

BRIEF

SUBMITTED TO THE MINISTER OF FINANCE
February 9, 2026

Pre-budget consultations: Decisive choices for the future of the public network and healthcare professionals

As part of the 2026-2027 pre-budget consultations

FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC



Foreword

The Fédération interprofessionnelle de la santé du Québec-FIQ, founded in 1987, is a labour organization dedicated to the representation and defence of the rights and interests of nearly 90,000 nursing and cardio-respiratory care professionals. It represents the vast majority of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists working in the health and social services institutions across Québec.

The FIQ is a feminist organization composed of nearly 90% women, who are healthcare professionals, public and private network employees, and citizens who use healthcare services. It is actively involved in promoting and defending women's rights, while publicly denouncing injustices.

A staunch defender of social gains, equality and social justice, the FIQ works to improve the working and practice conditions of its members, as well as the quality of care provided to the population. It is also an essential pillar in the protection and promotion of Quebec's public health network.

As first-hand witnesses of how the healthcare system operates on a daily basis, FIQ members bring rich and diverse expertise thanks to their varied experiences with multiple beneficiaries of the health and social services network.

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Summary

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In an economic context marked by uncertainty, limiting expenditure growth to 2.1% for the health and social services network (RSSS) is a cause for serious concern. While the public's needs are increasing and the staff shortage continues, the next Québec budget must avoid any cuts and cover the entire increase in expenditure in order to ensure continuity and safety of care. Recent experience demonstrates that budgetary instability and announcements of restrictions have a direct impact on staff confidence, institution planning and the quality of services provided to the public.

The Federation has identified several priority areas for strengthening the public network in the long term: increased investment in frontline services, particularly by revitalizing CLSCs and home care, fully expanding the scope of practice of healthcare professionals, and significantly reducing reliance on the private healthcare sector. The transition towards Santé Québec must respect the spirit of decentralization set out in the law, without putting additional financial pressure on institutions, and be accompanied by concrete measures to counter an excessive workload, strengthen occupational health and safety prevention and gradually introduce safe ratios. These choices are essential in ensuring staff attraction and retention and guaranteeing the future of a strong and accessible public network.

Introduction

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The Fédération interprofessionnelle de la santé du Québec–FIQ participates every year in the pre-budget consultations of Québec’s Minister of Finance. The health and social services network (RSSS), where the vast majority of Federation members practise nursing and cardiorespiratory care, accounts for nearly half of public finance expenditure. Although this is a significant expenditure, it emphasizes above all the importance, for Quebecers, of being able to rely on a public, accessible, free-of-charge and universal health and social services network.

Commitment to the social safety net and its defence are part of Québec’s values and are at the heart of the Federation’s mission, which is to enable nurses, licensed practical nurses, respiratory therapists and clinical perfusionists to practise their profession in a healthy and safe work environment. The funding of the RSSS, and therefore the associated budgetary decisions, is of paramount importance. It is in this context that the Federation speaks out during pre-budget consultations.

The beginning of 2026 is just as chaotic as last year, with tariff threats and geopolitical transformations in the background. However, we must point out that Québec’s economy has remained relatively stable, as the most recent economic update showed. The announcement of limiting expenditure growth to 2.1% for the RSSS remains nevertheless very concerning. The news is full of difficult situations experienced daily by healthcare professionals in their workplaces, and the Federation knows full well that this is only the tip of the iceberg. Budget decisions are a political choice and, for the Federation, there is only one choice: further budget cuts must be avoided at all costs.

With a budget of more than 65 billion dollars, it is imperative that concrete results are delivered for healthcare professionals, both in terms of improving their working conditions and supporting their ability to adequately provide care and services to the population. We must stop pitting sound public financial management against network performance, based on indicators that have no real meaning for the workers who work every day in care units, CLSCs, CHSLDs and rehabilitation centres. It is essential to invest in the right priorities for healthcare professionals.

Priorities to ensure the sustainability of the health and social services network

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The message from the field is clear to anyone willing to hear it: the limits have been reached. The mood is gloomy, and one need only talk to healthcare professionals to understand that concrete action must be taken quickly. The main priority is clear: the RSSS cannot afford further budget cuts.

We must avoid at all costs repeating last year's scenario, when Santé Québec demanded more than 1.5 billion dollars in cuts from health and social services institutions in order to meet the goal of a balanced budget. Although the Ministry of Health and Social Services ultimately absorbed the residual amounts at the time of the budget, these announcements of cuts, spread out over several months, further undermined the morale and confidence of healthcare professionals in their employer. Such a scenario must be avoided at all costs. The Federation believes that Québec's next budget must cover the entire increase in RSSS spending.

Recommendation 1

The Federation recommends that the Québec budget include an increase in health and social services funding to cover at least the growth in health and social services network expenditures.

STRENGTHENING FRONTLINE SERVICES TO RELIEVE THE ENTIRE NETWORK

In this context, the Federation has identified strengthening frontline services as a key driver for ensuring the sustainability of the public network.

Investing upfront: a strong and accessible frontline

Frontline services in Québec encompass all local care and services and primary care, within a comprehensive approach to health that is rooted in the regional realities of the population. It includes routine care, management of urgent but minor or common health problems, mental health care, maternal and child care, psychosocial services, coordination with home care services, health promotion and disease prevention, nutrition counselling services and end-of-life care¹.

¹ CIHI. *Primary care*. [Online], [\[Primary care | CIHI\]](#) (February 5, 2026).

The Federation believes that a major investment in frontline services would have a positive ripple effect on the entire RSSS. In concrete terms, it is necessary to strengthen the existing programs, consolidate the required staffing and set up integrated care provided by multidisciplinary teams capable of teaching, preventing and treating. Periods of high pressure on hospitals are cyclical, as demonstrated once again during the last flu season². The government must take proactive measures.

However, primary care currently accounts for only 8 to 10% of total health expenditures³, which is clearly insufficient to adequately meet the needs of the population and prevent overcrowding in hospitals. The same is true for home care (SAD). Numerous studies confirm the benefits of home care, as well as the negative effects of prolonged hospitalization in elderly people. However, only 20% of expenditures in long-term care in Québec are allocated to SAD, while 80% is intended for CHSLDs. This distribution is well below the average observed in OECD countries, where approximately 30% of expenditures is allocated to home care and 65% to institutional care⁴.

Revitalizing CLSCs as territorial hubs

The government continues to underestimate the benefits of adequate public funding for the entire frontline system, while a significant portion of investments and efforts have been concentrated in family medicine groups (GMF). However, with an ageing population, the entire frontline model needs to be rethought so that the right care and services are provided in the right places. Revitalizing CLSCs is therefore a necessary step.

The GMF funding model is not linked to territorial objectives and is not developed in line with other frontline services to ensure continuity of care. This situation contradicts the logic of population and territorial-based care, while hindering the ability of CLSCs to play their role as frontline hubs. Furthermore, as pointed out by the Ministry of Health and Social Services in a recent report, there is a fundamental duality between, on the one hand, “the population-based and integrated vision of frontline services linked to the territory and the community [...] and, on the other hand, frontline service programs that tend to segment intervention according to clinical or social

² Marie-Eve COUSINEAU. *Les taux d'occupation atteignent jusqu'à 200 %*, La Presse, [Online], January 5, 2026, [lapresse.ca/actualites/sante/2026-01-05/les-urgences-debordent/les-taux-d-occupation-atteignent-jusqu-a-200.php] (February 5, 2026).

³ IUPLSSS. *Des soins et services de première ligne au Québec informés par la science*, [Online], May 2025, p. 83, [[Recueil IUPLSSS 2025.pdf](#)] (February 5, 2026)

⁴ *Ibid.*, p. 95.

categories, sometimes to the detriment of an holistic understanding of needs [...]”⁵.

The dissemination of information and educational messages on social media, although useful, cannot replace the richness of human contact in terms of education and prevention. CLSCs remain the ideal places for this learning, thanks to dedicated multidisciplinary teams. It is by raising public awareness of the social determinants of health and the importance of a comprehensive approach that the benefits of a strong frontline can be fully realized.

Fully deploying the healthcare professionals’ scope of practice

Thanks to the role of healthcare professionals and other frontline health workers, with full deployment of their scope of practice and genuine recognition of the role of specialized nurse practitioners, freeing them from medical control⁶, as well as the role of nurse clinicians, licensed practical nurses and respiratory therapists, the population would have access to adequate frontline care and effective management of minor emergencies. This will help reduce waiting times, particularly stays of more than 24 hours in emergency rooms.

If the government truly aspires to proximity governance, the CLSC territories are ideally suited to embody this desire. These structures have the potential to break down program-service silos, promote integrated territorial planning and strengthen collaboration between clinical departments⁷. However, this will require giving them back adequate governance powers and entrusting them with a clear and explicit coordination mandate.

⁵ MSSS. *Orientations ministérielles relatives à la mission des CLSC*, September 2025, p. 18.

⁶ Marie Eve COUSINEAU. *Seulement 3 600 patients pris en charge par des infirmières praticiennes spécialisées*, La Presse, [Online], January 23, 2026, [lapresse.ca/actualites/sante/2026-01-23/groupe-de-medecine-de-famille/seulement-3600-patients-pris-en-charge-par-des-infirmieres-praticiennes-specialisees.php] (February 5, 2026).

⁷ MSSS. *Orientations ministérielles relatives à la mission des CLSC*, September 2025, p. 18.

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Recommendation 2

The Federation recommends investing in the revitalization of CLSCs by setting up dedicated multidisciplinary teams to provide population-based care in a given area.

Recommendation 3

The Federation recommends investing in the deployment of the frontline scope of practice, particularly through more autonomy for specialized nurse practitioners (SNP) and the implementation and expansion of the role of healthcare professionals.

ENHANCING THE PUBLIC NETWORK AND CURBING THE EXODUS OF LABOUR

In a context marked by increased pressure on the care teams and growing competition from the private sector, the capacity of the public network to attract and retain labour is now a crucial issue for its sustainability and for the accessibility of healthcare to the population.

Focusing on attraction and retention in the public sector

Between November 2024 and August 2025, according to the dashboard of the Ministry of Health and Social Services (MSSS), the health network lost nearly 3,300 workers, even though the needs remain immense. In January 2026, more than 4,500 healthcare professionals were absent⁸, which indicates an abnormally high rate of absenteeism. While some have left the profession, others are going to the private sector, where conditions are perceived as better, particularly in terms of predictability of schedules and workload.

It is essential to stop this exodus. Every effort must be made to retain existing staff, which necessarily involves genuinely valuing their environment, their professions and their daily contribution to the network. It is by strengthening and improving the public network that we will be able to attract labour and above all, convince them to stay.

⁸ Héroïse ARCHAMBAULT. « *C'est le réseau qui les rend malades* » : plus de 4 500 infirmières épuisées ou blessées sont en congé forcé, Journal de Montréal, [Online], January 12, 2026, [\[journaldemontreal.com/2026/01/31/cest-le-reseau-qui-les-rend-malades-plus-de-4500-infirmieres-epuisees-ou-blessees-sont-en-conge-force\]](https://journaldemontreal.com/2026/01/31/cest-le-reseau-qui-les-rend-malades-plus-de-4500-infirmieres-epuisees-ou-blessees-sont-en-conge-force/) (February 5, 2026).

Limiting the use of the private sector and optimizing public capacity

Against this backdrop, it is difficult to understand the government's persistent tendency to increase its reliance on the private sector. The increased openness to the privatization of health services inevitably leads to a transfer of human and financial resources from the public to the private sector. Paradoxically, the government is thus contributing to the shortage of staff within its own public network.

Although it is legitimate and necessary to invest in reducing surgical waiting lists, the Federation is disappointed that the preferred solution relies mainly on financial support for specialized medical clinics (CMS). Currently, about 19% of surgeries in Québec are done in the private sector, and the number of CMSs has risen in order to benefit from the significant amounts injected by the government⁹. Millions of dollars in public funds are thus used to finance private surgeries, even though the human resources come from the public network, which is already sorely lacking.

Recommendation 4

The Federation recommends providing the necessary funding to limit using the private sector in order to reduce surgical waiting lists and enable the opening of all operating rooms in the public network.

Furthermore, the cost of services provided in private medical centres can exceed the cost of services offered in public institutions by 150%¹⁰. The current situation with CMSs is reminiscent of past experiences particularly the considerable cost overruns associated with the use of independent labour, before the government decided to legislate to regulate and gradually reduce this mode of operation. The initial stages of implementing this reform have resulted in savings of over 700 million dollars¹¹. However, these sums were mainly used to cover the deficits of the institutions, when they could have been reinvested in sustainable measures to attract and retain staff.

⁹ Daniel BOILY et Davide GENTILE. *19 % des chirurgies sous-traitées au privé*, Radio-Canada, [Online], March 13, 2025, [ici.radio-canada.ca/nouvelle/2147521/chirurgies-privé-public-attente] (February 5, 2026).

¹⁰ IRIS. *Projet-pilote sur les chirurgies privées : des coûts jusqu'à 150 % plus élevé qu'au public*, [Online], April 24, 2023, [iris-recherche.qc.ca/communiques/cout-chirurgies-cliniques-privées] (February 5, 2026).

¹¹ Patrick BELLEROSSE, *Fin du recours aux agences privées : 700 M\$ économisés dans le réseau de la santé*, Le Journal de Québec, [Online], September 15, 2025, [journaldequebec.com/2025/09/15/fin-du-recours-aux-agences-privées--750-m-économisés-dans-le-réseau] (February 5, 2026).

As the third and final stage of the withdrawal of independent labour begins, affecting remote areas, the Federation believes it is crucial to redouble efforts to ensure compliance with the law. Appropriate measures will need to be put in place in certain regions to ensure the stability of the supply of care and services. The realities of urban and rural areas differ greatly; it is therefore necessary to provide tailored solutions to attract and retain staff.

Recommendation 5

The Federation recommends ensuring a budget specifically dedicated to the plan to reduce independent labour, particularly for regions with a higher level of dependency.

PROXIMITY GOVERNANCE AND RECOGNITION OF REGIONAL REALITIES

Besides the funding and independent labour issues, the capacity of the network to provide accessible care on a human scale also rests on a governance model that recognizes there are regional realities and promotes proximity decision-making.

Respect the spirit of decentralization in *An Act respecting the governance of the health and social services system*

In *An Act respecting the governance of the health and social services system* (LGSSS), the legislator provided a decentralized management of healthcare and services, in order to promote healthcare provision on a human scale. However, in her June 2025 report, the Health and Welfare Commissioner noted several instances of centralization and raised concerns about the operationalization of the Act's objectives. She stated that:

“In short, the Act marks a major transition in the management of the Québec health and social services system. However, its success will depend on the capacity of the stakeholders to quickly implement clear collaboration mechanisms, demonstrate genuine respect for the principles of subsidiarity by turning them into concrete actions despite centralization, and to ensure governance that combines efficiency with proximity to local realities¹².”

¹² COMMISSAIRE À LA SANTÉ ET AU BIEN-ÊTRE. *La Loi sur la gouvernance du système de santé et de services sociaux : une redéfinition des rôles et des responsabilités*, [Online], June 3, 2025, [\[csbe.gouv.qc.ca/publication/lqssss-roles-responsabilites-partagees.html\]](https://csbe.gouv.qc.ca/publication/lqssss-roles-responsabilites-partagees.html) (February 5, 2026).

The Federation can only endorse the objectives of decentralization, both in terms of the vision of healthcare provision, in order to recognize and respect regional differences, and in terms of human resources management, which must take into account the daily routine of healthcare professionals. With a budget of 44 billion dollars entrusted to Santé Québec, priorities must be focused on proximity management, provided by accountable local decision-makers, as well as on the full exercise of the scope of practice in nursing and cardio-respiratory care, in order to ensure comprehensive, safe and quality care.

A transition without financial pressure for institutions

It is imperative that concrete results become visible quickly in order to establish a climate of trust. Care provided on a human scale is intrinsically linked to the recognition of professions and the sense of belonging that healthcare professionals have to a strong public network. In practical terms, the budget must prevent any cutbacks and ensure that the transition to the new governance model results in positive and tangible benefits in the field.

Recommendation 6

The Federation recommends allowing institutions to adapt to the implementation of Santé Québec and the new retrospective funding model, without imposing any additional financial pressure on them.

Recommendation 7

The Federation recommends funding initiatives aimed at promoting and recognizing regional realities, with a view to providing care on a human scale.

ADDRESSING THE EXCESSIVE WORKLOAD FOR SAFE CARE

The realities experienced in the field clearly demonstrate that the excessive workload of healthcare professionals compromises both their health and the network's ability to provide safe, quality care.

Preventing psychosocial risks and protecting staff health

From the outset, the Federation wishes to emphasize the demanding and exhaustive nature of its members' daily routine. There are many causes, but one element remains key: the excessive workload. This alone can lead to physical or psychological injuries, work stoppages, people leaving the profession, interpersonal conflicts, a deterioration in the working environment, clinical errors, and delays in providing care.

It is therefore hardly surprising that excessive workloads have adverse psychosocial effects on healthcare professionals. There are numerous psychosocial risks: physical, sexual or verbal violence, domestic or family violence occurring in the workplace, exposure to potentially traumatizing events, situations of psychological harassment or intimidation, etc. Prevention, along with the health and safety of healthcare professionals, must be budget priorities. In this regard, the funds required for the full implementation of *An Act to modernize the occupational health and safety regime* (LMRSST) must be included in the budget.

Introducing safe ratios: a structural investment

For nearly ten years, the Federation has called for the introduction of safe ratios, i.e. a minimum number of healthcare professionals for a given number of patients with similar health issues. Convinced that this is an essential tool, even a remedy, to revitalize the RSSS, enable full exercise of the scope of practice and make the professions more attractive, the Federation is once again asking that the sums necessary for the gradual deployment of safe ratios be included in the budget.

Numerous data also demonstrates the beneficial effects of ratios on reducing work stoppages, employment injuries and the use of overtime. A major study conducted in American hospitals, with 78% of the data coming from California, demonstrated that a better nurse-to-patient ratio was associated with a decrease in adverse events and a reduction in the length of hospital stays, without increasing healthcare costs. Adverse events include both the negative impacts on patients (bed sores, extended hospital stays) and the impacts on staff working conditions and work stoppages. Several governments, both internationally and in different Canadian provinces, have legislated ratios. British Columbia, Manitoba and Nova Scotia have already adopted this promising solution. Québec, known for its innovative social models, must in turn follow suit. Ratios are therefore a profitable investment, in addition to helping to attract and retain healthcare professionals.

Recommendation 8

The Federation recommends allocating funds for careful workforce planning and allocating the necessary resources to implement safe care, in particular by introducing healthcare professional-to-patient ratios.

Recommendation 9

The Federation recommends reserving a budget item dedicated to the deployment of An *Act to modernize the occupational health and safety regime* (LMRSST), in order to actively contribute to the establishment of a genuine culture of prevention in the health sector.

A BUDGET THAT HEALTHCARE PROFESSIONALS CAN IDENTIFY WITH

The Federation asks for funding covering the costs of the system and prioritized investments to stop the exodus of healthcare professionals. The latter must be able to see real and lasting improvements in their working conditions and quality of life at work.

Attraction and retention of the labour force in the public health and social services network must be key priorities in Québec's next budget. Healthcare professionals need safe working conditions and tangible recognition of their contribution, even outside of times of crisis. In this regard, the government must take concrete and tangible action that will have a direct and measurable impact on the daily routine of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists.

Conclusion

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The Federation is fully in line with calls for a more progressive tax system in order to strengthen the social safety net in Québec. The cycle of austerity that the government is once again embarking on, like several previous governments, is not inevitable. It is entirely possible to fund the social safety net by implementing a bold fiscal policy aimed at increasing government revenues while ensuring a better redistribution of wealth.

Several progressive fiscal measures would make it possible to adequately fund frontline services, manage the RSS on a human scale, introduce healthcare professional-to patient ratios, implement occupational health and safety prevention measures, and put an end to the privatization of the public network. These measures would also make it possible to reinvest in all public services, social programs and the mission of autonomous community action groups.

The introduction of a wealth tax on the richest 1% of individuals, the reinstatement of the capital tax for financial institutions, increasing the number of tax brackets, higher capital gains taxation, and combating tax havens are all avenues the government should pursue in order to combat social inequality and ultimately achieve a balanced budget without resorting to cuts. According to the Coalition Main rouge, these measures could eventually recover more than 20 billion dollars per year.

Recommendations

FINANCING AND SUSTAINABILITY OF THE PUBLIC NETWORK

Recommendation 1

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STRENGTHENING FRONTLINE SERVICES AND CLSCs

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The Federation recommends investing in the revitalization of CLSCs by setting up dedicated multidisciplinary teams to provide population-based care in a given area.

Recommendation 3

The Federation recommends investing in the deployment of the frontline scope of practice, particularly through more autonomy for specialized nurse practitioners (SNP) and the implementation and expansion of the role of healthcare professionals.

ENHANCING THE PUBLIC NETWORK AND REDUCING THE USE OF THE PRIVATE SECTOR

Recommendation 4

The Federation recommends providing the necessary funding to limit using the private sector in order to reduce surgical waiting lists and enable the opening of all operating rooms in the public network.

Recommendation 5

The Federation recommends ensuring a budget specifically dedicated to the plan to reduce independent labour, particularly for regions with a higher level of dependency.

PROXIMITY GOVERNANCE AND RECOGNITION OF REGIONAL REALITIES

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The Federation recommends allowing institutions to adapt to the implementation of Santé Québec and the new retrospective funding model, without imposing any additional financial pressure on them.

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WORKING CONDITIONS, PREVENTION AND CARE SAFETY

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