent with the evidence outlined in the 2017 Opioid Guidelines. Desired outcome/What do we hope to achieve? Increased availability of safe and effective pharmacologic options to manage chronic pain in older adults.</td>
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<td>8.</td>
<td>GC17-08 Consent agenda&lt;br&gt;Patients/public Policy</td>
<td>The Canadian Medical Association supports mandatory adherence to national or province/territory-specific nutritional guidelines in Canadian schools, including a means to monitor and report school compliance.</td>
<td>What do we propose to deliver? Watching brief – CMA will continue to advocate for healthy public policy that supports healthy eating, particularly in children, to reduce and prevent child obesity, among many other health issues. CMA has recently joined the Healthy School Food Coalition and supports the development of nutritional guidelines and accountability for appropriate school nutrition. CMA has also been supportive of a ban on marketing to kids of unhealthy foods. Desired outcome/What do we hope to achieve? Full compliance of national/provincial/territorial nutritional guidelines in Canadian schools supported by regular monitoring and reporting.</td>
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<td>9.</td>
<td>GC17-09 Consent agenda&lt;br&gt;Patients/public Policy</td>
<td>The Canadian Medical Association urges provincial and territorial governments to support the federal Genetic Non-Discrimination Act (Bill S-201) by enacting corresponding legislation that echoes privacy protection.</td>
<td>What do we propose to deliver? Letter to government(s) and/or stakeholder(s) – A letter will be sent to provincial/territorial governments to express CMA’s backing for initiatives that supports provincial/territorial anti-genetic discrimination. A copy will be sent to provincial/territorial privacy commissioners and medical associations. Desired outcome/What do we hope to achieve? In the first instance, it is hoped that the federal government will implement Bill S-201 once it has received the court review that it requested vis-à-vis the constitutionality of the Bill. Second, provinces and territories will enact similar legislation that would prevent genetic discrimination in statutes under their jurisdiction.</td>
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<td>10.</td>
<td>GC17-17 Consent agenda</td>
<td>The Canadian Medical Association supports increased physician awareness and education in</td>
<td>What do we propose to deliver? Letter to government(s) and/or stakeholder(s) – A letter will be sent to the Association of Faculties of Medicine of Canada, Medical Council of Canada, Canadian Association of Medical Associations.</td>
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<td>11.</td>
<td>GC17-10 Consent agenda Patients/public Policy</td>
<td>The Canadian Medical Association calls on the federal government to implement a federal excise tax on sugar-sweetened beverages and artificially-sweetened drinks sold in Canada to subsidize healthier food options.</td>
<td>Completed. Letter sent to federal government expressing CMA’s support for an excise tax of sugar-sweetened beverages and artificially-sweetened drinks.</td>
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<td>12.</td>
<td>GC17-11 Consent agenda Patients/public Policy</td>
<td>The Canadian Medical Association calls on the federal government to use Canada’s term as G7 President in 2018 to add antimicrobial stewardship and antimicrobial resistance surveillance as part of their agenda.</td>
<td>Completed. CMA was a signatory to a letter with 30 organizations sent to Prime Minister Justin Trudeau and Foreign Affairs Minister Chrystia Freeland calling for the Canadian government to demonstrate leadership, galvanize global attention, and marshal resources to address anti-microbial resistance (AMR) and anti-microbial stewardship. CMA will continue to collaborate with key stakeholders to increase antimicrobial stewardship in order to deal with increasing rates of antimicrobial resistance and decreasing options for antimicrobials to treat critical infections.</td>
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<td>13.</td>
<td>GC17-12 Consent agenda Patients/public Policy</td>
<td>The Canadian Medical Association calls on governments to address the lack of access to insured health services for those residing in Canada, regardless of immigration status.</td>
<td>Completed. Letter sent to federal/provincial/territorial governments calling on governments to ensure the provision of insured health services for those residing in Canada, regardless of immigration status.</td>
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<td>14.</td>
<td>GC17-13 Consent agenda Patients/public Directive</td>
<td>The Canadian Medical Association promotes legislative changes to protect migrants and refugees from arbitrary and indefinite detention in jails and jail-like facilities in Canada.</td>
<td>In progress. Letter will be sent to governments calling for legislative changes to protect migrants and refugees from arbitrary and indefinite detention in jails and jail-like facilities in Canada.</td>
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<td>15.</td>
<td>GC17-18 Profession Directive</td>
<td>The Canadian Medical Association will develop a national guide on levels of medical intervention for use across the continuum of care.</td>
<td>In progress. The Committee on Ethics discussed the tool developed by INESS on levels of medical intervention at length at its April 2018 meeting. It was noted that it would have been useful to have conducted a “grey literature” review of tools that are in use in other</td>
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<td>16.</td>
<td>GC17-19 Profession Policy</td>
<td>The Canadian Medical Association supports a review of Canada’s medical liability system and an evaluation of alternative models.</td>
<td><strong>What do we propose to deliver?</strong> Short-term initiative – A task group will be struck from the provincial/territorial medical associations CEOs and will be charged with developing the terms of reference for a review that will be the basis for discussion with the Canadian Medical Protective Association. <strong>Desired outcome/What do we hope to achieve?</strong> A report that would identify potential refinements to the current medical liability system to enhance its future financial sustainability in a manner that is affordable for physicians and governments.</td>
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<td>17.</td>
<td>GC17-24 Patients/public Policy</td>
<td>The Canadian Medical Association calls for mandatory labelling, warnings and a recall system for prescription pharmaceuticals sold in Canada that contain gluten and/or priority allergens.</td>
<td><strong>What do we propose to deliver?</strong> Letter to government(s) and/or stakeholder(s) – CMA will continue to advocate for healthy public policy that supports patient access to safe and effective medically-necessary medication. We have called on Health Canada to strengthen the capacity of its post-market surveillance system. In order to reduce the unintended harms of using prescription pharmaceuticals, CMA will call on government and industry to develop and implement mandatory labelling and a recall system with respect to products containing gluten and/or priority allergens. <strong>Desired outcome/What do we hope to achieve?</strong> Mandatory federal labelling, warnings and a recall system for prescription pharmaceuticals sold in Canada that contain gluten and/or priority allergens.</td>
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<td>18.</td>
<td>GC17-20 Profession Policy</td>
<td>The Canadian Medical Association recommends that MD Financial Management Inc. provide information regarding socially responsible investing when marketing and advising on its investment portfolios.</td>
<td><strong>What do we propose to deliver?</strong> No further action from CMA required. This resolution has been referred to MD Financial Management for consideration. <strong>Desired outcome/What do we hope to achieve?</strong> MD provides its clients with information about socially responsible investing.</td>
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<td>19.</td>
<td>GC17-21 Profession Directive</td>
<td>The Canadian Medical Association will work with stakeholders in medical education to encourage awareness of the difference between non-commissioned financial/insurance advisers employed by national and provincial/territorial medical associations and commissioned financial/insurance advisers employed by banks and other corporations.</td>
<td><strong>What do we propose to deliver?</strong> Short-term initiative – Working in collaboration with MD Financial Management, develop a Communications strategy that (1) outlines our approach (meetings with key stakeholders) and (2) key messages, to ensure consistency – the intent is to educate and build awareness about the nuances and differences of MD advisors vs. other financial institution advisors – reiterate the unique structure of CMA versus other financial institutions and the objective of creating value for members (refrain from an aggressive marketing approach). Leverage the CMA senior leadership to lead the discussion with each medical school (associate deans and dean) A request will be submitted to the Association of Faculties of Medicine of Canada (AFMC) that MD Financial Management, via CMA senior leadership, to be granted time on the agendas of the AFMC Committee of Undergraduate Deans and the Committee of Postgraduate Deans (the AFMC Undergraduate Medical Education Committee and the AFMC Postgraduate Medical Education Committee) for the purposes of increasing awareness.</td>
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| 20.  | GC17-22     | **Profession Directive**  
The Canadian Medical Association will create an electronic portal to allow medical organizations to upload their contact information.                                                                                                                                                                                                                                                                                    | **What do we propose to deliver?**  
Short-term initiative — Develop a mechanism or process for medical organizations to share their contact information with each other.  
**Desired outcome/What do we hope to achieve?**  
Ensure that medical associations can identify and contact each other to support collaboration.                                                                                                                                                                                                 | In progress. CMA is developing e-based communities on topics of interest to CMA members to leverage the knowledge and expertise of members and others to drive advocacy, health innovation and quality of care. As part of this initiative, CMA will attempt to provide a mechanism for medical organizations to upload their information. |
| 21.  | GC17-25     | **Patients/public Policy**  
The Canadian Medical Association supports the inclusion of physical activity history within the vital sign section of electronic medical record systems.                                                                                                                                                                                                                                                                              | **What do we propose to deliver?**  
Letter to government(s) and/or stakeholder(s) — CMA will advocate for more extensive electronic medical record systems which support the active promotion of the assessment and recommendation of physical activity, in accordance with our policies and statements.  
**Desired outcome/What do we hope to achieve?**  
Physical activity history will be incorporated within the vital sign section of electronic medical records across Canada.                                                                                                                                                                                       | Completed. Letter sent to governments, Canada Health Infoway and the provincial/territorial Chief Health Information Officers calling for the inclusion of physical activity history within the vital sign section of electronic medical record systems.                                      |
| 22.  | GC17-26     | **Patients/public Policy**  
The Canadian Medical Association calls on governments to ensure improved accessibility and transferability of existing medical data residing in electronic health records across provincial/interprovincial interfaces.                                                                                                                                                                                                                           | **What do we propose to deliver?**  
Letter to government(s) and/or stakeholder(s) — Letter to Canada Health Infoway and the provincial/territorial Chief Health Information Officers outlining CMA’s position.  
**Desired outcome/What do we hope to achieve?**  
Compatible and interoperable provincial/territorial electronic health records that improve access and transferability of existing medical data across provincial/interprovincial interfaces.                                                                                                                                 | Completed. Letter sent to governments, Canada Health Infoway and the provincial/territorial Chief Health Information Officers outlining CMA’s call for improved accessibility and transferability of existing medical data residing in electronic health records across provincial/interprovincial interfaces. |
| 23.  | GC17-23     | **Profession Directive**  
The Canadian Medical Association will support new projects and mechanisms to facilitate the expansion and increase the scale of innovative health system pilot projects in Canada.                                                                                                                                                                                                                                                                                   | **What do we propose to deliver?**  
Short-term initiative — In collaboration with Joule, CMA will gather a series of available innovation resources and portals that promote innovative health or physician initiatives to support an online member dialogue via the CMA Community of Interest platform and led by a physician champion. The discussion will focus on how to enable mechanisms to support physician awareness of and access to these tools. Specific action resulting from this community of interest discussion will be prioritized and facilitated via the CMA community of interest process.  
**Desired outcome/What do we hope to achieve?**  
Increased awareness and uptake of innovative health system pilot projects across Canada.                                                                                                                                                                                                 | In progress. CMA and Joule are developing a request for proposal for a platform selection. In parallel the Communities of Interest Grants program was launched and closed May 31. In addition, CMA will continue to seek opportunities to showcase leading practices and innovative health system pilot projects in its work on key priority areas (e.g., seniors care). CMA's inaugural Health Summit (Winnipeg, Aug. 20-21, 2018) will focus on how to leverage technological advancements, and take advantage of innovation to deliver better and more accessible care. The program will include showcasing innovative pilot projects in Canada. |

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