



THE ASSOCIATION OF FACULTIES  
OF MEDICINE OF CANADA

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L'ASSOCIATION DES FACULTÉS  
DE MÉDECINE DU CANADA

**Submission for the Pre-Budget Consultations in  
Advance of the 2025 Federal Budget**

August 28, 2025

**As the representative body of Canada's 18 medical schools, AFMC urges the Government of Canada to consider and invest in the following areas in the 2025 federal budget:**

1. Expand and strengthen Canada's physician training capacity
2. Make family medicine a preferred career and strengthen rural and remote care
3. Accelerate and expand pathways for internationally trained physicians
4. Accelerate support for graduate students, post-doctoral fellows, and clinician-scientist training
5. Shore up the capacity of existing health research organizations in Canada and engage partners to shape the new capstone organization
6. Reignite Canada's health research capacity
7. Reduce the environmental impact of Canada's health system
8. Help shape medical education and research related to the treatment of climate-related illnesses

## Introduction

As the voice of academic medicine in Canada, AFMC represents the country's 18 faculties of medicine and convenes more than 40 content-specific, pan-national Committees and Networks. AFMC is dedicated to strengthening medical education, health research, and social accountability for the health of all Canadians.

In this submission, AFMC highlights three critical areas requiring urgent attention and investment from the federal government:

- Addressing the health workforce crisis
- Investing in Canada's health research ecosystem
- Building climate-ready healthcare

The health workforce crisis in Canada has reached unprecedented levels, with severe shortages of healthcare professionals jeopardizing the quality and accessibility of medical care for Canadians.<sup>1</sup> AFMC calls for strategic investments to expand the capacity of medical training programs, to support the well-being and retention of medical students and doctors, to incentivize residency training in family medicine and in rural and remote areas, and to create sustainable pathways for international medical graduates (IMGs) to enter the Canadian system.

AFMC also urges the federal government to strengthen Canada's health research ecosystem, which is essential for driving innovation, improving health care, and promoting economic growth. Health research enables Canada to respond rapidly to pandemics and other crises, protecting both health and the economy. AFMC urges the government to accelerate its recent commitment to increase graduate student stipends and awards, and to ensure our expertise informs decisions on structural changes to the research ecosystem and the establishment of the new capstone organization. Priority investments should be directed toward long-term, consistent, collaborative health research strategies that are sustained beyond election cycles.

Finally, Canada's healthcare systems must be prepared for the impacts of a changing climate. Heatwaves, wildfires, and floods are already affecting health, increasing demands on hospitals and clinics, and influencing mental well-being. AFMC calls for investment in climate-ready healthcare—embedding planetary health into infrastructure planning, medical education, and professional standards so that healthcare is resilient, sustainable, and able to protect Canadians in the face of environmental change.

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<sup>1</sup> [Canadian Health Workforce Education, Training and Distribution Study](#)

AFMC will continue to contribute expertise and evidence-based solutions to support federal action in these areas, ensuring a healthier, more equitable, and sustainable Canada.

## **Health Workforce**

### **Recommendation 1: Expand and strengthen Canada’s physician training capacity**

AFMC, as the voice of academic medicine in Canada, is ready to work with the federal government to address critical physician shortages. Through our Standing Committee on Health Workforce, AFMC brings expertise on family medicine shortages, rural and remote care, and the benefits and risks of national licensure, helping shape evidence-based, sustainable solutions.

To create more family doctors, provincial and federal governments must work together to:

- Invest in medical schools’ capacity by supporting more teaching faculty, training sites, and physician mentors.
- Build infrastructure to accommodate higher enrolment and fund additional postgraduate residency positions.
- Target high-need specialties where shortages and retention challenges are most severe, such as psychiatry and family medicine acute.

### **Recommendation 2: Make family medicine a preferred career and strengthen rural and remote care**

Family medicine remains the cornerstone of our health care system, yet recruitment is lagging. Incentives—such as competitive compensation, tax measures, and practical supports for running a family practice—are essential to making it a top career choice for new graduates.

Equally important is targeted investment in rural and remote health care. Expanding proven models—such as the Rural Education Supplement and Integrated Doctor Experience (RESIDE) in Alberta,<sup>2</sup> programs at the Northern Ontario School of Medicine University (NOSMU),<sup>3</sup> Simon Fraser University,<sup>4</sup> and Distributed Medical Education initiatives<sup>5</sup>—will help train, recruit, and retain physicians where they are most needed.

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<sup>2</sup> <https://rhpap.ca/news-events/media-release-rural-communities-will-attract-new-doctors/>

<sup>3</sup> [Rural Stream \(West, East, and South\) | NOSM U](#)

<sup>4</sup> [School of Medicine - Simon Fraser University](#)

<sup>5</sup> [Mission, Goals & Exit Competencies - MedNet](#)

### **Recommendation 3: Accelerate and expand pathways for internationally trained physicians**

International medical graduates (IMGs), Internationally Trained Physicians (ITPs), and Sponsored Trainees are a vital part of Canada's physician workforce, directly helping to address physician shortages. Together, they make up more than one quarter of practicing physicians and contribute over 10 million hours of patient care each year at little to no cost to Canadian taxpayers.<sup>6</sup> Rapid scaling of successful models—such as the University of Manitoba's IMG Program<sup>7</sup> and New Brunswick's Practice Ready Assessment<sup>8</sup>—can help integrate qualified doctors more quickly, while maintaining high professional standards.

Federal leadership can strengthen these pathways by funding language and cultural safety programs, by supporting bridging and mentorship initiatives, and by ensuring adequate residency placements. These measures are necessary to efficiently integrate IMGs, ITPs and Sponsored Trainees into the Canadian health care system, addressing immediate shortages while maintaining long-term workforce stability.

### **Health Research**

#### **Recommendation 4: Accelerate support for graduate students, post-doctoral fellows, and clinician-scientist training**

In line with the findings of AFMC's Board Invitational, held on April 6, 2025, we encourage the government to accelerate the rollout of increased stipends and scholarships, so learners feel the benefits as quickly as possible, particularly in the current economic climate.

Sustained investment is also needed in advanced training pathways—such as Clinician Investigator and MD/PhD programs—that prepare the next generation of clinician-scientists to translate discoveries into improved patient care. These measures reflect the Invitational's call for a broader cultural and systemic shift to elevate the role of clinician-scientists, whose contributions remain under-recognized despite their critical impact on Canada's health and research ecosystem.

A national clinician-scientist strategy, co-developed with provinces and territories, should align funding mechanisms for learners, create consistency across jurisdictions, and ensure provisions for protected research time within training and health system roles. By supporting

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<sup>6</sup> Parshuram, Christopher S., et al. "Fellowship training, workload, fatigue and physical stress: a prospective observational study." *Cmaj* 170.6 (2004): 965-970

<sup>7</sup> [International Medical Graduate \(IMG\) Programs | Explore UM | University of Manitoba](#)

<sup>8</sup> [Foreign-trained family doctors graduate from N.B. licensing program | CBC News](#)

the pipeline of clinician-scientists, Canada can secure the talent necessary to drive innovation and improve patient outcomes.

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**Recommendation 5: Shore up the capacity of existing health research organizations in Canada and engage partners to shape the new capstone organization.**

The government's commitment to creating a capstone organization and the Canadian Sovereignty and Resilience Research Fund is an important step toward strengthening Canada's research landscape. As a national leader in medical research and education with established expertise and partnerships, AFMC is uniquely positioned to contribute to this process.

AFMC calls on the federal government to:

- Protect and strengthen existing institutions such as the Canadian Institutes of Health Research (CIHR), ensuring that the capstone complements rather than replaces their critical role in maintaining a robust and integrated research ecosystem; and
- Engage AFMC and partners in shaping the priorities, governance, and structure of the capstone organization, ensuring it reflects Canada's health research needs and global ambitions.

**Recommendation 6: Reignite Canada's health research capacity**

To make health research a national priority and regain Canada's leadership position, the federal government must make targeted investments that will strengthen Canada's population health, expand our knowledge economy, and drive economic growth—a triple benefit for the country.

To this end, the AFMC urges the government to:

- Restore and increase funding to CIHR and other agencies to match the G7 average and attract top global talent.
- Rapidly adapt immigration pathways so leading researchers can enter and remain in Canada.
- Top up funding for Canadian projects stalled by international cuts or tariffs.

## Planetary Health

### **Recommendation 7: Reduce the environmental impact of Canada's health system**

Canada's health system is responsible for approximately 4.6% of the country's total greenhouse gas emissions, more than aviation or shipping, making it one of the world's highest per-capita health care polluters.<sup>9</sup> This impact stems from the resource-intensive nature of hospitals and their growing reliance on single-use medical supplies, which generate large volumes of waste.

Reducing these impacts requires collaboration that cuts across federal responsibilities—including health, environment, education, and research—and coordinated action from all sectors. AFMC calls on the government to draw on recent work, including the *Academic Health Institutions' Declaration on Planetary Health*<sup>10</sup> and the *Roadmap for Planetary Health and Sustainable Health Systems for Canadian Medical Professionals*,<sup>11</sup> to guide next steps and investments in this area.

To achieve this, AFMC recommends the federal government:

- Require healthcare institutions to assess climate risks, develop adaptation plans, and reduce their environmental impact, including the carbon footprint of medical waste.
- Adapt healthcare facilities to ensure continued operation during extreme weather through building upgrades and crisis-resilient operational plans.
- Develop clear emergency response strategies for climate-related health risks, and support local training for rapid, effective responses.

### **Recommendation 8: Help shape medical education and research related to the treatment of climate-related illnesses**

Environmental change is driving a rise in heat-related illnesses, respiratory conditions linked to poor air quality, and food insecurity—pressures that are reshaping Canadian health care. While many practitioners recognize climate change as a serious health threat, there is still limited guidance on how to address it in clinical practice. Some medical schools internationally have begun integrating a planetary health lens into their curricula, but there is an urgent need to strengthen and expand this work in Canada.

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<sup>9</sup> [Full article: Medical industry contributions to the climate crisis: Behind the green drapes](#)

<sup>10</sup> [Declaration on Planetary Health - AFMC](#)

<sup>11</sup> [AFMC Roadmap on Planetary Health.pdf](#)

Canada has signalled leadership by joining the WHO's COP26 Health Programme and committing to developing climate-resilient, low-carbon, and sustainable health systems.<sup>12</sup> Preparing future physicians to address the health impacts of environmental change is essential.

To achieve this, the AFMC calls on the federal government to:

- Convene a group of key stakeholders from each region with expertise in climate change and medical education—including provincial governments—to guide the integration of planetary health into medical curricula.
- Invest in health research focused on environmental risks and their health impacts, supporting Canadian medical schools and researchers leading this work.
- Train healthcare professionals to recognize and respond to the direct health effects of environmental change, including heat events, wildfire smoke, and climate-sensitive infectious diseases.

## **Conclusion**

AFMC calls on the federal government to act on the above recommendations to address the health workforce crisis, to strengthen Canada's health research ecosystem, and to advance planetary health. These investments will help build a more resilient health system, drive medical innovation, and improve health outcomes for all Canadians.

AFMC is eager to collaborate with the federal government to ensure Canada's health system is strong, innovative, and prepared to meet the challenges of today and tomorrow.

For further information and to collaborate, reach out to [advocacy@afmc.ca](mailto:advocacy@afmc.ca)

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<sup>12</sup> [Canada's Achievements at COP26 - Canada.ca](https://www.canada.ca/en/gov/department-of-health-services/health-canada/canada-at-cop26.html)