

Pre-Budget submission to the Government of Canada – Budget 2026

Unlocking Canada's untapped physician pipeline – Accelerating access to care through residency expansion, national assessment and physician mobility

**Submitted by the Medical Council of Canada
September 8, 2026**

Recommendation	Summary
Advance national physician mobility	Invest in national physician data infrastructure and assessment standards that improve and enable labour mobility and workforce planning across Canada.
Invest in national assessment infrastructure	Modernize physician assessment, credential verification, and workplace-based assessment to safely accelerate entry into practice.
Establish a national residency expansion fund	Increase residency positions across all provinces and territories for qualified Canadians studying abroad (CSAs) who graduate from accredited international medical schools.

Introduction

About the Medical Council of Canada For over 100 years, the Medical Council of Canada (MCC) has assessed the knowledge, clinical skills and professional behaviors of physicians and medical graduates to support safe patient care in Canada. The MCC develops and administers Canada's national physician examinations, verifies international medical credentials, and maintains the standards used by medical regulators across the country. Nearly 50,000 students, graduates, and physicians engage with the MCC annually. The MCC does not license physicians or set provincial workforce policy — it provides the trusted assessment tools and standards governments and regulators rely on to make consistent decisions about licensure and entry into practice. As governments work to address Canada's physician shortage, the MCC is uniquely positioned to help expand physician capacity while upholding the standards Canadians expect.

Canada's opportunity

Canada faces an urgent physician shortage that continues to limit access to primary care, increase wait times, and constrain economic productivity. While domestic training of physicians to meet the shortage by expanding medical school capacity remains an important part of the long-term solution, it will take many years before additional Canadian graduates enter the workforce.

Recent national research commissioned by the MCC found that nearly nine in ten Canadians believe addressing the physician shortage is urgent. Canadians identified physician shortages, limited access to family physicians and long wait times as among the most significant challenges facing Canada's healthcare system. At the same time, they overwhelmingly support measures that increase physician supply while maintaining the rigorous assessment standards that protect patient safety.

Canada's challenge is not simply a shortage of future physicians; it is also a shortage of pathways that allow qualified physicians to enter practice.

Thousands of Canadian citizens pursue medical education abroad (at Caribbean, Irish, and other schools) because admission to Canadian medical schools remains highly competitive. Most intend to return home to practice medicine, yet many are unable to do so because of limited residency positions, fragmented assessment pathways, and inconsistent licensing processes. As a result, Canada is failing to capitalize on one of its greatest existing health workforce assets.

Canadians studying abroad represents a substantial, highly qualified pipeline of future physicians that can deliver results much sooner than expanding undergraduate medical education alone. By addressing the bottlenecks that occur after medical school, governments can increase physician supply more quickly while maintaining the standards Canadians expect.

The Medical Council of Canada recommends targeted federal investments that will help provinces safely increase physician capacity by expanding residency positions, strengthening national assessment infrastructure and supporting physician mobility across Canada.

These recommendations align with the Government of Canada's priorities of improving access to healthcare, addressing workforce shortages, increasing labour mobility, reducing internal barriers and strengthening Canada's economic productivity.

Recommendation 1 —

Advance national physician mobility and workforce planning

Canada's physician shortage is also a distribution challenge.

Many communities continue to struggle to recruit physicians while regulatory and administrative barriers limit physician mobility across provincial boundaries.

Canadians support making it easier for physicians licensed in one province to practice in another without unnecessary additional licensing requirements. National polling found that more than four in five Canadians support greater physician mobility across Canada.

The MCC's National Registry of Physicians (NRP) continues to be developed to provide the digital infrastructure needed to improve physician portability, workforce planning, and regulatory collaboration.

By providing trusted physician credential information through a national platform, the NRP can reduce duplication, improve workforce planning, and support a more responsive physician workforce.

Investment recommendation

The federal government should provide additional funding to support the continued implementation and expansion of the National Registry of Physicians and related national assessment infrastructure, building on existing Health Canada-supported work. This next phase of investment would support broader implementation of the NRP to enable physician mobility, improve workforce planning and strengthen health system resilience across Canada.

This includes investment in the data intelligence capability needed to turn MCC held information into a connected, real-time national picture of physician supply, distribution and mobility — giving governments a single, trusted evidence base for health workforce planning rather than jurisdiction-by-jurisdiction data.

The MCC's National Registry of Physicians provides the digital infrastructure needed to improve physician portability, workforce planning, and regulatory collaboration.

Recommendation 2 —

Invest in national assessment infrastructure

Demand for Canada's national physician assessments is growing rapidly. In 2025–2026, 10,311 candidates took the Medical Council of Canada's Qualifying Examination (MCCQE) including 6,689 international medical graduates. Overall candidate volume increased by 30% during the year, driven in part by growing interest from international medical graduates (IMGs) and internationally trained physicians (ITPs). Despite this increase, the MCC reduced the time it took to report examination results from six-to-eight weeks to four weeks or less.

These trends demonstrate both the scale of Canada's internationally educated physician pipeline and the capacity of national assessment infrastructure to respond to growing demand. The next opportunity is to extend this capacity beyond examinations by strengthening competency-based and workplace-based assessment and the tools that support Practice Ready Assessment programs, and additional pathway to licensure for ITPs.

Efforts to increase physician supply must also maintain public confidence in physician competence. Canadians strongly support this balanced approach.

National polling commissioned by the MCC found:

- 91% support mandatory credential verification.
- 78% support written examinations.
- 77% support practical assessment.
- 77% support supervised workplace assessment for internationally trained physicians.

The MCC already provides the national assessment tools needed to support these objectives.

As of August 2026, more than 171 assessors have been trained, with 96% reporting a significant improvement in their assessment skills. In addition, more than 11,000 observations have been completed using the MCC's WBA model.

These include:

- IMG credential verification;
- national examinations;
- competency-based and work-place based assessments;
- readiness assessments for Practice Ready Assessment programs; and
- nationally recognized standards that support consistent licensure decision-making across jurisdictions.

Continued federal investment in these national assessment systems will help governments identify physicians who are ready to practise while avoiding unnecessary duplication, improving efficiency, and maintaining patient safety.

Investment recommendation

With support from Health Canada, the MCC has developed a workplace-based assessment ecosystem designed to support implementation across jurisdictions, including standardized assessment tools and assessor training. Budget 2026 provides an opportunity to build on this existing federal investment and support broader adoption across provinces and territories of nationally consistent approaches to assessing physician readiness for practice.

This includes the underlying data infrastructure and analytics capability to connect assessment, credentialing and NRP data across the system — so governments and regulators can act on a single, current view of physician readiness and supply rather than siloed reporting.

Budget 2026 should invest in modernizing Canada's national physician assessment infrastructure, including digital credential verification, workplace-based assessment, competency-based assessment frameworks and assessment tools that support accelerated but rigorous pathways into practice.

Recommendation 3 — Establish a national residency expansion fund

Canada already has a significant physician workforce in training.

Based on secondary sources more than 3,000 Canadian citizens are currently studying medicine abroad in jurisdictions including Ireland, the United Kingdom, Australia, the Caribbean and other countries with high-quality medical education systems. Hundreds graduate every year intending to return to Canada.

The demand from internationally educated physicians seeking entry into the Canadian Residency Matching Service (CaRMS) is already substantial and growing. In 2025–2026, 2,416 candidates completed the MCC's National Assessment Collaboration (NAC) Examination, which assesses the readiness of international medical graduates seeking entry into Canadian residency programs. In response to growing demand, the MCC increased NAC Examination capacity by 29%.

The experience of Canadians studying medicine in Ireland illustrates what happens further along this pipeline. More than 1,200 Canadians are enrolled in Irish medical schools and approximately 300 graduate annually, an annual output comparable to a large Canadian medical school. Of those who apply to the CaRMS match, only a small percentage match to a Canadian residency position.

This challenge extends beyond Ireland. Thousands of Canadians studying medicine abroad in the Caribbean and elsewhere represent an existing physician resource that can be mobilized far more quickly than expanding undergraduate medical education.

Investment recommendation

The Government of Canada should establish a dedicated federal-provincial residency expansion fund that supports faculties of medicine and provinces in creating additional residency positions for qualified Canadian citizens graduating from accredited international medical schools and permanent residents, with priority given to Family Medicine and specialties experiencing critical shortages.

Federal investment would enable provinces to expand residency capacity more rapidly while supporting a coordinated national response to physician shortages. This would deliver physicians to Canadian communities years sooner than expanding undergraduate medical education alone.

Conclusion

Canada has an unprecedented opportunity to solve its physician shortage with a workforce that already exists.

Thousands of Canadians studying medicine abroad intend to return home to practice. Additionally, thousands of internationally trained physicians are already here, seeking pathways into practice. The challenge is not finding talent — it is ensuring qualified graduates and physicians have clear pathways to training, assessment and practice in Canada.

The Medical Council of Canada provides the nationally trusted standards, assessment systems and credential verification infrastructure that let governments expand physician capacity without compromising patient safety.

Canada does not need to build solutions from scratch. A substantial pipeline of qualified physicians already exists. National assessment and credential verification infrastructure are already operating at scale. Workplace-based assessment models are in development, and a national physician registry is taking shape. Budget 2026 presents an opportunity to connect and accelerate these existing assets—so more qualified physicians move safely and efficiently into patient care.

By investing in residency expansion, modern assessment infrastructure and national physician mobility, Budget 2026 can deliver more physicians to Canadian communities faster, reduce wait times, strengthen access to primary care, and improve health system productivity.

These are practical, evidence-based investments that build on existing national strengths—expanding Canada's physician workforce while upholding the standards Canadians expect.