



THE ASSOCIATION OF FACULTIES  
OF MEDICINE OF CANADA

**The National Voice of  
Academic Medicine**

## **BUILDING A STRONGER CANADA THROUGH MEDICAL EDUCATION**

Written Submission for the Pre-Budget  
Consultations in Advance of the Upcoming  
Federal Budget

**May 2026**

## Recommendations

In today's era of global turbulence, Canada must prioritize crisis readiness, national sovereignty, and economic strength. To this end, the federal government must harness and leverage the strength of its medical education system: to protect the public and our borders, and to harness the country's human, scientific, and economic potential. The Association of Faculties of Medicine of Canada (AFMC) proposes that the federal government invest in two key areas and action nine collaborative and measurable tactics in Budget 2026.

### **Shore Up Medical Education for Crisis Readiness and National Sovereignty:**

1. Help provinces fund more residency positions for Canadian medical graduates (CMGs) and international medical graduates (IMGs), with a focus on family medicine spots and on training in rural and remote regions. Funding should help offset student costs, instructors and administrative staff, clinical and other capital needs, and professional development for teaching staff as required.
2. Invest \$1.07B to support provinces and territories in [building 50 polyclinics](#) in non-urban areas of most need, with lodging and technology infrastructure, to facilitate training for more new graduates while also supporting practicing family physicians.
3. Encourage and fund collaborative projects between the [Society of Rural Physicians of Canada](#), AFMC and other key partners to develop a national strategy, curriculum and standards to distinguish and equip rural practitioners.
4. Actively collaborate with AFMC to access data and make evidence-based policy decisions about physician training, population needs, and appropriate immigration pathways.
5. Encourage provincial governments, through financial incentives, to collaborate with one another and with AFMC when developing plans to expand medical education, whether through the creation of new schools, satellite campuses, or other new offerings.

### **Invest in Health Research and Innovation for Economic Strength and Public Safety:**

6. Maintain and expand funding and support for independent, Canadian-based health research, while reducing administrative burden and red tape on grant applicants and holders.
7. Provide financial incentives for early career researchers in medicine and Canadian-based clinician-scientists.

8. Invest in pan-Canadian initiatives and technologies that will rapidly and effectively control and reduce medical disinformation, to ensure Canadians can readily access accurate scientific information on matters related to public health, vaccinations, and crisis readiness.
9. Include and prioritize research and science in health policy frameworks and institutions, including in medical education and health infrastructure.

## Introduction

In Budget 2026, the Government of Canada must balance the needs of a diverse, highly dispersed population against a backdrop of increasingly chaotic global events. Matters of national security and sovereignty are paramount.

At this historic moment, the Association of Faculties of Medicine of Canada (AFMC) underscores the role Canada's medical schools play in protecting the Canadian public – and in moving the nation forward as a strong scientific and economic player.

**Canada's ability to train, retain and support its own physicians, clinician-scientists, and public health leaders ensures the country can:**

- **Respond swiftly and effectively in times of crisis, including in the face of pandemics, biological threats, forest fires and other climate events.**
- **Support the Canadian military with training, clinical care, and research – especially in rural and remote areas.**
- **Become a global player in health research and innovation, including in the invention, storage and commercialization of new vaccines and medications.**
- **Prioritize evidence-based public health policy and combat medical disinformation.**
- **Support Indigenous and other marginalized populations, including in rural and remote locations.**
- **Fill gaps and tackle challenges in the domestic healthcare system over the long term.**
- **Live out Canadian values at home and abroad, including equity, diversity and inclusion.**

To achieve these outcomes, Canada requires a robust and equitable medical education system that is equipped to produce enough doctors to serve Canadian interests – without an overreliance on foreign workers or investment.

## A Call for Collaboration

Canada's medical schools are world-class. Through the AFMC, they collaborate closely – sharing best practices, accreditation standards, and an interconnected residency matching system that spans the country. In 2025, Canada's 19 medical schools produced 2,815 new doctors, ready for practice.<sup>1</sup>

Canada's medical education system is unique in that it straddles federal and provincial jurisdictions. Provinces are responsible for their respective post-secondary education and healthcare systems – while the federal government is responsible for health research, public safety, military investment, and immigration policy. For these reasons, it can be difficult to identify and mobilize solutions that will move Canada's medical education system forward for the collective benefit of all Canadians.

**AFMC urges the federal government to engage with this complexity in an intentional way – seeking out new opportunities for dialogue, collaboration, and fiscal support at the provincial, regional and territorial levels – for the best collective impact for Canadians. Now is not the time for siloed thinking.**

Canadians consistently rank healthcare among their top five concerns nationally (per *Abacus Data*), giving Parliament strong social license to collaborate with Provinces in new and innovative ways.

In this submission, AFMC proposes three categories in which the federal government can swiftly and tangibly help bolster the nation-building role and impact of medical schools – offering nine actionable, measurable tactics for the 2026 fiscal cycle.

## Shore Up Medical Education for Crisis Readiness and National Sovereignty:

Canada faces a major doctor shortage, causing delay, stress and poor health outcomes for millions of patients and families across provinces and territories. The negative social and economic impact of this shortage will be carried into the next generation, as Canadians who cannot access timely care are prevented from studying, innovating, caring for loved ones, building businesses, and giving back.

Left unchecked, Canada's doctor shortage will erode the country's human and economic potential. Unsurprisingly, this impact is already being felt most acutely in rural and remote regions of the country, and among Indigenous and other equity-deserving populations.

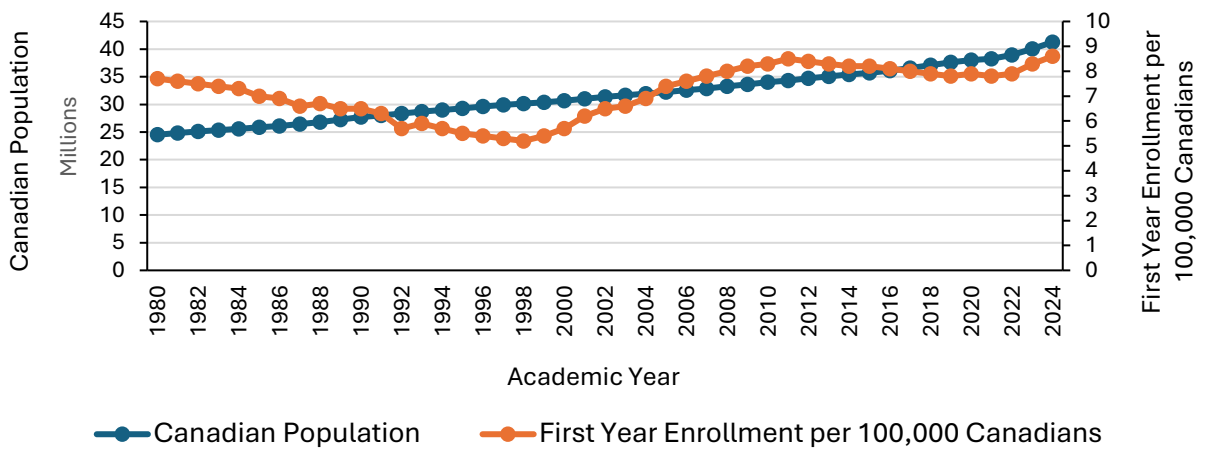
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<sup>1</sup> Table H-1; [2024-25 CAPER Census](#)

The root cause of the problem is that – despite its world class reputation in medical education – Canada is not training enough doctors. This challenge dates to the 1980’s, when provincial governments began cutting undergraduate medical school seats across the country – resulting in a low point in first year enrolments around 1998.<sup>2</sup> Meanwhile, Canada’s population kept growing, creating a gap between the number of medical school graduate seats and the number of Canadians needing care.

For the past 20+ years, provincial governments and medical schools have been working hard to correct this phenomenon. They have increased the number of undergraduate medical seats by 43.6%<sup>3</sup> and the number of residency positions by 73%<sup>4</sup> – bringing Canada up to training levels slightly higher than in the 1970s.

**Figure 1: Historical Canadian population data (blue line) relative to first year enrollment per 100,000 Canadians (orange line) from 1980-2024**



**Canada’s medical education infrastructure – both human and capital – is now at or beyond capacity.** Meanwhile, practicing physicians are overstretched and suffering higher rates of burnout, impacting their ability to engage with clinical teaching or health research.

The solution is more complex than simply “adding more seats”. Significant long-term investments are required for schools to hire more instructors, enhance clinical teaching space, provide adequate student support, and support the health authorities where resident doctors complete their training. For family medicine and in rural and remote areas, social

<sup>2</sup> Data Source for Figure 1: For academic years 1971-1999; CMES 2000; Table 16. For academic years 2000-2024; CMES 2024; Table G-2. Canadian population values retrieved from Statistics Canada <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>

<sup>3</sup> Table G-1; [2024 CMES](#)

<sup>4</sup> Table I-5; [2024-25 CAPER Census](#)

and financial incentives are required to encourage more students to pursue training, practice, and life in these fields.

**In the absence of coordinated investment in this space, Canada has become increasingly reliant on immigrant doctors to fill the gap. In 2024, more than 26,000 foreign-born physicians were practicing in Canada, representing 27.4% of the overall physician workforce.<sup>5</sup> This is not a viable, multi-generation solution for the problem at hand.**

So how, through Budget 2026, can Canada begin to catch up?

**AFMC recommends that the federal government:**

1. Help provinces fund more residency positions for Canadian medical graduates (CMGs) and international medical graduates (IMGs), with a focus on family medicine spots and on training in rural and remote regions. Funding should help offset student costs, instructors and administrative staff, clinical and other capital needs, and professional development for teaching staff as required.
2. Invest \$1.07B to support provinces and territories in [building 50 polyclinics](#) in non-urban areas of most need, with lodging and technology infrastructure, to facilitate training for more new graduates while also supporting practicing family physicians.
3. Encourage and fund collaborative projects between the [Society of Rural Physicians of Canada](#), AFMC and other key partners to develop a national strategy, curriculum and standards to distinguish and equip rural practitioners.
4. Actively collaborate with AFMC to access data and make evidence-based policy decisions about physician training, population needs, and appropriate immigration pathways.
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<sup>5</sup> CIHI: [“Supply, Distribution and Migration of Physicians in Canada, 2024”](#).

## **Invest in Science and Innovation for Economic Strength and Public Safety:**

Medical students and doctors are also scientists. Their work connects patient care with health research and ultimately maintains public safety, human wellbeing, and economic prosperity.

For every dollar spent on health research in Canada, more than \$4.71 is generated back into the nation's economy.<sup>6</sup> But in light of the above-described doctor shortage, it is increasingly difficult for medical students and practicing doctors to engage in meaningful health research, discovery, policy development, and commercialization. Those who do have limited access to research funding and excessive administrative distractions.

This has curtailed Canada's ability to compete on the global stage both scientifically and economically, and in some cases has led to the country's brightest doctors leaving the country. This compromises Canada's global standing as a leader in public health research and education and has made the country more reliant on external markets and political policies to access core drugs, like vaccines, in times of crisis.

The rampant spread of medical disinformation online and in other propaganda compounds these challenges – undermining public trust in doctors and eroding long-proven truths about science and medicine. This phenomenon is causing real physical harm to Canadians,<sup>7</sup> and poses significant national risk in times of crisis.

### **AFMC therefore recommends that the federal government:**

6. Maintain and expand funding and support for independent, Canadian-based health research, while reducing administrative burden and red tape on grant applicants and holders.
7. Provide financial incentives for early career researchers in medicine and Canadian-based clinician-scientists.
8. Invest in pan-Canadian initiatives and technologies that will rapidly and effectively control and reduce medical disinformation, to ensure Canadians can readily access accurate scientific information on matters related to public health, vaccinations, and crisis readiness.
9. Include and prioritize research and science in health policy frameworks and institutions, including in medical education and health infrastructure.

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<sup>6</sup> [AFMC Economic Impact Study](#), 2014.

<sup>7</sup> [Canadian Medical Association – 2025 Health and Media Annual Tracking Survey](#)

## **Conclusion:**

Without a strong medical education system, Canada cannot adequately serve its population, cannot respond in times of crisis, cannot maintain robust public health standards, and cannot fully participate in the global innovation economy.

It is critical that Canada's world-class medical education system be viewed and valued as a critical system supporting the nation's stability, wellbeing and long-term prosperity.

## **About AFMC**

AFMC represents all of Canada's medical schools and is the national voice of academic medicine. A registered charity and lobbyist, AFMC oversees Canada's training in medicine and health research – from admissions through residency, to continuing professional development, and from laboratory to bedside.

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