

## **The FMEQ for a Strong and Accessible Public Health System Despite Major Concerns with Bill 83**

*This document, originally written in French on December 4th, has been translated into English. In case of discrepancies between the two versions, the French version shall prevail.*

**Québec, December 4** — The Minister of Health tabled a bill project yesterday to require new doctors to work for five years in the public healthcare system after completing their studies (Bill 83). The Quebec Medical Federation of Students (*Fédération médicale étudiante du Québec*, FMEQ) has several concerns regarding the bill, which appears to infringe on the fundamental freedoms of medical students without improving access to care for Quebecers.

Since its creation fifty years ago, the FMEQ has consistently advocated for a strong, universal, and accessible public healthcare system. This position reflects most of its members, who overwhelmingly choose to practise in the public sector after their studies. New doctors are already subject to strict frameworks, such as the Regional Medical Workforce Plans (*Plans régionaux d'effectifs médicaux*, PREM), Physician Resource Plans (*Plans d'effectifs médicaux*, PEM) and Specific Medical Activities (*Activités médicales particulières*, AMP). Bill 83 unfairly adds yet another coercive measure targeting new graduates, despite evidence that disaffiliation from the public system is a marginal behaviour.

The proposed changes in Bill 83 would create two classes of doctors with unequal rights. New doctors would be forced to practise in the public system while existing doctors could freely work in the private sector or out of the province without consequence. This constitutes an intergenerational inequity and raises several issues regarding individual freedoms. The bill also states that even before beginning their training, the government can ask students to sign an “agreement with a penalty clause to practise medicine in Quebec after obtaining their license.” Without experience in the medical profession, medical students would thus have to commit a decade in advance to practising a profession they know almost nothing about, without knowing their future life circumstances and without a real possibility of changing their decision. Even more concerning is the possibility that current medical students, who began their studies without knowledge of this legislation, could be retroactively obligated to sign such agreements when starting their residencies.

The Minister justifies the need for the bill by pointing out the high cost of medical training. We must emphasize that the costs cited by the Minister include the salaries of resident doctors, which cannot reasonably be considered as training expenses in good faith. Residents make diagnoses, prescribe treatments, and perform surgeries, and the healthcare system cannot function without the care they provide. It should also be noted that the studies of doctors currently practising were also subsidized by the Quebec government. Why, then, should new graduates alone bear this additional burden? This inconsistency is particularly glaring when considering the severe penalties (up to \$200,000 per violation)

proposed under the bill. These fines would disproportionately harm new graduates, who are far less financially secure than their established counterparts.

The Minister claims in a statement that his action will “improve access to our healthcare network so that all Quebecers are taken care of by the summer of 2026.” This assertion is unrealistic. By definition, all doctors currently practising outside the public system are no longer students and will be able to continue practising outside the system without consequence. By targeting only students, the impact of the bill will be limited. It is also important to note that the signing of the commitment would take place at the beginning of medical training or residency; therefore, it will be many years before affected students begin their medical practice. The thousands of Quebecers currently without a family doctor or awaiting surgery need immediate solutions, not measures whose effects will only be seen years down the road.

The four-page bill is vague and incomplete, leaving many critical questions unanswered. To meet the requirement of 5 years in the public system, a doctor must comply with an agreement during this period as defined by the Health Insurance Act. However, many doctors who actively serve the public do so outside the scope of the health insurance system; for instance, public health doctors, medical professors, doctors in administrative positions, and ironically, the Ministry’s own medical advisors. None of these groups are mentioned in the bill. Other special circumstances, such as parental leave, medical leave, or ongoing research projects, are also not mentioned in the bill, and we do not know whether they will be covered by a contract.

The FMEQ is aware of the challenges posed by the expansion of the private sector and the exodus of doctors out of the province. The only sustainable approach to this issue is improving working conditions within the public healthcare system. Doctors want to treat their patients, and they leave the public system when this task becomes impossible. They want more flexibility and resources, less bureaucracy and centralization. To put it simply, they want the opposite of what the Minister is currently proposing. Alternative solutions exist, and the FMEQ is committed to discussing with the government in the coming weeks to find out how the public system can become the employer of choice again. We will continue to be at the forefront in defending our public healthcare system, and we hope the government will stand with us on this important issue.

### **Regarding the Quebec Medical Federation of Students / Fédération médicale étudiante du Québec (FMEQ)**

The FMEQ ([fmeq.ca](http://fmeq.ca)) represents the four medical student associations in Quebec and nearly 5,000 medical students across four faculties and eleven campuses. It advocates for the interests of Quebec medical students in educational, political, and social matters. As a representative of the medical student community, the FMEQ also addresses broader healthcare system issues, working to promote fair and effective care through its initiatives and interventions.