



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

Introduction

Family physicians are the foundation of Canada's health care system. They are versatile experts who deliver care in primary care clinics, hospitals, long-term care homes, and patients' homes. Their central role is unmatched: for [19 out of 20 Canadians](#) with a regular primary care provider, that provider is a family doctor. They manage a broad scope of care, from preventive services to mental health and complex chronic disease management.

An increased attachment of patients to a family doctor leads to better [health outcomes](#), and a more cost-efficient health care system. For instance:

- A hospital stay in Canada averages [\\$7,803](#), compared to just [\\$54 per family physician](#) visit.
- Care by a family physician reduces [emergency department use](#), even more so than access to [other specialists](#).
- Every additional 10 family physicians per 100,000 population is associated with [40 fewer hospital admissions](#).
- Individuals with greater continuity of care spend less time in the hospital with [shorter lengths of stay](#).

Despite this impact, family physicians receive less than [six per cent](#) of total [health spending](#) in Canada, while delivering over [half of all medical care](#). Given this misalignment in funding, it is concerning that as many [as six million Canadians](#) are without a regular family doctor.

Governments must ensure every Canadian has access to a family doctor. It ranks as one of the top priorities for fixing the health care system for the [majority of Canadians](#). This submission offers a series of funding allocations that the federal government can make to strengthen family medicine across Canada.

Federal Budget 2025 Recommendations Summary

1. Deliver on the Liberal Party's 2025 platform commitment to invest in family medicine by: 1) allocating \$750 million over two years to expand family medicine training and education; 2) implementing the \$300 million new-practice fund for family doctors; 3) expediting recognition of internationally trained family physicians; and 4) national licensure.
2. Reduce administrative burden by: 1) Eliminating or streamlining burdensome requirements for federal forms; 2) expanding effective referral solutions; and 3) introducing legislation to limit reliance on family doctors for sick notes and insurance benefit access.

3. Invest in team-based primary care by: 1) ensuring a substantial portion of federal health infrastructure funding supports family physician-led teams; 2) investing in interprofessional training environments; and 3) advancing interoperability of electronic medical records to support care coordination and digital innovation.

Federal Budget 2025 Recommendations in Detail

Recommendation One: Deliver on the Liberal Party's 2025 platform commitment to invest in family medicine by: 1) allocating \$750 million over two years to expand family medicine training and education; 2) implementing the \$300 million new-practice fund for family doctors; 3) expediting recognition of internationally trained family physicians; and 4) advancing national licensure

The family physician shortage must be addressed. The federal government recently [projected](#) a shortage of 25,000 family physicians in 2025, with the gap expected to grow.

Expand family medicine training and education

The CFPC supports the Liberal Party's election pledge to make a two-year [\\$750 million commitment](#), to expand medical schools and residency positions. However, to maximize its impact, a portion of this investment must be directed specifically to training infrastructure that enables family medicine education. Most family medicine residency training occurs in community settings, led by family physicians who are already managing high patient volumes, administrative responsibilities, and complex care. Expanding residency seats without parallel investment in clinical teaching capacity risks overburdening these practices, undermining both education quality and access to healthcare. Federal funds should therefore provide faculty remuneration and local teaching supports for community-based physicians, to ensure the medical education system can absorb and sustain growth of the workforce.

New-practice fund

Furthermore, we support the Liberal Party platform's three-year, [\\$300 million commitment](#) to establish a [new-practice fund](#) for family doctors. The platform's pledge to help with clinic space, equipment, and technologies speaks to the high start-up and operational costs family physicians face. Overhead expenses, ranging from [28 per cent](#) to as high as [75 per cent](#) of gross income, can substantially reduce take-home pay and disincentivize comprehensive practice that provides much needed care close to home. Ensuring the fund supports not only start-up expenses but also initial overhead-related costs would help early-career family physicians establish stable, sustainable family practices. Many of the financial pressures are also experienced by practices that have been operating for some time but are now under threat of closure due to mounting expenses. Extending some financial supports (for example for implementing new technologies or transitioning to team-based care) would ensure the longevity of these practices and expand their ability to provide care now and in the future.

Internationally trained family physicians

Alongside domestic training, Canada must accelerate the integration of internationally trained family physicians (ITFPs) while maintaining globally recognized high standards for family physician

licensure and certification. This includes federal investment to expand International Practice Ready Assessment (PRA) pathways and increase family medicine residency positions, alongside supports to ensure ITFPs succeed in these roles. The CFPC has also submitted a proposal to the federal government to streamline family doctor certification by expanding the number of countries eligible for automatic recognition and accelerating the credential recognition process (project ReIMGine). We urge timely federal support to begin this work. To fully leverage ITFPs, governments must recognize the changes in accreditation and licensing that are necessary for their timely and effective integration, and fund the institutions responsible for implementing these changes - such as the CFPC, the Medical Council of Canada, and the Federation of Medical Regulatory Authorities of Canada.

National licensure

The federal government must work with provinces and territories, to support a common streamlined national licensing process for physicians across Canada. This includes targeted funding to develop and sustain systems that enable licensure, such as incorporation, billing numbers, and privileging. These systems are critical for allowing family physicians to move more easily between provinces and territories, improving access to care in underserved communities.

Recommendation Two: Reduce administrative burden by: 1) Eliminating or streamlining burdensome requirements for federal forms; 2) expanding effective referral solutions; and 3) introducing legislation to limit reliance on family doctors for sick notes and insurance access.

Family doctors spend [10 to 19 hours per week](#) doing too many low-value tasks better spent on patient care. It's a major contributor to physician burnout, compromising recruitment and retention.

The federal government can directly address this by revamping burdensome federal forms like the [Disability Tax Credit \(DTC\)](#), to give family doctors more time for patients. In 2023, an estimated 280,000 DTC forms were processed, representing time that could have accommodated over one million patient visits. The introduction of Canada Disability Benefit program this year will increase DTC applications by over 50% in the coming years, making it even harder for patients to see their family doctor in a timely way. While the DTC is a critical program for Canadians – it should not rely on family doctors to be gatekeepers to access it. With this in mind, the CFPC calls on the federal government to eliminate the requirement for family doctors to complete the DTC form by revising the *Income Tax Act*, Section 118.3, relieving medical practitioners of this obligation. In the short-term, the DTC form should be streamlined and, as per Budget 2024's commitment, family physicians should be appropriately compensated for completing the form. Immediate government compensation to family physicians for filling out this form must be taken urgently as currently this expense is passed on to patients with disability who are already struggling financially.

The federal government should also fulfill its \$400 million [pledge](#) to address administrative burden by prioritizing form standardization and digitization, and launching a new program to support e-prescribing and e-referrals. The federal government can draw on successful provincial examples:

- [Ontario's](#) collaboration with the Ontario Medical Association to simplify 12 government forms and integrate them into EMRs.

- British Columbia's [Pathways platform](#), which has been found simplify the referral process, improve transparency on wait times, and reduce physicians' workplace stress and inefficiencies.

The federal government should support provincial and territorial efforts to reduce reliance on **sick notes** and **third-party documentation**. Canadians made ~12.5 million sick note requests in the past year, introducing low-value doctor visits and taking away time from important care. Jurisdictions like Ontario and Nova Scotia have passed legislation limiting employer requests for minor illnesses, while Quebec has prohibited third-party payers (insurers) from requiring unnecessary medical services for reimbursement. Federal endorsement can accelerate national alignment on this issue to prioritize care over paperwork.

Recommendation Three: Invest in team-based primary care by: 1) ensuring a substantial portion of federal health infrastructure funding supports family physician-led teams; 2) investing in interprofessional training environments; and 3) advancing interoperability of electronic medical records to support care coordination and digital innovation.

Team-based primary care is [shown](#) to improve access, cut system costs, and enhance full care. Yet, progress across Canada remains uneven, with many family practices lacking the infrastructure or supports to deliver care through integrated, multidisciplinary teams led by family doctors. Federal leadership is essential to ensure consistency in how team-based care is delivered nationwide.

The CFPC echoes the Canadian Medical Association's recommendations that the federal government provide funding to [achieve specific goals in primary care](#). This includes committing to a national goal of attaching 50 per cent of Canadians to a team-based primary care model that includes a family physician by 2030, and 80 per cent by 2035. The CFPC's [Patient's Medical Home](#) lays out a vision of family physician-led interprofessional care that supports current interpretations such as the OurCare standard.

Alongside federal-provincial-territorial bilateral agreements, the federal government's 2025 [platform commitment](#) to invest \$4 billion over four years in community health care infrastructure, including team-based care, can advance this vision. This funding should ensure that:

- Family practices have resources to involve primary care health professionals such as social workers, nurse practitioners, pharmacists and others, with the family physician leading teams.
- Interprofessional training environments are supported. [Evidence](#) shows these initiatives enhance collaboration, improve provider satisfaction, and raise quality of care. Team-based training environments ensure future health professionals are prepared to succeed in collaborative, patient-centred care models.
- EMR interoperability is advanced across the country. Secure information sharing between providers is essential to coordinated care - and to the success of tools like e-prescribing and e-referrals. The Digital Health Interoperability Task Force [report](#) has outlined key investment-ready steps such as: enacting pan-Canadian interoperability standards through federal legislation; supporting physician-led co-design to ensure usability; and funding

Canada's research and development funding organizations to promote ongoing digital health innovation. Ongoing funding is needed to ensure these frameworks continue to evolve and materialize, creating a truly connected digital environment for Canada's health data.

Conclusion

Now that the Liberal Party of Canada has formed government, it is essential that its election pledges are fulfilled. The upcoming federal budget provides an opportunity to act decisively - investing in family medicine, reducing administrative burden, and expanding access to team-based care - delivers on commitments to Canadians and supports a stronger, more productive health system. These strategic investments will help ensure that every Canadian has access to a family doctor, improving health outcomes while reducing system inefficiencies and generating long-term savings. In the face of economic pressures, strengthening family medicine is a practical, cost-effective measure that will help safeguard the sustainability of Canada's vital health care system for future generations.

About the CFPC

The voice of family medicine in Canada

The CFPC is the professional organization that represents more than 47,000 members across the country. The College establishes the standards for and accredits postgraduate family medicine training in Canada's 17 medical schools. It reviews and certifies continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements.

The CFPC provides high-quality services, supports family medicine teaching and research, and advocates on behalf of the specialty of family medicine, family physicians, and the patients they serve.

Contact

Artem Safarov
Director, Health Policy and Government Relations
College of Family Physicians of Canada
905-629-0900, ext.249; 1-800-387-6197, ext. 249
asafarov@cfpc.ca