

Formal Submission to the Standing
Committee on Finance Pre-Budget
Consultations in Advance of the 2024
Budget

From: The Association of Faculties of
Medicine of Canada (AFMC)

August 2023

RECOMMENDATIONS

Recommendation 1:

The AFMC is calling on the Government of Canada to make major reinvestments in research and talent by doubling the granting council's total base budgets for their core grant programming and increase the value and number of government awards for university research trainees to keep pace with the growth of the system, effects of inflation and global competitive research and talent attrition while also catching up to other well-resourced countries.

Recommendation 2:

We encourage the federal government to help coordinate change and inspire provincial and territorial leaders to ensure the right mix, distribution, and number of physicians to meet societal needs.

Recommendation 3:

AFMC advocates that the Canadian Institutes of Health Research establish planetary health institute and ensure dedicated funding in Canada for environments, health, and societal well-being research. Canada currently lacks sustained funding and a dedicated home for environmental health research, hindering our position as an international leader in the field.

Recommendation 4:

The Government of Canada funds Phase II of the National Consortium of Indigenous Medical Education (NCIME) with support of their Stakeholder Commitment, Engagement and Implementation Strategy and the development of their sustainable organizational success as a national centre of excellence for Indigenous leadership in medical education research, evaluation and training for improved Indigenous health practice and care with \$10 million over five years.

Canada is falling behind internationally in research capacity

Canada is falling behind internationally in research capacity, and it is imperative that we increase funding for research to prevent further decline. Research capacity plays a crucial role in driving innovation and economic growth in modern economies, and our closest peers understand this, as they are making significant investments. Canada is losing top notch talent to other countries where healthcare research is valued.

Investing in research leads to the development of research talent, which is essential for addressing the pressing economic and social challenges facing our country. Whether it is supporting economic growth in innovative sectors, tackling climate change, improving healthcare, or ensuring food security, Canada needs the best and brightest minds from around the world to succeed. However, without sufficient funding, we risk losing out on attracting and retaining top global talent.

Additionally, the current value of graduate student and post-doctoral fellow scholarships in Canada has not changed since 2003, failing to reflect the increase in the cost living of [53.7%](#). Despite the growing population of graduate students and post-doctoral scholars, the number and value of available scholarships have not increased accordingly. This scarcity of funding drives students and scholars to seek opportunities abroad, undermining Canada's ability to attract and retain top-tier talent and hindering our research and development capabilities.

The federal government's own advisory panel has highlighted the urgent need for a major reinvestment in Canada's research support system. Experts from various sectors have called for action to match international competition and revitalize the research ecosystem. It is crucial that the government steps up to meet this call and ensures Canada's research system remains competitive.

As Canada faces uncertain challenges like climate change, geopolitical competition, and economic instability, the highly qualified talent produced by our research-intensive universities can drive innovation and build a prosperous and sustainable economy.

By increasing funding, the Government of Canada can support these promising individuals, enabling them to focus on their research and contribute to groundbreaking discoveries and technological advancements that will translate into better care for Canadians. Prioritizing these investments will reinforce Canada's position as a global leader in research and innovation, attract exceptional talent, and stimulate economic growth.

The current lack of funding for research in Canada not only hampers the innovative drive of

our students but also leads to brain drain, as many trainees seek better opportunities abroad. The [McGill Trace Survey](#) revealed that 38% of PhD graduates leave Canada, resulting in an estimated annual loss of \$740 million in Canadian training investments. This erosion of Canada's research enterprise will have far-reaching effects, impacting not only universities but also our manufacturing, technology, and biomedical sectors, ultimately reducing our country's financial output.

Ensuring the right mix, distribution, and number of physicians to meet societal needs

The current shortage of physicians and the lack of access to primary care providers present a significant challenge for Canadians. Despite a 12% increase in the Canadian population since 2010, medical school admissions have only risen by 6% during the same period. In addition, the Canadian population has aged and caring for these older patients is more complex and requires additional resources. The Canadian population over 65 years of age has grown from 4.9M to 7.4M since [2010](#).

By increasing the capacity of medical schools to accommodate more students, we can bridge this gap and better align medical education with an aging and growing population.

Table 1: Number of students enrolled for the first-time in Canadian medical faculties relative to Canadian population

Academic Year	First-Time Students	Canadian Population	First-Time Students Per 100k Canadians
2010/11	2,808	34,004,889	8.26
2011/12	2,874	34,339,328	8.37
2012/13	2,888	34,714,222	8.32
2013/14	2,874	35,082,954	8.19
2014/15	2,887	35,437,435	8.15
2015/16	2,889	35,702,908	8.09
2016/17	2,879	36,109,487	7.97
2017/18	2,872	36,545,236	7.86
2018/19	2,892	37,065,084	7.80
2019/20	2,963	37,601,230	7.88
2020/21	2,978	38,037,204	7.83

Data Source: CMES Table G-6; Statistics Canada. Table 17-10-0005-01 Population estimates on July 1st, by age and sex

Federal and provincial leaders must collaborate to address residency position shortages in Canada. Some Canadian medical students continue to be unable to secure positions after graduation, leading to delays in providing healthcare. The AFMC urges a minimum of 110 positions for every 100 graduates to ensure timely entry into practice and care for Canadians.

Canada's robust medical education system consistently produces competent family doctors, averaging 3 per 100,000 Canadians over the past decade. Longitudinal care, emphasizing ongoing medical services for patients and families, improves health outcomes and alleviates strain on the healthcare system. Expanding family medicine residency positions, particularly in rural and underserved areas, guarantees access to vital primary care. To meet societal demands, Canada requires 7,500 new family doctors in the next five years and 15,000 in the next decade. Collaboration among federal, provincial, and territorial governments is essential to address these challenges in healthcare.

Supporting Planetary Health Research for a Sustainable Future

The recent [poll](#) conducted by Abacus Data reveals that a staggering 89% of Canadians have noticed an alarming increase in natural disasters over the past decade, with seven in ten attributing this phenomenon directly to climate change. A Canadian Journal of Public Health [study](#) indicates that Canada will face an increase in temperature-related mortality under higher greenhouse gas production from present to 2099. These findings highlight the urgent need for government officials to prioritize and invest in planetary health research. There is mounting evidence of the adverse effects of climate change, ecosystem degradation, and biodiversity loss on human health.

Climate change disproportionately affects marginalized communities, including those living in poverty, racialized individuals, Indigenous Peoples, the elderly, children, and women. The health disparities experienced by these populations can be attributed to the detrimental impacts of environmental degradation. It is crucial for government officials to acknowledge and mitigate these disparities by supporting research initiatives that delve into the intricate relationship between the environment and human health.

Moreover, the escalating frequency and intensity of extreme weather events resulting from climate change, such as floods, wildfires, heatwaves, and storms, pose significant challenges to healthcare delivery and infrastructure. Adequate funding must be allocated to research efforts aimed at understanding these impacts and developing strategies to enhance the resilience of healthcare systems. By doing so, we can effectively address the disruptions caused by these events and safeguard the health and well-being of communities across the nation.

Unfortunately, Canada's insufficient support and funding for environmental health research significantly hinders progress in this crucial area. The absence of a dedicated focus on environmental health within the Canadian Institutes of Health Research impedes scientific advancements. To address this, the government must allocate resources and establish dedicated research grants and funding mechanisms for planetary health research. This investment will bridge knowledge gaps, empower researchers and communities, and enable the design of interventions to reverse our unsustainable path while protecting individuals and

populations.

Supporting the National Consortium of Indigenous Medical Education

The mission of the National Consortium for Indigenous Medical Education (NCIME) is to advance Indigenous medical education and leadership in health care. Based on the United Nations Declaration for the Rights of Indigenous Peoples (UNDRIP) the NCIME operates with principles of integrity of our ancestors in all aspects of our work and within our relationships and with the best interests and support for Indigenous medical students and residents. The NCIME is transparent in all our work, relationships, and reporting. NCIME acknowledges the responsibility we carry towards education for culturally safe health care delivery for First Nations, Métis, and Inuit Peoples. Leadership within NCIME is understood as the acknowledgement and support of the Indigenous leaders in medical education that form the Executive Committee as the rightful leadership and decision-makers and respects the guidance provided by the Elders and Knowledge Keepers Circle. The NCIME, through its purposeful design, recognizes and respects the importance of collaboration among and between Indigenous and non-Indigenous leadership and organizations in medical education. These collaborations are unique and pivotal in fulfilling our mandate.

Future Planning

The long-term outcomes of Phase I is that all Métis, Inuit, and First Nations will have access to culturally safe medical education and healthcare through its tools, resources, and strategies. Implementing these in Phase II ensures all current and future Canadian physicians will have access to anti-racist, culturally safe and Indigenous informed resources and training towards improved health care for all Canadians, and a concrete demonstration of reconciliation within health care practice and delivery.

Phase two is two-fold, first is the uptake by stakeholders of NCIME's *Commitment, Engagement and Implementation Strategy* and second, is the support for the development of organizational sustainability.

Phase II includes consulting and coaching support, Indigenous Leadership Development Program, a culture of respect and inclusion, people-centered focus on development and mentorship, assist stakeholders with anti-racist/oppressive, and inclusive systems, national messaging on Indigenous health admissions and faculty recruitment, Indigenous physician and medical educator database, recognition for human resource development, stakeholders championing systemic change, knowledge centre for Indigenous medical education leaders, collaboration across faculties and organizations, increased competence of non-Indigenous medical educators, knowledge translation on Indigenous health, and diversified funding sources.

Through our collaborative relationships in Phase I NCIME has developed a breadth of knowledge tools that demonstrate innovation in addressing anti-Indigenous racism within health care and evidenced based programming for health human resources. Innovations such the *Indigenous Leadership Development Program* and the learning module for the *Core Elements of Anti-Indigenous Racism Policies and Process* are two products that will be piloted in Phase II. The Indigenous leadership development program integrates aspects of sustainable health within its curriculum and provides intersections for knowledge acquisition for all health care practitioners. The Anti-Indigenous racism module will be the first of its kind designed and developed specifically for medical education that is adaptable to the local context. Both pilots have the potential to become revenue-generating for the NCIME and aid organizational sustainability.

NCIME will establish a baseline of evidence through interdisciplinary and intersectional approaches using Indigenous methodology and medical education theory. Phase I outputs led to the creation of the Indigenous governed database for First Nations, Inuit, and Métis medical school data and health resources. Indigenous data sovereignty relies on self-determination rights affirmed by Treaties, Section 35 of the Canadian Constitution, and the UN Declaration on the Rights of Indigenous Peoples. Settler organizations and Canada must support Indigenous sovereignty. With the support for Phase II, NCIME will be perfectly situated to be the leading knowledge centre for anti-Indigenous racism and Indigenous health in medical education in Canada.