



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Towards an equitable, sustainable and resilient health system

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

Royal College of Physicians and Surgeons of Canada
August 2, 2024



Recommendations

Recommendation 1: That the federal government extend the federal student loan forgiveness program to all resident doctors and new in-practice physicians, aligned with the proposal from Resident Doctors of Canada (RDoC). While we support extending loan forgiveness to all residents and new in-practice physicians, we would recommend giving priority to Indigenous and Black physicians and expanding the list of eligible professions to specialist physicians working in rural and remote areas. The government should engage with organizations representing these communities to ensure that processes provide funding for those most in-need.

Recommendation 2: That the federal government establish and fund a national secretariat to support planetary health within Health Canada in collaboration with Indigenous communities, as well as the provinces and territories, and continue to support planetary health education for the health workforce.

Recommendation 3: That the Government of Canada funds Phase II of the National Consortium for Indigenous Medical Education (NCIME) with \$10 million over 5 years.

Recommendation 4: That the federal government continue to work with national health care organizations to reduce health care providers' administrative burden.

Pre-Budget Submission

Who we are

The Royal College is a national, non-profit organization representing over 50,000 specialist physicians and surgeons in Canada and around the world. Established by a special Act of Parliament in 1929, the Royal College is the voice of specialty medicine in Canada, setting the highest standards for specialty medical education, assessment and lifelong learning for specialist physicians and promoting sound health policy adapted to today's needs.

The Royal College is committed to supporting the entire healthcare system in which specialist physicians are engaged to meet the needs of patients, all while respecting the realities and challenges faced by decision-makers and valuing the people who make the system work. Canada is currently in a health and human resources (HHR) crisis. The existing health workforce faces enormous threats to its wellness and sustainability. The Royal College will continue to work collaboratively with our partners to provide solutions to prevent burnout and reduce the burden on individuals working in the healthcare system, while continuing to strengthen the foundation for a system that is equitable, resilient, and sustainable. This work requires a whole-system approach, including engagement of the provincial and territorial governments. We recognize the need for federal leadership and stand ready to collaborate with the federal government and other partners to build a health care system that meets the needs of patients, providers and all people living in Canada.

Recommendation 1: That the federal government extend the federal student loan forgiveness program to all resident doctors and new in-practice physicians, aligned with the proposal from Resident Doctors of Canada (RDoC). While we support extending loan forgiveness to all residents and new in-practice physicians, we would recommend giving priority to Indigenous and Black physicians and expanding the list of eligible professions to specialist physicians working in rural and remote areas. The government should engage with organizations representing these communities to ensure that processes provide funding for those most in-need.

Resident doctors in Canada are struggling with educational debt. According to the Association of Faculties of Medicine of Canada (AFMC) Graduation Questionnaire, the median debt accumulated directly related to medical studies upon graduation from an MD program is [\\$90,000 in 2024](#). Significantly, 16% of graduates in that survey identified [debt of more than \\$200,000](#) upon graduation. This is notably more than the national average student debt for all doctorate graduates (i.e., anyone who has completed a PhD program), [which in 2020 was \\$38,200](#).

During their residency, resident doctors are both full-time employees providing care to the Canadian population and in full-time education. The Canada Student Loan program, however, considers resident doctors to be solely practitioners and requires them to begin loan repayment within six months of graduating medical school. Residency training can take up to 7 years to complete depending on specialty, meaning that debt often follows new doctors into practice.

The Royal College supports the call from the Resident Doctors of Canada (RDoC) to expand the federal student loan forgiveness program to include all resident doctors and new in practice physicians, starting with Indigenous and Black residents. The cost of education has an inequitable impact on Black, Indigenous and all people of colour [due to structural racism and economic discrimination](#). As such, the high cost of medical education and debt may provide a barrier to entry into the physician workforce, as well as impacting well-being. Data shows that both [Indigenous and Black people](#) are under-represented in the Canadian physician workforce and [that health outcomes improve when there is greater diversity in medicine](#). We encourage the government to reduce the financial burden placed on Indigenous and Black physicians to increase representation and health equity for all communities in Canada.

The Royal College applauds the government's announcements to [expand the list of professions eligible for student loan forgiveness](#) in rural and remote communities

and to increase the amount eligible for loan forgiveness in 2024. These changes will undoubtedly improve the well-being of health providers and increase the attractiveness of working in rural and remote communities. As a next step, we encourage the government to expand the program to include specialist physicians, who are currently excluded from the list of professionals eligible for student loan forgiveness. Specialist physicians, which includes more generalist disciplines such as Pediatrics and Internal Medicine, provide invaluable care in rural and remote communities but are currently underrepresented. Whilst 17.8% of the population in Canada live in rural areas, only 2.2.% of specialists work in these same areas.

Recommendation 2: That the federal government establish and fund a national secretariat to support planetary health within Health Canada in collaboration with Indigenous communities, as well as the provinces and territories, and continue to support planetary health education for the health workforce.

Climate change and health are inextricably linked. Climate change numerous poses challenges to the health system: an increased [demand for service](#) in response to the health impacts of increasingly frequent natural disasters, declining air, water, and food quality, and extreme heat; augmented spread of infectious diseases and pathogens, with an [increased chance of spillover events](#) (the transmission of pathogens from animals to people); and heightened threats to [health infrastructure, operations, health financing, health care, public health programming, supply chains, and the health workforce](#). Notably, the impact of climate change will not be felt by the population evenly, and will likely [exacerbate existing health inequities](#) in Canada and globally. It is important that the Canadian health system is proactive in preparing for and responding to climate change. Investing in an equitable, resilient, and sustainable health system now will prepare Canada for these challenges and reduce long-term costs to the system.

[Planetary health is a solutions-oriented, transdisciplinary field and social movement focused on analyzing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth.](#) The Royal College commends the government for its progress towards planetary health over the last year, endorsing the [COP28 Declaration on Climate and Health](#), which includes [creating a climate-ready health workforce](#), as well as its [investments to support initiatives within the Health and Well-Being system](#) of the National Adaptation Strategy.

The Royal College encourages the government to create and fund a national secretariat within Health Canada to provide national leadership and guidance on planetary health research, policy, and strategy. This secretariat should intersect with relevant ministries, including Environment and Climate Change Canada, Emergency Preparedness, and Indigenous Services, and engage with Indigenous communities, the provinces and territories.

Additionally, the Royal College calls on the government to continue its support for planetary health education for the health workforce. Specialist physicians and health care teams can play a unique role as stewards of sustainable health care and advocates for the health of populations in Canada. We are committed to working with the federal government and other organizations in the health system to advance planetary health education, including by providing educational opportunities for

specialist physicians in their residency training and maintenance of certification programs.

Recommendation 3: That the Government of Canada funds Phase II of the National Consortium for Indigenous Medical Education (NCIME) with \$10 million over 5 years.

The National Consortium for Indigenous Medical Education (NCIME) provides invaluable leadership to implement Indigenous-led work streams that will transform Indigenous medical education and contribute to the delivery of culturally safe care. The Royal College strongly encourages the federal government to fund the second phase of NCIME's organizational plan in order to sustain its role as the centre of Indigenous physician leadership in medical education research, evaluation, and training for improved Indigenous healthcare and practice.

The Canadian medical education and healthcare systems have benefitted since the creation of NCIME in 2021 from its leadership to guide medical education organizations through the [continuum of cultural safety](#): starting with cultural awareness (the acknowledgement of difference), then cultural sensitivity (which focuses on respecting that difference), cultural competence (which focuses on a provider's skills and attitudes) and ending with cultural safety. Cultural safety is an important component in creating a safe environment for Indigenous Peoples, racially marginalized and other systemically marginalized peoples, such as immigrants and people with disabilities, accessing the health system. It is based on [understanding power differentials](#) in the health care system and serves as a concept for guiding an [analysis of power](#) in every relationship of difference.

The Royal College is committed to continuing [our own work in this area](#) and to continuing to look to NCIME for leadership in Reconciliation within medical education. We encourage the government to invest in phase II of NCIME's plan to ensure that it can initiate its stakeholder commitment, engagement and implementation strategy, business plan, and transition to a not-for-profit status and continue to build cultural safety in the health workforce to create a more equitable and sustainable system.

Recommendation 4: That the federal government continue to work with national health care organizations to reduce health care providers' administrative burden.

Canada currently faces a health and human resources (HHR) crisis. Challenges accessing the health system and improving physician supply are exacerbated by high levels of burnout amongst doctors, almost half of whom signalled an intent to reduce clinical hours in a national 2021 survey. Not only is burnout costly for the government - the total cost of burnout for all physicians practicing in Canada was estimated to be \$213.1 million - it negatively impacts patient care.

It is estimated that physicians in Canada are spending are spending 18.5 million hours each year on unnecessary administrative work, which is equivalent of 55.6 million patient visits. In Nova Scotia, the provincial government estimates that it has saved more than 200,000 hours a year by implementing a range of initiatives that reduce physician red tape.

The Royal College appreciates the government's investments in improving health workforce well-being to date and encourages it to continue to work with national health care organizations to reduce the administrative burden and improve well-being.