Performance Audit

Oversight of Medical Education in Family Medicine

// Independent Auditor's Report

Office of the Auditor General of Ontario

ANNUAL REPORT 2025

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1.0 Audit at a Glance

// Why We Did This Audit

- There are not enough family physicians to provide primary care to all Ontarians. About 15,000 family physicians practised in Ontario in 2023, according to data compiled by the Ontario Physician Reporting Centre. In 2023, the Ministry of Health (MOH) estimated there was a significant shortfall in the number of family physicians required to meet the needs of Ontarians. MOH estimated approximately 1.3 million people were without a family physician or other primary care provider.

- A 2022 Ontario Medical Association (OMA) survey estimated that 40% of family physicians are considering retirement in the next five years, and in a 2023 survey by the Ontario College of Family Physicians (OCFP), 65% of family physician respondents reported plans to leave or change their practice within five years.

- Between 2022 and 2024, the Province announced changes to medical education that are part of its broader effort to address health-care workforce needs and improve access to primary care. The plans add 340 undergraduate and 551 postgraduate medical school seats across the province's six medical schools and two new medical schools. The medical schools will operate out of eight publicly funded universities. They will be jointly funded by the Ministry of Colleges, Universities, Research Excellence and Security (MCURES) and MOH.

+340
undergraduate seats

+551
postgraduate seats

~60%
dedicated to family medicine

- MOH expects medical schools to dedicate approximately 60% of the additional seats to family medicine. All the seats are intended to be added by the 2028/29 academic year. The expectation is that more family physicians will be available to serve the family medicine needs of Ontarians as a result.

// What We Found

MOH and MCURES Did Not Document Key Factors in Deciding to Expand Medical School Seats

- Prior to the rollout of the medical school seats expansion, the ministries did not document an analysis of key considerations to support their expansion decision. These considerations include justification for the most appropriate number of seats to add, the proportion of seats allocated to family medicine, and evaluation of the medical schools' capacity to implement the expansion.

- The ministries did not fully assess how many new training sites would be needed in order to offer postgraduate placements to additional family medicine students.

- The ministries did not fully assess the need to open two new medical schools. In their assessment, the two ministries did not consider the option to expand the capacity of the existing medical schools to accommodate new students.

- MOH used a forecast model to estimate the supply and demand of family physicians as one of the inputs used to inform its decision to expand medical school seats. We estimate that about 1,300 additional family physicians would be needed for the 1.3 million Ontarians without one. The 1.3 million, derived from an MOH survey, was used in its 2023 forecast model. We found this number was likely underestimated.

- Other sources, including a more recent analysis conducted by MOH in consultation with INSPIRE-Primary Health Care (INSPIRE-PHC), indicate a higher number of Ontarians who are not attached to a primary care provider such as a family physician or a nurse practitioner, around 2 million as of March 2024. Based on our analysis, the number of additional family physicians needed would be about 2,000, as of 2024.

» **Recommendations 1 and 2**

Medical Schools Rolled Out 44% Fewer Family Medicine Seats by 2025 Due to a Lack of Family Physician Training Sites

- The expansion of postgraduate family medicine seats depends on opening family physician training sites, such as primary care teaching clinics (PCTCs) where postgraduate students can complete their training.

- By the end of the 2025/26 academic year, medical schools will have rolled out 89, or 44%, fewer family medicine seats than MOH had planned, primarily because there were not enough family physician training sites. As a result, the majority of the family medicine seat expansion is expected to be rolled out starting in the 2026/27 academic year.

- In November 2023, medical schools warned MOH that there is "currently a limit on the amount of family medicine training that can occur, with current sites and preceptors already at full capacity." They requested funding from MOH for additional training sites and emphasized that the expansion of family medicine could not be accommodated without them.

- In early 2025, three years after its initial announcement of medical school seat expansion, MOH began preparing a framework to assess how many additional PCTCs were needed and where they should be located.

- In May 2025, MOH announced it would expand up to 17 PCTCs in communities with high rates of Ontarians without a primary care provider. MOH has committed an investment of up to $300 million to build these 17 PCTCs; this investment does not include the cost of operating the PCTCs.

- MOH expects the first group of new PCTCs to be completed in time for the 2026/27 academic year, allowing about one year from project initiation to final completion.

» **Recommendation 3**

MOH Does Not Have an Evaluation Framework to Assess Whether the Medical School Seat Expansion Is Improving Access to Family Physician Care

- MOH did not set up a performance evaluation framework to measure how the seat expansion initiative improves Ontarians' access to family physician care. Increasing the number of physicians and providing better access to health care are expected results of the seat expansion initiative.

- MOH has not tracked the percentage of graduates who continue to practise in the same communities as their residency placement, how many days a week they choose to practise, or whether they engage in other academic or research interests.

- One metric MOH could use to evaluate growth in family physician supply is to track the number of family physicians/general practitioners per 100,000 people. The Canadian Institute for Health Information (CIHI) reports that, over the past 20 years, Ontario has had, on average, about 10% fewer family physicians/general practitioners per 100,000 people than the Canadian average. In 2023, Ontario had 104 family physicians/general practitioners per 100,000 people, compared to 115 across Canada.

» **Recommendation 5**

// Our Conclusion

Our audit concluded that MOH and MCURES did not consistently have processes in place to plan for medical school seat expansion for family medicine or to assess its progress.

More specifically, MOH and MCURES did not demonstrate that their decisions to increase the number of medical school seats and their allocation across all medical schools, including establishing two new medical schools, were based on comprehensive analysis.

44%
fewer family medicine seats rolled out by medical schools than MOH had planned by the end of the 2025/26 academic year

MOH did not, in a timely manner, plan for the development of additional family physician training sites, which are essential in the successful delivery of postgraduate medical programs. By the 2025/26 academic year, there were not enough training sites available to continue expanding seats. Limited by the number of available training sites, by the end of the 2025/26 academic year, medical schools will have rolled out 44% fewer family medicine seats than MOH had originally planned.

The ministries have agreed with all seven of our recommendations.

2.0 Background

2.1 Expansion of Medical School Seats for Family Medicine

2.1.1 Overview of Primary Care

Primary care is the first point of contact between a patient and the health-care system. Primary care is typically provided by family physicians or nurse practitioners. Their roles include diagnosing and treating common illnesses and injuries, prescribing medications, managing chronic conditions and performing regular preventative check-ups.

Family physicians are meant to be familiar with the medical history and conditions of their patients and provide care on an ongoing basis. They also provide referrals to other health-care specialists.

Becoming a family physician is a rigorous education process that can take between eight and 11 years in Ontario, as shown in **Appendix 1**.

There are not enough family physicians to provide primary care to all Ontarians. In 2023, MOH estimated that a large number of additional family physicians were required to meet the needs of Ontarians. This included 1.3 million people who MOH estimated were without a family physician or other primary care provider.

In 2023, MOH estimated that 1.3 million Ontarians were not attached to family physicians or other primary care providers

2.1.2 Medical Education Expansion

One way to increase the number of family physicians in the province is to train more of them. In the 2022, 2023 and 2024 Ontario Budgets, the Province announced the expansion of medical school seats at Ontario medical schools. This would effectively expand the number of graduates able to serve as primary care providers.

The Province has committed to an increase of 36% in undergraduate and 46% in postgraduate medical school seats by the 2028/29 academic year. This would bring the total to 1,292 undergraduate seats and 1,739 postgraduate seats.

Postgraduate students include both Canadian medical graduates (CMGs), who are Canadian citizens or permanent residents who have completed undergraduate medical education in Canada, and international medical graduates (IMGs), who are Canadian citizens or permanent residents who have completed undergraduate medical education outside of Canada. (See **Appendix 1**.) Students typically select their specialties, such as family medicine, when they apply for postgraduate placements. MOH expects that medical schools will dedicate about 60%, or 340, of the postgraduate seats to students choosing to specialize in family medicine.

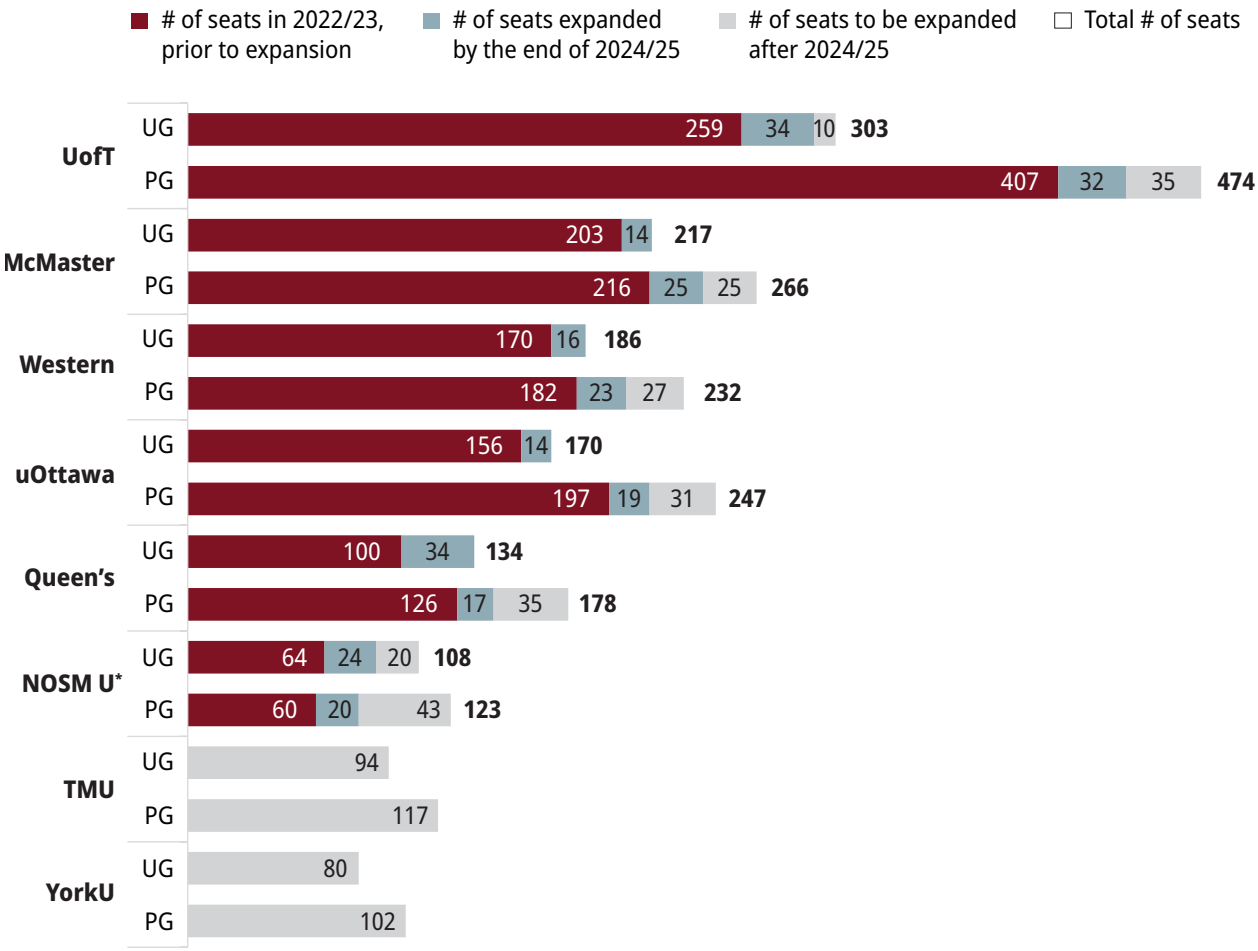
At the time of the 2022 announcement, six universities in Ontario had medical schools: University of Toronto (UofT), McMaster University, Western University, University of Ottawa (uOttawa), Queen's University and Northern Ontario School of Medicine University (NOSM U).

The medical school seat expansion announcements included the creation of two new medical schools at Toronto Metropolitan University (TMU) and York University (YorkU). TMU welcomed the first cohort of medical students to its new Brampton campus in July 2025. YorkU is expected to open its new medical school in Vaughan in 2028.

Figure 1 shows the progress of medical school seat expansion for all specialties as students move through the undergraduate and postgraduate levels.

Figure 1: Undergraduate (UG) and Postgraduate (PG) Medical School Seat Expansion (All Specialties)

Source of data: Ministry of Health and Ministry of Colleges, Universities, Research Excellence and Security



Note: Years presented refer to academic years.

* For NOSM U, the expansion of undergraduate medical school seats began in 2022/23, a year earlier than the expansions at the other medical schools.

2.2 Roles and Responsibilities

Ontario universities' medical schools deliver both undergraduate and postgraduate education. Family medicine education is planned, funded and overseen by MOH and MCURES. MOH is responsible for forecasting the demand and supply of family physicians and determining the number of postgraduate medical school seats required for resident training. MOH primarily funds postgraduate medical education through postgraduate medical resident salaries. MCURES provides policy and program direction, and operating funds, mostly for undergraduate medical education.

2.3 Funding

In the 2024/25 fiscal year, MOH and MCURES provided approximately $190 million for additional medical school seats across all specialties. Of that funding, over 90% related to postgraduate training, including salaries for medical residents providing patient care during their residency placements. **Figure 2** shows the actual and projected spending for medical school seat expansion by both ministries.

Figure 2: Annual Funding for Medical School Seat Expansion, as of June 2025 ($ million)

Source of data: Ministry of Health and Ministry of Colleges, Universities, Research Excellence and Security

Type of Funding	2023/24 (Actual)	2024/25 (Actual)	2025/26 (Projected)	2026/27 (Projected)	2027/28 (Projected)	Specific Initiatives[1]
All Specialties						
Undergraduate	5	12	24	35	42	
Postgraduate	92	178	276	346	396	
Start-up and planning for TMU and YorkU						50
Total[2]	**97**	**190**	**300**	**381**	**438**	
Specific to Family Medicine						
PCTC training sites: capital funding						300
2025/26 new and expanded interprofessional primary care teams						132[3]

1. Funding for specific one-time initiatives can be paid out over multiple years extending to 2028/29.
2. Represents MOH and MCURES funding across all medical specialties. The ministries do not track funding by individual specialty, such as family medicine.
3. Some of these interprofessional primary care teams may train family physicians.

As the new medical school seats are rolled out over the coming years, MOH's and MCURES's funding is projected to increase to about $438 million by fiscal year 2027/28. This assumes the cost per medical school seat remains unchanged, including about $10,000 of additional funding annually to medical schools for each IMG student to cover any additional training these students may require. This amount does not include funding for YorkU's seats, which are planned for 2028/29.

~$190 million
provided by MOH and MCURES in 2024/25 toward additional medical school seats

TMU and YorkU are responsible for the costs of building their new medical school campuses, primarily through fundraising and donations. The Province did not allocate capital funding to these facilities.

Residency training is a core component of medical students' postgraduate studies. Family medicine residency can involve training at various sites, such as community-based teaching sites or at PCTCs located either in a hospital or the community. During residency, students receive the required practical training and work experience to practise their profession. MOH pays the associated costs for residency, including the salaries of medical resident students during the training period. MOH also provides payments to preceptors, the licensed physicians who mentor and supervise the training.

MOH's one-time costs for expanding family medicine education include up to $300 million for an expansion of PCTCs between 2025/26 and 2028/29, as part of its $2.1 billion Primary Care Action Plan to connect everyone in Ontario to a family physician or primary care team. MOH expects the first PCTCs to be completed in time for the 2026/27 academic year. Additionally, MOH plans to provide $132 million in 2025/26 for new and expanded community-based primary care teams, some of which may train family physicians.

MOH's one-time costs for expanding family medicine education include up to $300 million for an expansion of PCTCs between 2025/26 and 2028/29, and $132 million in 2025/26 for community-based primary care teams

2.4 Retaining Family Medicine Student Graduates as Practising Physicians

MOH and MCURES invest about $475,000 in each family physician's undergraduate and postgraduate medical training. The amount can be higher depending on the school and program length. To limit the potential loss of this investment, the two ministries operate several programs designed to attract students to family medicine and retain them as practising physicians after graduation, including postgraduate placements in rural and Northern Ontario.

Return of service program participants agree to provide care in Ontario after graduation

In exchange for MOH and MCURES funding their postgraduate training, medical residents participating in these programs agree to provide care in Ontario after graduation, an arrangement known as return of service (ROS):

- The International Medical Graduates Return of Service (IMG ROS) program requires IMG postgraduate students to commit to practise medicine for five years after graduating in communities outside the Toronto area and Ottawa. The program applies to students training across all specialties, including family medicine.
- Once implemented in the 2026/27 academic year, the Ontario Learn and Stay Grant–Medical Education (OLSG-ME) program is expected to fund a portion of tuition costs of family medicine students who complete their undergraduate studies in Ontario. At the time of our audit, MCURES was finalizing the program's details in order to launch a pilot initiative covering four cohorts. (See **Section 4.7**.)

2.5 Visa Medical Students

Medical schools are allowed to accept students who are citizens of other countries, called visa trainees, only after all postgraduate seats funded by the Province are filled with qualified Canadian citizens and permanent residents through the CMG and IMG streams, which we explain in **Appendix 1**.

The Province does not fund visa trainees' placements at Ontario medical schools. The medical education costs for visa trainees are funded by their sponsors, such as their home governments, who pay about $100,000 annually per student to Ontario medical schools. Visa trainees are expected to return to their home countries after completing their studies. In the 2024/25 academic year, about 60 visa trainees started postgraduate studies across all specialties, which is less than 5% of all CMG and IMG postgraduate medical students admitted in the same year. Typically, each year, fewer than five visa trainees choose to pursue family medicine.

3.0 Audit Objective and Scope

Our audit objective was to assess whether MOH and MCURES have processes in place to:

- plan for medical school seat expansion for family medicine; and
- monitor that the additional medical school seats announced between 2022 and 2024 as related to family medicine are in the process of being implemented by 2028/29 as intended.

Our audit scope looked at MOH's and MCURES's planning and oversight of medical education, with a focus on family medicine. Although other specialties were part of the overall expansion plan announced in 2022, they are not a focus of this audit. Given the expansion plan was still being implemented at the time of our audit, we examined the plan's implementation up to August 31, 2025, and the ministries' processes toward enabling the plan's success after that.

The following was outside the scope of this audit:

- the quality of medical education;
- the accreditation of new medical education programs;
- the operational effectiveness of medical schools and medical residency training sites;
- the integration of fully qualified foreign-trained physicians as practising physicians in Ontario, as they do not use the Province's medical schools; and
- the expansion of interprofessional primary care teams, which is covered in the 2025 audit report on Oversight of Access to Primary Care.

For more details, see our **Audit Criteria**, **Audit Approach** and **Audit Opinion**.

4.0 What We Found

4.1 Decision Support for Medical School Seat Expansion

Expanding medical school seats is a positive step toward addressing Ontario's physician shortage and improving access to primary care. Between 2022 and 2024, MOH and MCURES announced decisions to expand medical school seats to address this shortage.

We found that the two ministries lacked documented rationales and analysis to support how they decided on key aspects of the expansion. These aspects include how many family medicine seats to add; the capacity of medical schools to implement the expansion; and what alternatives, if any, were considered.

4.1.1 MOH and MCURES Did Not Document Key Factors in Deciding to Expand Medical School Seats

The additional 340 undergraduate and 551 postgraduate medical school seats represent a significant investment by the Province. MOH and MCURES informed us that when deciding to expand medical school seats, they considered several factors, including forecasts for the supply and demand for family physicians, ministry priorities, geographic needs, existing number of seats at each medical school, and the balance between CMGs and IMGs.

In documents MOH and MCURES staff prepared to propose the expansion, they indicated the number of new medical school seats for each medical school for each year. We found that the ministries did not, however, demonstrate that detailed analyses were conducted to support these numbers, and there was no documented analysis of key considerations for a successful and organized rollout. Specifically, the ministries' analysis did not include an evaluation of:

- medical schools' capacity to implement the increase in seats and an estimate of the costs of any additional physician training sites (we discuss training site capacity further in **Section 4.4**);

- whether it was necessary to establish new medical schools (we discuss this further in **Section 4.2**);
- the most appropriate number of seats to be added;
- the rationale for dedicating 60% of the expanded medical school seats to family medicine;
- an assessment of how alternatives to medical school expansion in the overall health-care human resources strategy could have been used instead of or in conjunction with medical school seat expansion; and
- the future costs of providing primary care, such as Ontario Health Insurance Plan (OHIP) billings from the newly graduated physicians.

In 2020, medical schools submitted a business case to MOH and MCURES that recommended increasing undergraduate and postgraduate seats by 203 and 294 seats, respectively, which is 43 undergraduate seats more than MOH and MCURES proposed in 2022.

Ministries did not have documented analysis of key considerations for a successful and organized rollout of medical school seat expansion

The Province made two subsequent announcements about seat expansion, in 2023 and 2024, as shown in **Figure 3**. These additional expansions were not part of the original analysis prepared ahead of the 2022 announcement, and we could not determine the ministries' rationale behind these additional decisions.

Figure 3: Medical School Seat Expansion Announcements and Timeline

Source of data: Ministry of Health

	# of Expanded Seats		
Announced in	**Undergraduate**	**Postgraduate**	**To Be Achieved in**
2022	160	295	2022–2028[1]
2023	100	154	2023–2028[1]
2024	80	102	2028[2]
Total	**340**	**551**[3]	

1. Seats to be rolled out within this period were allocated among the six established medical schools and TMU's new medical school, created in 2025.
2. Seats to be rolled out in 2028 are tentative and allocated only to YorkU's medical school, which is planned to open in that year.
3. MOH expects family medicine to account for 340 or about 60% of the postgraduate seats.

We found that when planning for the implementation of the expansion, MOH and MCURES outlined the number of seats to be added each year by each medical school. The implementation plan did not outline key stakeholders' roles and responsibilities, detailed milestones to enable achieving the full rollout of the seat expansion, costs of additional family physician training sites and related timelines, recurring touchpoints with medical schools, or any operational risks. These elements are typically expected in an implementation plan.

Ministry staff explained that seat expansion is an iterative process, requiring annual updates based on the actual number of seats added by medical schools. Ministry staff further noted that they conduct regular checks with medical schools to identify reasons for delays in rollout.

While each medical school would plan for how to expand the number of seats it offers, the overall planning for the seat expansion initiative was led by MOH and MCURES and there were specific areas for analysis that could have been done at the ministry level. For example, the lack of comprehensive analysis contributed to incomplete evaluation of funding needs for family physician training sites, which is a key element in postgraduate family medicine education.

When MOH and MCURES approved the new medical school at TMU in 2022, they did not account for the additional PCTC training capacity needed to support the first cohort of students, scheduled to begin in July 2025. As well, several medical schools did not meet the 2022/23 rollout target scheduled for the 2025/26 academic year, mainly due to the lack of family physician training sites for family medicine postgraduate students. We further discuss this in **Section 4.4.1**.

4.2 Approval of Two New Medical Schools

Universities interested in establishing a new medical school apply to MCURES to seek approval. In 2022 and 2024, the Province approved the establishment of two new medical schools at TMU and YorkU, starting in the 2025/26 and 2028/29 academic years, respectively. YorkU had indicated an interest in developing and launching its own medical school since 2008.

4.2.1 MOH and MCURES Did Not Fully Assess the Need for New Medical Schools

We found that when assessing the two universities' proposals to open new medical schools, MOH and MCURES considered factors such as the Province's current priorities, health-care human resources need, community support and whether the medical schools would be financially viable. They did not include important factors such as:

- the option to expand the capacity of existing medical schools to accommodate new students, including by possibly adding satellite campuses, which are regional extensions of main campuses; and
- what new training sites would have to be created for the new medical schools to offer family medicine postgraduate placements, and the potential competition between new and existing medical schools for training sites and preceptors in overlapping catchment areas. We discuss family physician training sites further in **Section 4.4**.

MOH and MCURES did not consult with established medical schools when assessing the new medical schools' proposals. This limited their ability to assess the impact of new medical schools on the overall existing training capacity.

In contrast, Australia has developed a framework for assessing proposals for new medical schools. It includes key considerations such as new schools' impact on existing training capacity and supervisors, the availability of clinical training sites and supervisory capacity, and the impact on regional medical workforce needs.

4.2.2 MOH and MCURES Did Not Factor in New Medical Schools' Financial Needs when Approving Their Proposals

In budgetary planning documents, the ministries emphasized that the new medical schools would not require capital funding from the Province for campus development and that they were committed to seek funding for the building of the new facilities themselves.

Between 2021 and 2025, the ministries agreed to provide over $41 million to TMU in start-up funding to obtain program accreditation, develop its curriculum, and purchase equipment and supplies. To date, MCURES has approved nearly $9 million for YorkU for similar planning and start-up costs. There is no framework or clear criteria to guide the approval of such planning and start-up funding. MCURES reviews funding requests on a case-by-case basis.

New medical schools risk operating at a deficit primarily due to program operating costs outpacing revenues until student enrolment grows to reach full capacity. In such cases, universities are expected to fund these deficits through their overall budgets or other sources, or they may seek transitional funding from the ministries.

At the time of our audit, there were no other proposals to open medical schools, but a framework outlining how MCURES would allow for the comprehensive assessment of such proposals in the future would support a more transparent decision-making process.

Why It Matters

Medical education expansion is a significant long-term investment that directly impacts Ontario's ability to address the need for family physicians. Supporting decisions with evidence and analysis of options promotes transparency of decision-making. This can support determining the optimal scale and speed of expansion, including what supports are required, such as training facilities, and how seats should be allocated between new and existing medical schools.

While medical school expansion may not occur frequently, developing a consistent and transparent process to assess universities' proposals for new medical schools or other postsecondary programs can reduce any future risks of approving new schools or programs without fully considering the impact on existing universities' capacities and financial sustainability, as well as the overall needs of the education system.

Recommendation 1

We recommend that MOH and MCURES develop a framework to guide future medical school seat expansions and assess proposals for new postsecondary schools or programs. The ministries should use this framework when they plan and implement significant, multi-year investments to increase the number of medical school seats for physicians in Ontario. To support decision-making analysis, the framework would include:

- justification for the size, timing and regional allocation of expanded medical school seats;
- detailed criteria for determining whether existing schools and programs' capacity to expand to accommodate new students are insufficient and therefore new medical schools or programs are needed;
- full cost estimates of all elements;
- an analysis of alternative options and related risks; and
- input from health-care and education sector partners.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.3 Physician Forecast Model

As part of planning Ontario's health-care workforce, MOH forecasts supply and demand for family physicians over a 10-year period. There were approximately 15,000 family physicians in 2023 and, according to MOH's most recent forecast in 2023, demand has outpaced supply.

Staff at MOH told us that the forecast model was one piece of evidence used to inform MOH's decision to expand medical school seats. They did not provide an explanation as to how the model's results were used to determine the number of seats needed for expansion.

An OMA internal members' survey indicated that 40% of family physicians are considering retirement within the next five years

MOH has updated its forecast model three times in the last 10 years. MOH's 2023 forecast included the impact of the seat expansion of 449 postgraduate seats announced in 2022 and 2023. It did not update its 2023 forecast model to reflect the additional 102 postgraduate seats allocated to YorkU's new medical school in 2024, as shown in **Figure 3**. In 2025, MOH began updating the forecast model, but this work was still ongoing when we completed the audit.

We noted that MOH's forecast model produces a province-wide forecast and does not provide region-specific data regarding supply and demand for family physicians.

We also noted that while MOH's model includes an attrition rate for family physicians, other sources, including survey data, indicate a potentially higher retirement rate than the historical rates MOH uses, as discussed in **Section 4.3.2**. For example, a 2022 OMA internal members' survey indicated that 40% of family physicians are considering retirement in the next five years. More family physicians retiring can result in a higher-than-forecast need for family physicians.

4.3.1 Forecast Demand for Family Physicians Was Likely Understated

MOH's forecast model was one of the inputs used to inform the decision on the number of medical school seats to be expanded. We found that the inputs and assumptions MOH used in the forecast model were not complete, which reduced the reliability of the calculated family physician supply gap.

INSPIRE-PHC estimated there were 2 million unattached Ontarians, as of March 2024

MOH's forecast model used a potentially low estimate of the number of Ontarians who need a family physician but do not have one, known as "unattached Ontarians."

In 2023, MOH used an estimate of approximately 1.3 million unattached Ontarians in its forecast model. This was based on results from a 2022 voluntary telephone survey about Ontarians' experiences with the health-care system, including accessing primary care. This survey excluded Ontarians under age 16. In MOH's view, the survey results represented the best available data at the time of its analysis.

Using MOH's calculation of the average number of patient visits per family physician, we estimated that about 1,300 additional family physicians would be needed for the 1.3 million unattached Ontarians. The estimate of additional family physicians needed will be higher if the actual number of unattached Ontarians is greater than the 1.3 million estimate that MOH used, which we discuss below. According to data from CIHI, in 2023, there were 104 family physicians/general practitioners per 100,000 Ontarians. See **Section 4.6.1** for details.

INSPIRE-PHC, a network of primary care researchers based at Queen's, publicly estimated the number of unattached Ontarians to be 2.5 million as of September 2023. It made this estimate using health-care system records that show which Ontarians are linked to a family physician, paediatrician or community health centre and excluded those attached to a nurse practitioner, who can also provide primary care services. The Ontario College of Family Physicians (OCFP) also used the INSPIRE-PHC 2023 estimate of 2.5 million unattached Ontarians in its publications.

More recent estimates of the number of unattached Ontarians have become available. For example, in consultation with INSPIRE-PHC, MOH conducted an analysis of data from MOH's databases and estimated 2 million unattached Ontarians as of March 2024. INSPIRE-PHC also updated its estimate to about 2 million unattached Ontarians.

Based on our analysis, about 2,000 additional family physicians would be needed to provide care for 2 million unattached Ontarians. While this analysis is not intended as a precise forecast, it illustrates the potential impact of higher estimates of unattached Ontarians on the forecast number of family physicians needed.

~2,000+

additional family physicians would be needed to provide care for 2 million unattached Ontarians in 2024

In addition, MOH's model forecasts the number of family physicians necessary to sustain the same level of primary care provided to Ontarians as in 2020, the model's base year. The model assumes that this level of service was sufficient to meet the needs of Ontarians. It does not assess scenarios to account for unmet health-care needs due to potential increases of disease prevalence, long wait times for an appointment with a family physician or higher care needs in underserved communities.

4.3.2 Forecast Supply of Family Physicians May Not Fully Reflect Emerging Trends

MOH's model relies exclusively on historical data and its short-term forecasts of the number of family physicians available in Ontario each year has generally been reliable. We found, however, that MOH did not proactively use the model to conduct assessments of various scenarios based on potential expected changes to inputs. Scenario analysis can help quantify the impact of changes to key inputs on the forecast number of family physicians.

For example, MOH's model uses historical trends in attrition to estimate how many physicians will leave the workforce due to retirement, moving out of province or other reasons. In MOH's 2023 forecast, the model used an approximately 4% annual attrition rate to account for family physicians leaving the profession.

Other research suggests that the supply of family physicians may decline more steeply than this over the next five years. A 2022 OMA internal members' survey indicated that 40% of family physicians are considering retirement in the next five years.

A 2023 OCFP survey found that 65% of family physician respondents reported plans to leave or change their practice within five years. Of this group, 13% intend to retire or exit family medicine altogether, while another 52% plan to reduce their time in family medicine or direct patient care.

A study published in 2025 and supported by MOH and ICES, formerly known as the Institute for Clinical Evaluative Sciences, noted that between 1993/94 and 2021/22, the proportion of family physicians practising comprehensive primary care decreased from 68% to 55%.

Similarly, a 2025 survey of Ontario Medical Students Association members noted that only 50% of respondents indicated an interest in practising comprehensive primary care if matched to family medicine. This trend suggests that students who are training to become family physicians may be increasingly likely to choose a more focused practice after family medicine studies. This may be accomplished by completing an additional year of enhanced training in areas such as emergency medicine, sports medicine, anaesthesiology or other specialties. This is discussed in **Section 4.6.1**.

As well, the physician supply data used for the forecast model includes physicians who are licensed to practise family medicine but who may not provide comprehensive family medicine services, such as those in focused practices. Including these physicians may overstate the number available to deliver comprehensive primary care and therefore understate the gap in needed family physicians.

Why It Matters

The physician forecast model is one of the inputs used to inform health-care workforce planning decisions, such as medical education expansion. If the model's source data and assumptions are unreliable or do not account for emerging trends, it could limit the Province's ability to make timely evidence-informed decisions and develop plans to increase the supply of family physicians to meet population needs.

Without a primary care provider, such as family physician, Ontarians are more likely to visit other care settings such as emergency care or walk-in services. In these cases, patients' long-term and preventative health requirements are not monitored, potentially costing the health-care system more in the longer term.

Recommendation 2

We recommend that MOH:

- evaluate the reliability of source data and assumptions used in its forecast model and use more current, complete and accurate information, such as the number of Ontarians without a physician or the base line level of care required;
- conduct scenario analyses to proactively address emerging trends of primary care services, such as a potential increase in family physician retirement and attrition rates and a potential decrease in new physicians wanting to practise comprehensive family medicine; and
- determine necessary refinements to the medical school seat expansion plan based on the results of the revised forecast model and adjust the plan as needed.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.4 Family Physician Training Sites

Postgraduate family medicine students typically complete two years of residency training at a family physician training site, such as a PCTC, located either in a hospital or in the community. PCTCs combine direct patient care with hands-on learning, providing community health care as well as essential postgraduate family physician training.

What Are Primary Care Teaching Clinics (PCTCs)?

PCTCs are dedicated teaching clinics affiliated with medical schools. At PCTCs, undergraduate family medicine students, postgraduate medical residents and other interprofessional care team members receive training under the supervision of experienced family physicians and other clinicians, while also providing patient care. Before 2025, PCTCs were known as Family Medicine Teaching Units.

Toronto Western Family Health Team

The Toronto Western Family Health Team PCTC is an example. It is affiliated with UofT and the University Health Network. It operates out of two locations that are staffed by family physicians, nurse practitioners, registered nurses, dietitians, social workers and other health-care providers. Each of their 32 postgraduate medical residents has their own patient roster and provides care for patients under the direct supervision of a staff physician. Exam rooms are equipped with cameras for clinical supervision of medical residents. The PCTC expects each postgraduate medical resident to provide primary care to 175 patients. This means a total of 5,600 patients are assigned to them across this PCTC's two locations.

In May 2025, MOH announced up to $300 million of infrastructure funding over four years, starting in fiscal year 2025/26, to build 17 new and expanded PCTCs in communities where a high proportion of people do not have a family physician or nurse practitioner. This includes funding to support TMU for development costs it incurred to establish new training clinics. The $300 million does not include the cost of operating the new PCTCs.

17 new and expanded PCTCs
to be built in communities where a high proportion of people do not have a family physician or nurse practitioner

As of August 2025, there were 43 PCTCs in Ontario; they are listed in **Appendix 2**. The Province expects that the new and expanded PCTCs will together provide primary care to approximately 300,000 Ontarians and each PCTC will train between four and 32 postgraduate family medicine residents annually, depending on the size of the clinic.

Family medicine students can also complete a portion of their residency at a community-based teaching site. As part of a June 2025 announcement, MOH plans to invest $132 million in 2025/26 to support over 130 new and expanded primary care teams. MOH expects that some of these primary care teams may also partner with newly established PCTCs. The expansion of PCTCs will increase physician training capacity across the province, including in the north, where PCTCs have not been typically located. MOH was finalizing its selection of site locations when we completed our audit.

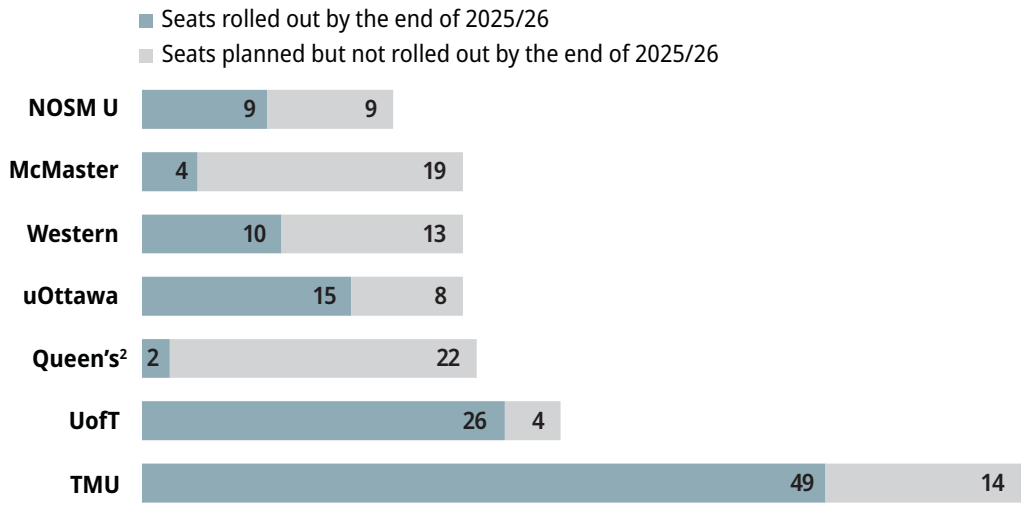
4.4.1 Medical Schools Rolled Out 44% Fewer Family Medicine Seats by 2025 Due to a Lack of Family Physician Training Sites

In internal documents circulated in January 2025, MOH noted that "medical schools have been clear that without infrastructure investments [in new family physician training sites], the ability to continue to expand family medicine positions will be constrained after 2025."

By the end of the 2025/26 academic year, medical schools will have rolled out 115 family medicine seats, which is 89 seats, or 44%, fewer than the 204 seats that MOH had originally planned to have opened by this time. As a result of this delay, the majority of the family medicine seat expansion is expected to be rolled out starting in the 2026/27 academic year. Overall, 340 family medicine seats were planned to be rolled out in 2028/29. **Figure 4** shows the number of seats rolled out and the number of seats planned but not rolled out by the end of the 2025/26 academic year, by medical school.

Figure 4: Family Medicine Postgraduate Expansion Rollout as of the End of the 2025/26 Academic Year[1]

Source of data: Canadian Resident Matching Service and Ministry of Health



Note: Years presented refer to academic years.

1. According to MOH's original plan developed in 2023, medical schools were expected to roll out 204 family medicine postgraduate seats by 2025/26, and 340 by 2028/29. As of August 2025, medical schools had only been able to roll out 115, or 56%, of the 204 seats.
2. Queen's reserved 20 family medicine postgraduate seats to be rolled out in 2027/28 for students in a new program who choose family medicine as their specialty during their undergraduate studies.

Medical schools identified the lack of sufficient family physician training sites, such as PCTCs, as the primary reason for rolling out fewer seats than planned. Queen's reserved 20 family medicine postgraduate seats for rollout in 2027/28 for students in a new program who choose family medicine as their specialty during their undergraduate studies.

The lack of PCTC training sites directly impacts family medicine training. While waiting for the new PCTCs to be completed, medical schools tried to accommodate family medicine residents by using existing facilities. One medical school asked affiliated hospitals to find temporary ways to accommodate additional family medicine residents. Another medical school relied on physician office spaces for residents to use. A third medical school had to defer expanding most of its allocated family medicine seats until the 2027/28 academic year as it could not find training space for the additional family medicine residents.

According to data from the Canadian Resident Matching Service (CaRMS), between academic years 2023/24 and 2025/26, all of the family medicine seats offered by medical schools to students were filled. In the 2025/26 academic year, that number was 621.

Regarding medical specialties other than family medicine, MOH noted that by the end of the 2025/26 academic year, two medical schools will have rolled out all their non-family medicine specialty allocations. The other medical schools are expected to fill these seats by 2027/28.

Medical schools have asked MOH to consider converting postgraduate seats designated for family medicine to other specialties, citing the greater ease in providing residency spaces for students in these fields. Postgraduate seats in other specialties are typically provided through existing facilities in hospitals. At the time of our audit, MOH had not converted any postgraduate seats initially planned for family medicine to other specialties.

4.4.2 New PCTCs Face Tight Development Timelines Under MOH's 2025 Framework

The continued expansion of postgraduate family medicine seats by the 2028/29 academic year depends on opening the new and expanded PCTCs on time. The need for significant infrastructure investment in PCTCs was not identified or considered when MOH announced medical school seat expansion.

Three years after its initial announcement of medical school seat expansion, in early 2025, after consultation with medical schools, MOH began preparing a framework to assess how many additional PCTCs would be needed and where they should be located. In May 2025, MOH announced an investment of up to $300 million to build 17 new and expanded PCTCs. As of August 2025, MOH had not finalized operating funding for the new PCTCs.

MOH identified key steps and milestones toward the development of PCTCs, including project planning and procurement of contractors. At the time of our audit, MOH had not developed a process to monitor the progress of developing the 17 new PCTCs against these milestones and timelines. Because TMU's first cohort of 49 family medicine students started in July 2025, TMU started developing two PCTCs before MOH drafted its framework and related funding.

MOH had not developed a process to monitor the progress of the 17 new PCTCs

As of August 31, 2025, MOH had only conditionally notified the other medical schools of the number, locations and sizes of the new PCTCs. It indicated that specifics would be confirmed later. MOH asked medical schools to delay further planning for PCTCs, including selecting sites or hiring contractors, until it issues guidelines and design standards. Further steps need to be completed before PCTC construction can begin. These include project planning, cost estimates and approvals, design of PCTCs locations, and procurement of contractors to build them.

MOH chose to lease and develop space in existing buildings, where possible. This means the construction phase will be shorter than if new buildings had to be constructed. Still, MOH's July 1, 2026, timeline for completion of a first group of PCTCs allows only about one year from project initiation to final completion. MOH plans for the additional PCTCs to begin operating in 2027 and 2028.

In our discussions with medical schools, they noted an overall lack of consultation regarding the 2025 PCTC expansion. As discussed in **Section 4.5.1**, medical schools communicated to MOH the need for additional family physician training sites as early as November 2023.

As discussed in **Section 2.3**, MOH provides funding to support preceptors who teach, mentor and evaluate postgraduate residents in training. During our audit, MOH was looking into retroactively increasing the stipend for preceptors, effective April 2025, from $1,000 per learner for a four-week period to $1,600. MOH expects that the increased stipend can make it easier for medical schools to attract preceptors. At the time of our audit, the availability of training sites was the primary factor limiting medical schools' ability to continue expanding family medicine seats.

Why It Matters

Students cannot become family physicians without completing clinical training, making family physician training sites essential to their training. Any further delays in establishing training sites are likely to delay the expansion of family medicine seats beyond MOH's target of the 2028/29 academic year.

Recommendation 3

We recommend that MOH, in consultation with medical schools:

- guide and monitor the development of the 17 new and expanded PCTCs to help ensure they are completed in time for the 2028/29 academic year target;
- ensure training site planning is part of any new medical seat decision-making and planning, well in advance of the need, should it be required; and
- use lessons learned from developing the first group of PCTCs to update the approach to developing the remaining PCTCs.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.5 Engagement with Medical Schools

4.5.1 Additional Structure Is Needed to Enhance Engagement Between Ministries and Medical Schools

We found that MOH and MCURES did not consistently provide timely formal responses to feedback from medical schools. A more structured process could help guide their engagement and consultation activities during the planning and implementation phases to more readily determine whether adjustments to the expansion plan are needed.

MOH and MCURES periodically met with medical schools, through the Council of Ontario Faculties of Medicine (Council), to review estimates and allocations of medical school seats. The Council represents all medical schools in Ontario and operates out of the Council of Ontario Universities. While medical schools develop and deliver their curricula independently, they co-ordinate communication through the Council. In this way, they share information, including admission practices, student outreach and assessment, and program evaluation.

MOH and MCURES did not consistently provide timely formal responses to feedback from medical schools

Since at least 2020, medical schools have been communicating to MOH and MCURES the need to expand medical school seats. See **Appendix 3** for a timeline of key events and communication between MOH and medical schools.

We found that MOH's actions in response to communications from medical schools can be delayed. For example, in November 2023, medical schools warned MOH that there is "currently a limit on the amount of family medicine training that can occur, with current sites and preceptors already at full capacity." They requested funding from MOH for additional training sites and emphasized that the expansion of family medicine could not be accommodated without them. It was not until May 2025 that MOH announced funding for expanding PCTCs to increase training capacity, after meetings with medical schools and revisions to the November 2023 proposal and request.

In 2020, medical schools proposed the re-establishment of a formal planning table between them and the two ministries to assess the demand and supply of physicians, determine specialties that require growth in the short and long terms, and address specific challenges in providing care in rural and remote areas. It was concluded that the two ministries would continue to attend meetings with the Council to monitor the impact of the expansion.

In addition, medical schools meet multiple times a year through working groups. One group focuses on sharing best practices related to family medicine education, where medical schools can choose to invite MOH to discuss relevant issues. The working groups also aim to promote collaboration with MOH and stakeholders such as the OCFP.

Why It Matters

A structured process to support collaboration between ministries and medical schools can help all parties quickly and effectively address emerging concerns regarding medical seat expansion and work toward solutions. This may be especially useful for Ontario's two new medical schools in establishing their programs, obtaining program accreditation, setting up teaching infrastructure and training sites, and recruiting faculty and preceptors.

Recommendation 4

We recommend that MOH, in consultation with medical schools, provide additional structure to its process for proactively engaging with medical schools in relation to opportunities for medical seat expansion and implementation, including established timelines for responding to feedback from medical schools.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.6 Performance Measurement and Improvement

4.6.1 MOH Does Not Have an Evaluation Framework to Assess Whether the Medical School Seat Expansion Is Improving Access to Family Physician Care

MOH and MCURES are collecting enrolment statistics from medical schools to monitor the progress of the seat expansion initiative. MOH and MCURES expect the first cohort of 18 family medicine graduates in the 2025/26 academic year and 340 family medicine graduates by the 2030/31 academic year. This assumes all new family medicine residents complete their postgraduate training in two years and do not pursue an enhanced skills year. At the time of our audit, the two ministries had not formally assessed the progress of rolling out the expansion against targets to identify any setbacks and initiatives to resolve them.

We found that MOH did not set up a performance evaluation framework to measure the impact of the seat expansion on Ontarians' access to family physician care. One metric MOH could use to evaluate growth in family physician supply is the number of family physicians, including general practitioners, per 100,000 people, as reported annually by CIHI. Over the past 20 years, Ontario has, on average, had about 10% fewer family physicians/general practitioners per 100,000 people than the Canadian average. In 2023, Ontario fared worse than all other provinces except Manitoba, as shown in **Figure 5**.

Figure 5: Number of Family Physicians per 100,000 People, by Province, 2023

Source of data: Canadian Institute for Health Information

Note: Excludes family physicians with emergency room enhanced training and includes general practitioners. General practitioner is an older designation from prior decades before family medicine was recognized as a medical specialty in Canada.

For every 100,000 people in Ontario there are 104 family physicians/general practitioners compared to 115 across Canada. Monitoring the metric could provide insight into whether the availability of family physicians in Ontario is ultimately improving. Increasing the number of physicians and providing better access to health care are expected results of the seat expansion initiative.

There is an average net loss of about 20 medical school graduates per year who leave Ontario within two years after graduating. On average between 2020 and 2022, 63 recent family medicine Ontario graduates were practising in other provinces or could not be located, representing about 12% of family medicine graduates. This is according to annual statistics collected by the Canadian Post-M.D. Education Registry (CAPER). In comparison, 43 recent family medicine graduates moved from other provinces to Ontario.

For every 100,000 people in Ontario there are 104 family physicians/general practitioners, the second lowest rate in Canada

Regarding family physician graduates who remain in Ontario, we found that MOH has not consistently gathered data to assess how cohorts of family medicine students transition to providing care as licensed physicians. For example, MOH does not track the percentage of graduates who continue to practise in the same communities where they completed their residency placements, how many days a week they choose to practise, or whether they engage in other academic or research interests.

Some medical schools track such information. For example, NOSM U found that 63% of all 855 postgraduate students who completed their training at NOSM U between 2008 and 2024 practise in Northern Ontario. Tracking this information can be helpful to understand how likely it is that family medicine graduates practise in the communities where they completed their training.

As discussed in **Section 4.3.2**, the proportion of family physicians practising comprehensive primary care has declined over the last three decades. According to MOH, between 2019 and 2024, approximately 27% of family medicine students in Ontario chose to pursue an additional year of enhanced training, allowing them to practise in specialty areas such as emergency medicine or anaesthesiology.

MOH does not assess how many family medicine students are likely to practise comprehensive primary care on a full-time basis after completing enhanced training. MOH does forecast how many family medicine students it expects will pursue an additional year of enhanced training.

Why It Matters

MOH and MCURES developed the medical school seat expansion initiative to improve access to primary care for Ontarians. A set of performance metrics could help determine whether the initiative is achieving this objective by identifying factors that may be reducing the effectiveness of the expansion.

Following the experiences of one or more cohorts of family medicine graduates over time could provide reliable, Ontario-specific information about the outcomes of MOH's additional medical school seat investment. This study would allow MOH to obtain feedback from physicians to understand why they choose to provide primary care and if not, why not.

Recommendation 5

We recommend that MOH:

- identify metrics that assess the effectiveness of the medical school seat expansion initiative in increasing Ontarians' access to family physician care, and collect and analyze data regarding these metrics; and
- study how family medicine graduates choose to practise medicine, such as through a cohort study, determine the need to adjust the medical school seat expansion for family medicine to align with these patterns and adjust the plan as needed.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.7 Retaining Family Medicine Student Graduates as Practising Physicians

4.7.1 Programs for Retaining Family Medicine Students Are Not Harmonized

As described in **Section 2.4**, MOH operates the IMG ROS program to monitor service following residency training in all specialties, and MCURES plans to launch the OLSG-ME program in 2026/27. The program aims to incentivize family medicine physicians to stay and practise in an Ontario community after completing residency. Other provinces have similar programs to attract or retain graduates. For example, British Columbia offers provincial loan forgiveness to eligible students, including medical students, at a maximum rate of 20% per year for up to five years. The exact rate is based on the total annual hours of in-person service.

Under both IMG ROS and OLSG-ME programs, postgraduate students agree to provide care across communities in Ontario for five years after graduation. OLSG-ME is intended to provide financial support to participating students. At the time of our audit, MCURES was developing eligibility criteria for this program.

The IMG ROS program requires participants to practise medicine in communities outside the Toronto area and Ottawa that MOH considers underserved by physicians. In contrast, the OLSG-ME program is expected to apply to family medicine physicians practising anywhere in Ontario after completing residency.

At the time of our audit, the two ministries had not finalized areas where the established IMG ROS program and the 2026/27 OLSG-ME pilot program could harmonize, such as communities where participants are expected to practise after completing their residency, and other ROS commitment details.

Why It Matters

Completing physician medical training requires significant investment of time, effort and financial resources. Ultimately, the goal is to ensure the Province's investment is retained in the province and benefits Ontarians, especially those in communities where care is most needed.

Recommendation 6

We recommend that MCURES, in collaboration with MOH, assess opportunities to harmonize the design and operation of the OLSG-ME program with the IMG ROS program, so that the two programs work together toward ensuring that investment is well co-ordinated.

For the auditee responses, see **Recommendations and Auditee Responses**.

4.8 Prioritizing Ontario Medical Students

4.8.1 MOH and MCURES Recently Introduced Initiatives to Reserve Undergraduate and Postgraduate Seats for Ontarians

To prioritize medical school access for Ontario students, the Province amended the *Ministry of Training, Colleges and Universities Act* (Act) on July 1, 2025, to reserve a minimum of 95% of undergraduate medical school seats funded at least partially by the Province for individuals who ordinarily reside in Ontario. In the 2023/24 academic year, before the amendment, Ontario residents represented around 88% of undergraduate medical students, with the remainder generally composed of students from other provinces, according to MCURES enrolment statistics.

MCURES informed medical schools that they should apply this requirement starting in the 2026/27 academic year. The remaining 5% of Ontario-funded seats may be filled by Canadian citizens or permanent residents from other provinces.

Undergraduate medical school seats not funded by the Province are not affected by this amendment. For example, the federal government funds Ontario medical school seats for students who are part of the Canadian Armed Forces and Francophone students from other provinces. Also, this amendment does not apply to postgraduate medical school seats.

Regarding postgraduate residency placements across all specialties, MOH announced in October 2025 that, starting in the 2026/27 academic year, IMG students who have a "proven connection to Ontario" will be prioritized for residency placement in the first round of the CaRMS match, along with CMG students. "Proven connection" is defined as students who have attended an Ontario high school for two or more years. MOH expects that such students are likely to stay and practise in Ontario after graduation.

In the 2023/24 academic year, before the amendment to reserve ≥95% of undergraduate medical seats for Ontarians, Ontario residents represented ~88% of undergraduate medical students

In September 2025, MOH notified medical schools that, for the 2026/27 academic year, during the first round of the CaRMS match, the proportion of seats allocated to IMGs with a proven connection to Ontario will be the same as has been allocated to IMGs in previous years. The proportion of seats allocated to CMGs during the first round will also be the same as in previous years.

IMG students who do not meet the "proven connection" requirement can apply in the second round of the CaRMS match along with any other students who did not match a postgraduate placement in the first round. Prior to October 2025, all IMG students could apply for placement through the first match round.

Foreign-trained physicians may require an assessment of their qualifications before practising in Ontario.

Nova Scotia and New Brunswick also prioritize IMG students who have a proven connection to the respective province. IMGs applying to a family medicine program are expected to meet a residency requirement, such as living in the province for one year, or an educational connection requirement, such as attending a high school in the province for two or more years.

After both rounds of the CaRMS match, some students may not match with a postgraduate placement and may choose to apply again the following year. For example, in the 2025/26 academic year, 29 applicants from Ontario did not receive a postgraduate placement in an Ontario medical school. MOH does not assess why these Ontario applicants did not receive placements, noting that there are a number of reasons for why applicants may not receive an offer and that medical schools are responsible for admission decisions.

Medical schools provide enrolment statistics to both MCURES and MOH, which the ministries use to assess trends in enrolment and the make-up of medical student cohorts. Statistics provided to MCURES specify the number of students who are domestic (such as Canadian citizens and permanent residents from Ontario or other provinces) and international (such as visa students).

Postgraduate placement statistics provided to MOH specify the number of seats filled by Canadian citizens or permanent residents through the CMG and IMG streams. CaRMS is another source of statistics regarding postgraduate placements, and CAPER collects statistics on whether recent family medicine graduates are practising in Ontario. (See **Section 4.6.1**.) Through ROS agreements, IMGs indicate to MOH the communities where they commit to practise for five years after graduation. (See **Section 2.4**.) Information reported through these sources could potentially be used by the ministries to analyze patterns in medical school enrolment and placements.

Why It Matters

The two initiatives allow for the prioritization of undergraduate and postgraduate medical school seats for Ontarians, which can help ensure that the Province's investment in medical education is an investment in Ontario's health-care future. Tracking the results of these initiatives over the long term will be important for determining whether the initiatives are effective and appropriate in contributing toward increased medical care in Ontario.

Recommendation 7

We recommend that MOH and MCURES:

- link undergraduate and postgraduate enrolment data they collect, including the number of seats filled by CMGs, IMGs with a proven connection to Ontario and other IMGs with data on practice locations of physicians; and
- analyze the combined dataset to determine whether initiatives to prioritize Ontario students lead to more physicians practising in Ontario.

For the auditee responses, see **Recommendations and Auditee Responses**.

Recommendations and Auditee Responses

Recommendation 1

We recommend that MOH and MCURES develop a framework to guide future medical school seat expansions and assess proposals for new postsecondary schools or programs. The ministries should use this framework when they plan and implement significant, multi-year investments to increase the number of medical school seats for physicians in Ontario. To support decision-making analysis, the framework would include:

- justification for the size, timing and regional allocation of expanded medical school seats;
- detailed criteria for determining whether existing schools and programs' capacity to expand to accommodate new students are insufficient and therefore new medical schools or programs are needed;
- full cost estimates of all elements;
- an analysis of alternative options and related risks; and
- input from health-care and education sector partners.

MOH and MCURES Response

MOH and MCURES agree with the recommendation.

The Ministry is leading the largest medical school expansion in more than a decade. With 276 of 551 postgraduate seats and all of the 340 undergraduate seats already filled, this initiative surpasses any medical school expansion undertaken in the past 15 years—a once-in-a-generation expansion.

MOH and MCURES will continue reviewing implementation of medical education expansion so that they can make adjustments, capture lessons learned, and ensure any future medical education expansion meets system needs now and in the future.

Recommendation 2

We recommend that MOH:

- evaluate the reliability of source data and assumptions used in its forecast model and use more current, complete and accurate information, such as the number of Ontarians without a physician or the base line level of care required;
- conduct scenario analyses to proactively address emerging trends of primary care services, such as a potential increase in family physician retirement and attrition rates and a potential decrease in new physicians wanting to practise comprehensive family medicine; and
- determine necessary refinements to the medical school seat expansion plan based on the results of the revised forecast model and adjust the plan as needed.

MOH Response

MOH agrees with the recommendation.

With the commitment to attach two million more people to primary care by 2029, MOH recognizes the importance of knowing the attachment status so it can forecast physician need and plan recruitment and retention initiatives.

- MOH is developing a methodology with INSPIRE-PHC to estimate populations attached to primary care teams; future forecasts will incorporate these estimates.
- MOH is monitoring the impact of the $2.1 billion Primary Care Action Plan, including progress toward providing two million unattached individuals with comprehensive care.

MOH will explore additional data and performance indicators to enhance workforce planning and forecasting and to gauge the impact of medical education expansion and other initiatives now and in the future. Medical school expansion is one of many strategies that is being used to ensure proper attachment and connection of people to primary care.

As well as adding 340 family medicine postgraduate seats to the system, Ontario is investing $2.1 billion through the Primary Care Action Plan to grow the physician workforce and ensure our new physicians are practising where they are needed most in Ontario.

Accordingly, MOH is committed to monitoring supply data, emerging research and workforce trends, such as physician practise patterns, to ensure its planning tools and analyses are informed by the most current and best information available and are best placed to measure the impact of investments.

Any adjustments to medical education expansion will be data-driven but will also consider medical school and system capacity as well as the impact of other initiatives developed by MOH to boost physician supply.

These include working with the College of Physicians and Surgeons of Ontario (CPSO) to streamline registration for internationally educated physicians and investing in Practice Ready Ontario, which will enable internationally educated physicians to practise in rural and northern communities.

Recommendation 3

We recommend that MOH, in consultation with medical schools:

- guide and monitor the development of the 17 new and expanded PCTCs to help ensure they are completed in time for the 2028/29 academic year target;
- ensure training site planning is part of any new medical seat decision-making and planning, well in advance of the need, should it be required; and
- use lessons learned from developing the first group of PCTCs to update the approach to developing the remaining PCTCs.

MOH Response

MOH agrees with the recommendation and will work with medical schools to guide and monitor development of 17 new and expanded PCTCs.

The $300 million investment in these clinics, a critical part of the success of the $2.1 billion Primary Care Action Plan, will help expand medical education and connect Ontarians to primary care.

MOH will continue supporting stakeholders through the health-care capital planning process to align PCTC projects with medical school seat expansion objectives and timelines.

MOH will work with providers and medical schools to ensure seat expansion planning considers training site availability.

Beyond the $300 million investment in PCTCs, Ontario's expansion will continue supporting training in existing Family Medicine Teaching Units in community hospitals and Academic Health Science Centres, to ensure that medical learners train and practise in the locations Ontarians need them the most.

As noted, Ontario's once-in-a-generation medical education expansion is ongoing, and MOH is continuing to apply lessons learned from each stage of the implementation to support course correction and adjustments to planning as required.

This includes applying lessons learned from the mobilization of all training sites, including the first cohort of PCTCs.

Recommendation 4

We recommend that MOH, in consultation with medical schools, provide additional structure to its process for proactively engaging with medical schools in relation to opportunities for medical seat expansion and implementation, including established timelines for responding to feedback from medical schools.

MOH Response

MOH agrees with the recommendation.

MOH has an established structure and process for engaging with medical schools through the Council of Faculties of Medicine (COFM) and the Council of Ontario Universities (COU). This structure supports the work of MOH to date, including the implementation of all the existing and expanded medical education programs.

MOH will work with medical schools to look at how to improve consultation and collaboration through this well-established structure.

Recommendation 5

We recommend that MOH:

- identify metrics that assess the effectiveness of the medical school seat expansion initiative in increasing Ontarians' access to family physician care, and collect and analyze data regarding these metrics; and
- study how family medicine graduates choose to practise medicine, such as through a cohort study, determine the need to adjust the medical school seat expansion for family medicine to align with these patterns and adjust the plan as needed.

MOH Response

MOH agrees with the recommendation.

With its goal to attach two million more people to primary care by 2029, MOH is strongly committed to measuring the impact of all initiatives aimed at increasing family physician supply, including medical education expansion.

MOH will work with medical schools, Ontario Health, and partners like the Ontario Physician Reporting Centre (OPRC) and INSPIRE-PHC to ensure the best measurements of success for these investments.

In 2025, Ontario offered 34% of Canada's family medicine residency spots—the most nationwide—and will increase its spots by 66% compared to pre-expansion levels.

MOH will work with partners to ensure this expansion succeeds by analyzing physician practise patterns, training capacity, and the impact of initiatives like pathways for internationally educated physicians, and will adjust the seat distribution as needed.

Recommendation 6

We recommend that MCURES, in collaboration with MOH, assess opportunities to harmonize the design and operation of the OLSG-ME program with the IMG ROS program, so that the two programs work together toward ensuring that investment is well co-ordinated.

MCURES and MOH Response

MCURES and MOH agree with the recommendation.

MCURES and MOH are currently engaged in the redesign and alignment of the OLSG-ME program and the IMG ROS program.

Since the development of the OLSG-ME, MCURES and MOH have continued to collaborate to align program requirements and definitions with those of the IMG ROS, ensuring both programs will effectively distribute newly graduated primary care physicians to areas of greatest need in Ontario.

Recommendation 7

We recommend that MOH and MCURES:

- link undergraduate and postgraduate enrolment data they collect, including the number of seats filled by CMGs, IMGs with a proven connection to Ontario and other IMGs with data on practice locations of physicians; and
- analyze the combined dataset to determine whether initiatives to prioritize Ontario students lead to more physicians practising in Ontario.

MCURES and MOH Response

MOH and MCURES agree with the recommendation.

MOH and MCURES will measure the impact of prioritizing medical education seats for Ontarians, as they do with all other existing physician recruitment and retention initiatives, such as Practice Ready Ontario and the IMG ROS program.

MOH and MCURES will work with sector partners such as the medical schools, CaRMS as well as OPRC to link and analyze data to understand where physicians practise after they graduate. This information will be vital in ensuring the appropriate distribution of the new physicians in Ontario to areas of the province where they are needed most.

Audit Criteria

In planning our work, we identified the audit criteria we would use to address our audit objectives (outlined in **Section 3**). These criteria were established based on a review of applicable legislation, policies and procedures, internal and external studies, and best practices. Senior management at MOH and MCURES reviewed and agreed with the suitability of our objectives and associated criteria:

1. A formal plan exists that has clear objectives and timelines and establishes actions necessary to achieve the approved increase of medical graduates in family medicine. It also identifies the responsible parties for each action.

2. The medical school seat expansion plan is informed by a forecast of family physician demand and supply. The inputs and assumptions used in the forecast analyses are supported by accurate, timely and relevant information.

3. The decision-making process regarding medical school seat expansion and allocation outlines the rationale for how seats are distributed:
   - to family medicine programs compared to other specialties;
   - to Ontario residents compared to other Canadian applicants;
   - to CMGs compared to IMGs;
   - to established medical schools compared to newly created ones; and
   - across different geographic regions of the province.

4. MOH works with MCURES as well as universities and clinical institutions to minimize barriers to completing medical training and create the additional spaces in training sites necessary for qualified family medicine students to complete residency training, ensuring training sites and preceptors are available where primary care is most needed.

5. Mechanisms exist to monitor, at least annually, progress toward increasing the number of family medicine graduates providing primary care upon graduation, and adjust the family medicine education expansion plan, as needed.

6. MOH and MCURES review, discuss and share efficiencies, lessons learned and best practices, and act on information reported from universities and clinical institutions regarding key deliverables and performance management, at least annually.

7. MOH and MCURES monitor, at least annually, the percentage of medical school family medicine seats allocated to Ontarians and Canadians to ensure medical schools fill all Provincially funded seats reserved for Canadians before taking on any privately paid visa trainees.

Audit Approach

We conducted our audit between February 2025 and August 2025. We obtained written representation from each ministry's management that, effective November 24, 2025, they had provided us with all the information they were aware of that could significantly affect the findings or the conclusion of this report.

As part of our audit work, we:

- interviewed relevant staff from MOH, primarily from the Capacity and Health Workforce Planning Branch, and from MCURES, primarily from the Postsecondary Education Programs Branch;
- analyzed various data, including financial data and budgetary funding requests, undergraduate and postgraduate enrolment, physician supply and demand, training site capacities and stakeholder communications;
- reviewed relevant legislation and regulations, program policies and frameworks, funding and accountability agreements, and internal ministry documents related to the medical school seats expansion program;
- spoke with and/or obtained information from medical schools in Ontario;
- spoke with and obtained data from CaRMS regarding postgraduate residency placements;
- spoke with and/or obtained information from external stakeholders and subject-matter experts, including the Professional Association of Residents of Ontario, the Ontario Medical Students Association, the Council of Ontario Universities, the Council of Ontario Faculties of Medicine, INSPIRE-PHC, the Ontario Physician Reporting Centre, OCFP, OMA, PCAT and the Indigenous Primary Health Care Council;
- conducted site visits and interviewed representatives from two PCTC training sites and one community-based teaching site, all of which were affiliated with medical schools; and
- reviewed publicly available information regarding medical training from other jurisdictions including British Columbia, Alberta, Manitoba, Nova Scotia and Australia.

Audit Opinion

To the Honourable Speaker of the Legislative Assembly:

We conducted our work for this audit and reported on the results of our examination in accordance with Canadian Standard on Assurance Engagements 3001—*Direct Engagements* issued by the Auditing and Assurance Standards Board of the Chartered Professional Accountants of Canada. This included obtaining a reasonable level of assurance.

The Office of the Auditor General of Ontario applies Canadian Standards on Quality Management and, as a result, maintains a comprehensive system of quality management that includes documented policies and procedures with respect to compliance with rules of professional conduct, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Ontario, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our conclusions.

December 2, 2025

Shelley Spence, FCPA, FCA, LPA
Auditor General
Toronto, Ontario

Acronyms

Acronym	Definition
CAPER	Canadian Post-M.D. Education Registry
CaRMS	Canadian Resident Matching Service
CIHI	Canadian Institute for Health Information
CMG	Canadian Medical Graduate
CPSO	College of Physicians and Surgeons of Ontario
FHT	Family Health Team
IMG	International Medical Graduate
IMG ROS	International Medical Graduates Return of Service
INSPIRE-PHC	INSPIRE-Primary Health Care
MCURES	Ministry of Colleges, Universities, Research Excellence and Security
MOH	Ministry of Health
NOSM U	Northern Ontario School of Medicine University
OCFP	Ontario College of Family Physicians
OHIP	Ontario Health Insurance Plan
OLSG-ME	Ontario Learn and Stay Grant–Medical Education
OMA	Ontario Medical Association
PCAT	Primary Care Action Team
PCTC	Primary care teaching clinic
ROS	Return of service
TMU	Toronto Metropolitan University
UofT	University of Toronto
uOttawa	University of Ottawa
YorkU	York University

Appendix 1: Pathway to Becoming a Family Physician in Ontario

Prepared by the Office of the Auditor General of Ontario

Bachelor's degree ≈ 3–4 years

- Complete a bachelor's degree, typically in health sciences.
- Medical schools set their admission requirements, which typically include a minimum score on the standardized Medical College Admission Test (MCAT).

Undergraduate medical education ≈ 3–4 years

- Complete a medical undergraduate program.
- Graduates receive a Doctor of Medicine (MD) degree.

CMG[1] | IMG[2]

Apply for postgraduate residency

- CMGs and IMGs apply for postgraduate residency training positions through the Canadian Resident Matching Service (CaRMS).[3]
- Medical schools may consider admitting visa trainees only after they have filled all government-funded postgraduate residency positions.

Postgraduate residency training ≈ 2–3 years

- Complete postgraduate residency training at a family physician training site, such as a PCTC, overseen by medical schools.
- Family physicians-in-training provide medical services under the supervision of licensed physicians called preceptors.

Certification exams and independent practice registration

- Complete national certification exams and register with the College of Physicians and Surgeons of Ontario to practise independently in Ontario.

1. CMGs are Canadian citizens or permanent residents who completed undergraduate medical education in Ontario or other provinces. Between academic years 2021/22 and 2025/26, about 69% of family medicine residents were CMGs, according to CaRMS data.
2. IMGs are Canadian citizens or permanent residents who completed undergraduate medical education outside of Canada.
3. CaRMS is a national, independent organization providing application and match services between undergraduate graduates and postgraduate medical school programs across Canada.

Appendix 2: Existing PCTCs, as of August 2025

Sources of data: Council of Ontario Faculties of Medicine and Ministry of Health

Medical School	Location	Name	#
McMaster	Kitchener	Centre for Family Medicine	4
	Burlington	Halton McMaster Family Health Centre	
	Hamilton	McMaster Family Practice Unit	
	Hamilton	Stonechurch Family Health Centre	
NOSM U			–
Queen's	Belleville	Belleville – Quinte Site	5
	Kingston	Kingston – 1000 Islands Site	
	Oshawa	Oshawa Lakeridge Health Education and Research Network Centre	
	Peterborough	Peterborough – Kawartha Site	
	Kingston	Queen's Family Health Team (FHT)	
TMU			–
UofT	Midland	Georgian Bay General Hospital	18
	Toronto	Humber River Hospital	
	Toronto	Mount Sinai Academic FHT	
	Toronto	North York General Hospital	
	Markham	Oak Valley Health – Markham Stouffville Hospital	
	Uxbridge	Oak Valley Health – Uxbridge	
	Orillia	Orillia Soldiers Memorial Hospital	
	Barrie	Royal Victoria Regional Health Centre	
	Scarborough	Scarborough Health Network	
	Newmarket	Southlake Regional Health Centre FHT	
	Toronto	St. Michael's Hospital Academic FHT	
	Toronto	Sunnybrook Health Sciences Centre	
	Toronto	Toronto East Health Network – Michael Garron Hospital	
	Mississauga	Trillium Health Partners – Credit Valley Hospital FHT	
	Mississauga	Trillium Health Partners – Mississauga Hospital	
	Toronto	Unity Health Toronto – St. Joseph's Health Centre FHT	
	Toronto	University Health Network Toronto Western FHT	
	Toronto	Women's College FHT	
uOttawa	Ottawa	Bruyère Health Academic Family Medicine – Bruyère and Primrose Sites	2
	Ottawa	The Ottawa Hospital Group FHT – Riverside and Civic Sites	

Medical School	Location	Name	#
Western	London	Byron Family Medical Centre	14
	Chatham	Chatham-Kent FHT	
	Hanover	Hanover Medical Clinic	
	Listowel	Listowel Medical Clinic	
	Goderich	Maitland Valley Family Medical Centre[1]	
	Ilderton	Middlesex Centre Regional Medical Clinic	
	Petrolia	Petrolia Medical Clinic (Central Lambton FHT)	
	Mount Brydges	Southwest Middlesex Health Centre	
	London	St. Joseph's Family Medical and Dental Centre	
	Stratford	Stratford Medical Centre	
	Strathroy	Strathroy Family Health Organization	
	Chatham	Thamesview FHT	
	London	Victoria Family Medical Centre	
	Windsor	Windsor Family Health Centre[2]	
Total			**43**

1. Maitland Valley Family Medical Centre is currently inactive and has not taken on new residents since July 2024.
2. This PCTC also trains some residents in community teaching sites.

Appendix 3: Timeline of Key Events and Communication Between Medical Schools and MOH, 2020–2025

Source of data: Ministry of Health

Sep 2020	Through their Council, all six medical schools submit a business case to MOH and MCURES outlining the need to expand medical seats by 65 postgraduate seats in 2021, followed by 203 undergraduate seats and 229 postgraduate seats, over five years.
Apr 2022	Province announces medical seats expansion by adding 160 undergraduate and 295 post-graduate seats by the 2028/29 academic year.
Apr 2022	Province announces TMU's new medical school, with plans to open in Brampton by September 2025 with 80 undergraduate and 95 postgraduate seats out of the total seats announced in 2022.
Oct 2022	Through their Council, all six existing medical schools request a $15 million provincial planning grant for the 2022/23 fiscal year to develop the new expansion seats, hire faculty and staff, and develop new training units and sites.
Mar 2023	Province announces another medical school seat expansion by adding 100 undergraduate and 154 postgraduate seats.
Nov 2023	Medical schools warn MOH that their current family physician training sites and preceptors are at full capacity and request funding for additional training sites.
Mar 2024	Province announces YorkU's new medical school, with plans to open in Vaughan by 2028 with 80 undergraduate and 102 postgraduate seats.
Jan 2025	Medical schools submit formal request to MOH and MCURES to build up to 50 PCTCs across 38 communities, requesting $409 million in capital funding and $139 million in operating funding, for a total of $548 million over four years.
May 2025	MOH announces it will invest up to $300 million to build or expand up to 17 PCTCs in communities where high rates of Ontarians go without a primary care provider.

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