

**phar**

**A STUDY ON HEALTH CARE  
OCCUPATIONS IN CANADIAN  
FRANCOPHONE MINORITY  
COMMUNITIES**

January 2026

**RDÉE**  
*Canada*



Société Santé  
en français

Funded in part by the Enabling Fund for Official Language Minority Communities and Employment and Social Development Canada's Strategic Engagement and Research Program.



Employment and  
Social Development Canada

Emploi et  
Développement social Canada

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Legal deposit: 2025

Bibliothèque et Archives nationales du Québec

ISBN xxxx

**HEALTH SERVICES IN FRENCH IN  
LINGUISTIC MINORITY CONTEXT:  
AILMENTS AND REMEDIES  
(2026-2035)**



# 1.

## DIAGNOSIS: THE “PERFECT STORM”

**Healthcare systems under pressure, navigating by sight.** Francophone minority communities (FMCs) are at the epicentre of an unprecedented human resources crisis. This is not a simple cyclical shortage, but rather the convergence of three major challenges.

1. **Demographic challenges:** Accelerated aging of the current workforce.
2. **Structural challenges:** A chronic shortage where demand for care exceeds local training capacity.
3. **Systemic challenges:** Bureaucratic hurdles that turn immigration potential into a “waste of talent.”

**The cost of the status quo:** Maintaining the current situation will mean more service closures, longer wait times, and a direct deterioration in the safety of French-language care (medical errors, misunderstandings).



# 2.

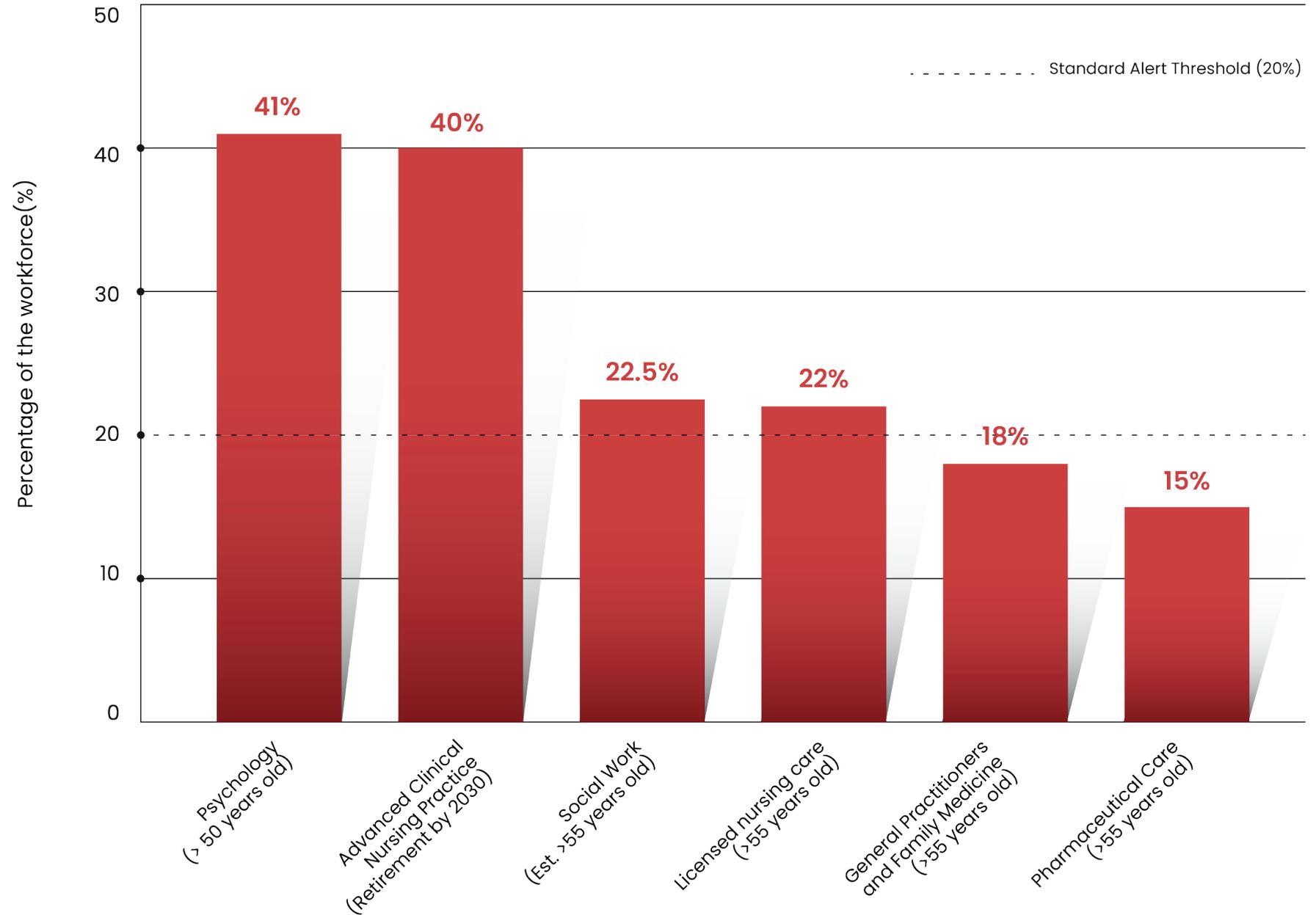
## VISUAL ANALYSIS OF CHALLENGES (KEY CHARTS)

CHART 1

### THE AGING CRISIS AMONG HEALTHCARE WORKERS IN FMCS

**The Bottom Line: An Imminent Talent Drain.** This chart illustrates the extent of the demographic crisis that is weakening the healthcare system. The analysis reveals a veritable “talent drain”: several key professions are well above the standard warning threshold (20% of the workforce approaching retirement age).

- **Loss of Knowledge:** The upcoming departures represent not only a loss of “manpower”; there will also be an irreplaceable loss of institutional and clinical knowledge.
- **Impact on Next Generation:** Newly graduated recruits will find themselves missing out on essential mentoring at a time when they will have to deal with growing and increasingly complex demands for care.



Note: The age threshold varies according to the length of training (50+ for Psychologists/NP vs. 55+ for others)

CHART 2

## THE GEOGRAPHICAL DIVIDE

**The Bottom Line:** The geographic distribution of French-speaking professionals is marked by profound inequalities, creating a two-tiered dynamic.

- Strongholds (Eastern Ontario, Acadian Peninsula): A concentration of personnel that masks shortages elsewhere.
- The lack of French-speaking personnel (West, North, Southern Ontario, Atlantic PEI, NS, NL): A chronic shortage where access to health care in French is often a matter of luck rather than a systemic approach.
- Issue: Interprovincial mobility “paralyzed” by administrative barriers and public policies that prevent resources from being transferred to where they are most needed.

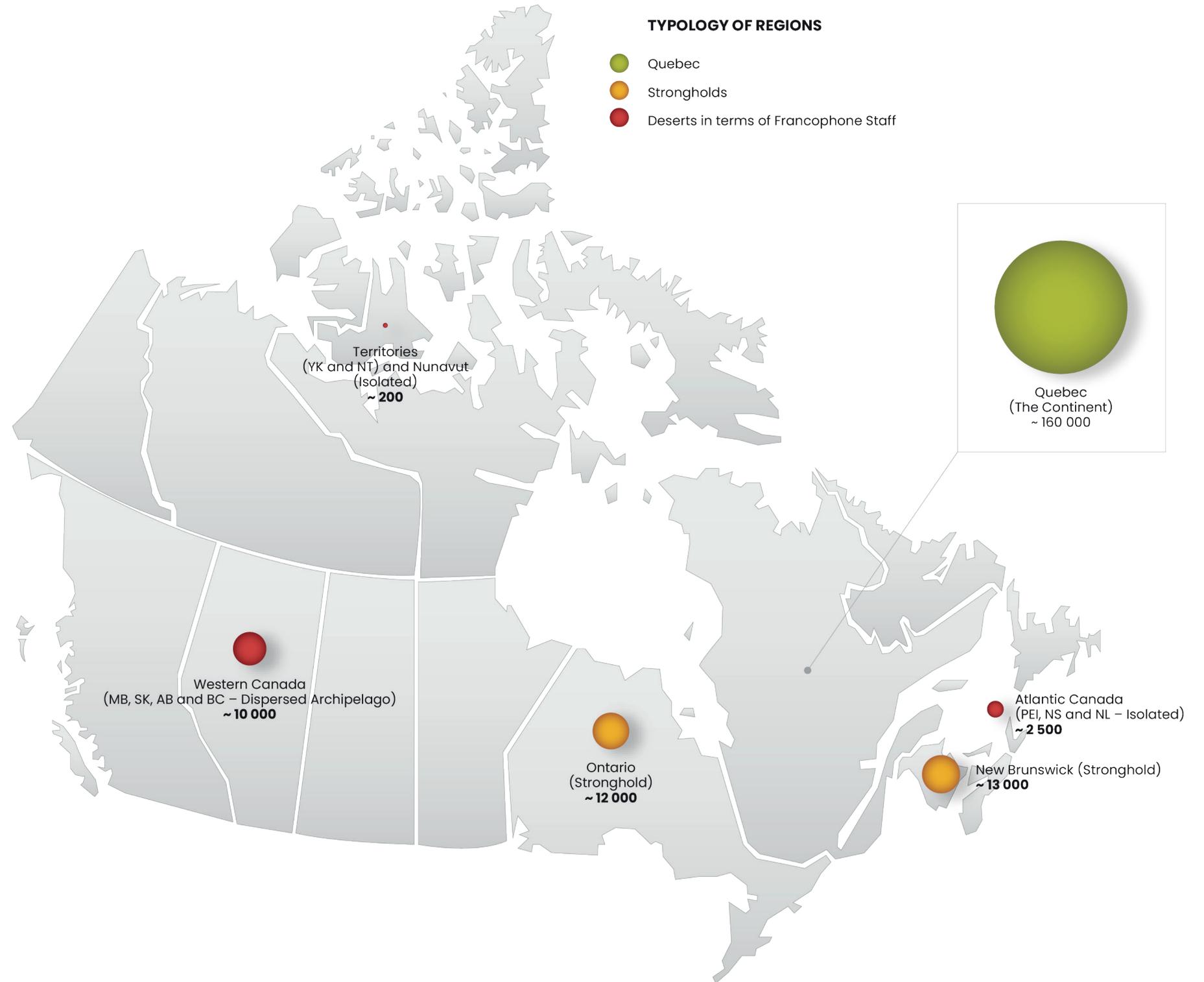


CHART 3

### THE STRUCTURAL DEFICIT BY 2035

**The Bottom Line:** A Mathematical Impasse. This projection shows the impasse the system is heading toward. The curves demonstrate that it is now impossible to fill retirement vacancies (red curve) solely through local French-language graduates (green curve).

- **Danger Zone:** The gap between these two trajectories creates a structural deficit that will continue to widen until 2035 without external intervention.
- **Conclusion:** The status quo inevitably leads to a disruption in service. Hence the absolute necessity of using strategies such as targeted immigration and increasing retention to fill the gap.

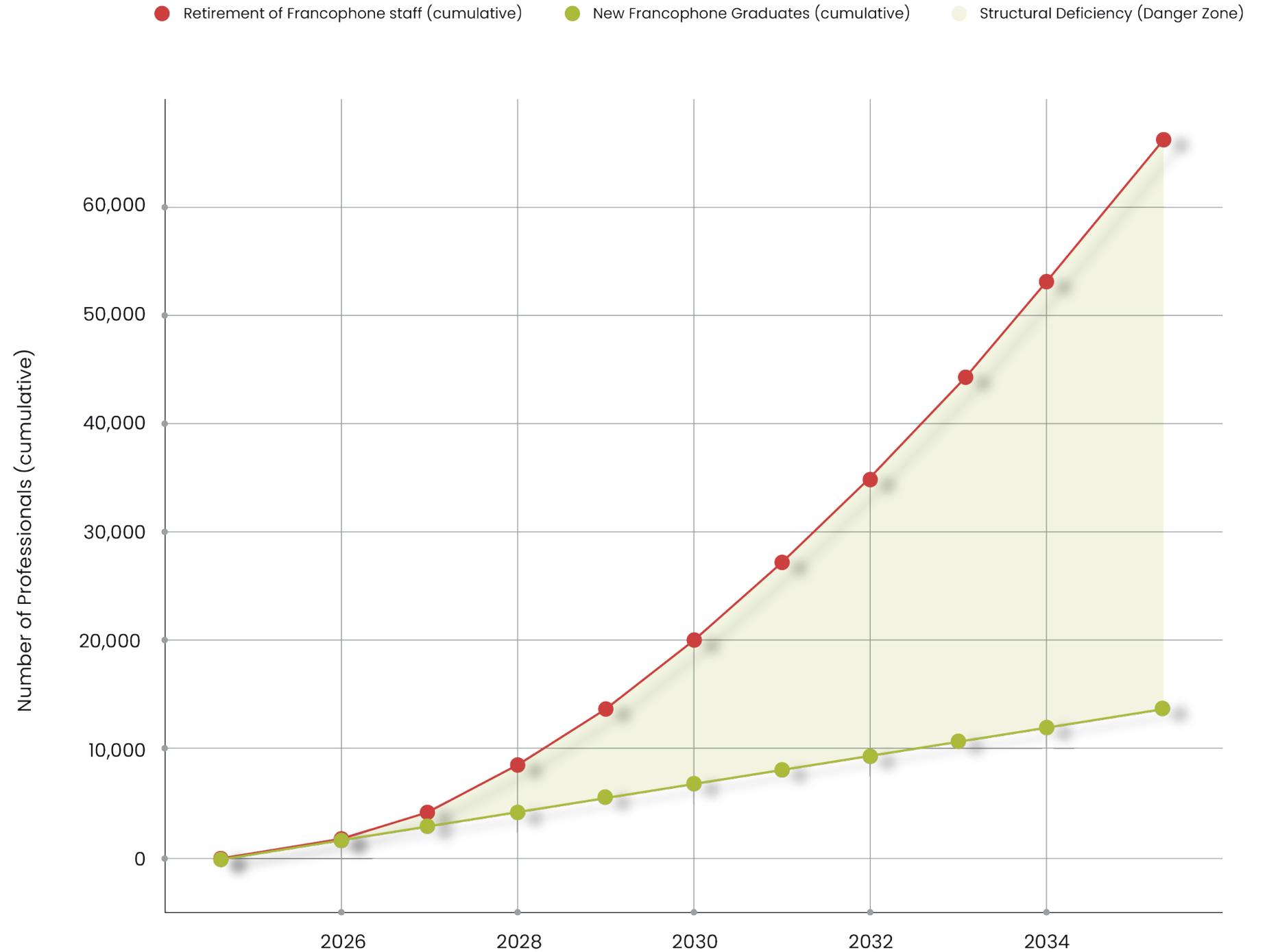
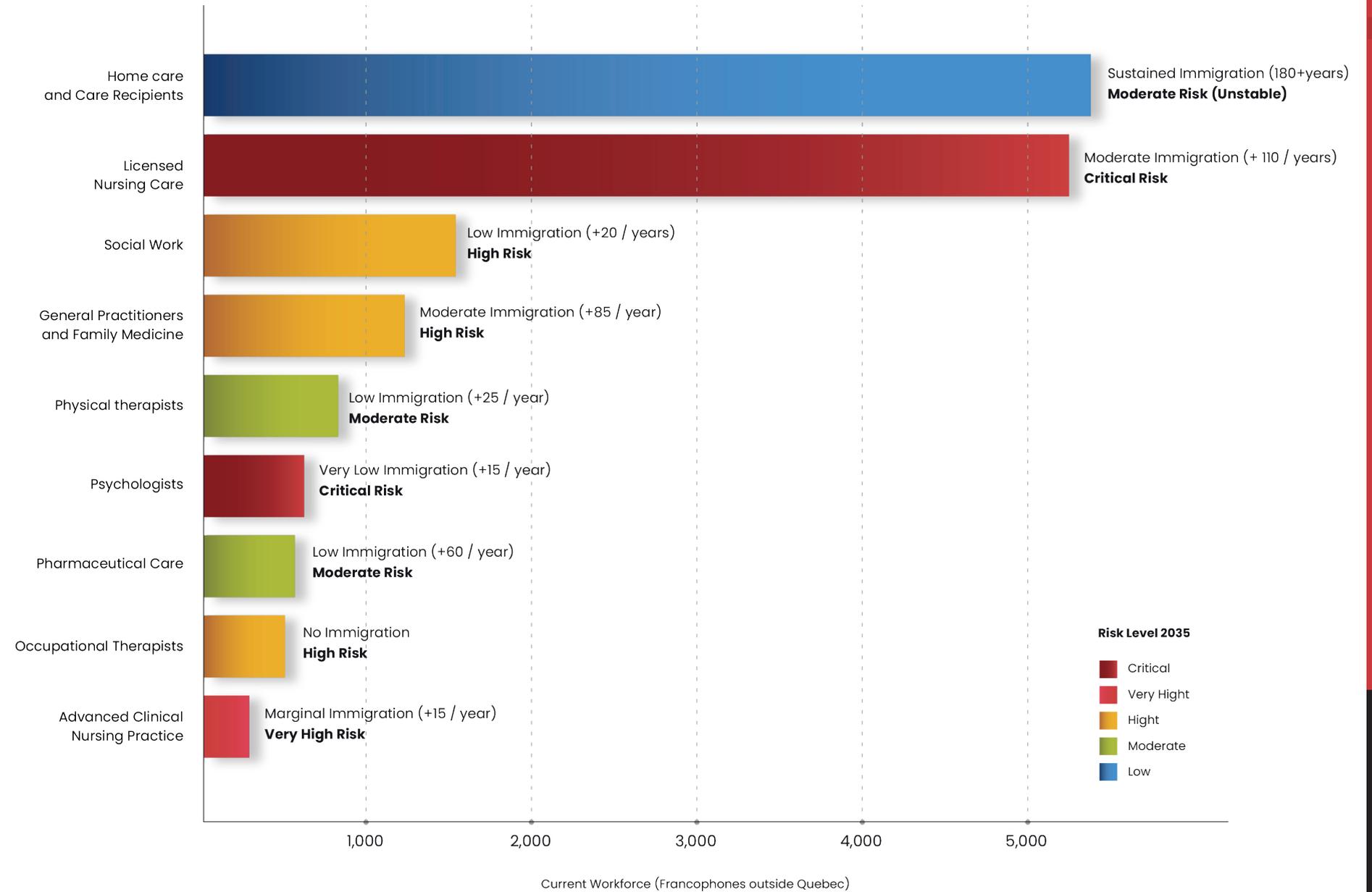


CHART 4

## LEVEL OF RISK AND RELIANCE ON FRANCOPHONE IMMIGRATION

**The Bottom Line:** A Vulnerability with Variable Complexity. This cross-analysis helps set priorities for taking action. It highlights two major types of risks, depending on the profession.

1. **“Critical” Risk:** Sectors where there are massive departures and low immigration (total shortage).
2. **“Unstable” Risk:** Sectors where the maintenance of services relies almost entirely on sustained immigration, creating a strong reliance.
3. **Required Strategy:** This chart highlights the importance of adapting recruitment, onboarding, and training methods to the realities of each professional category, as well as using retention strategies from the moment of hiring.



# 3.

## THE “BLACK HOLE ” OF DATA

**Without data, there can be no planning or accountability.** There is no reliable national mechanism for identifying professionals capable of providing services in French. This must change.

- **Lack of Visibility:** The absence of standardized linguistic identifiers (e.g., on health cards and in professional registries) makes it impossible to measure actual availability.
- **Consequence:** The inability to measure leads to the inability to fund. Bilingual staff remain unseen, overworked, and isolated, with no recognition of their language skills.



# 4.

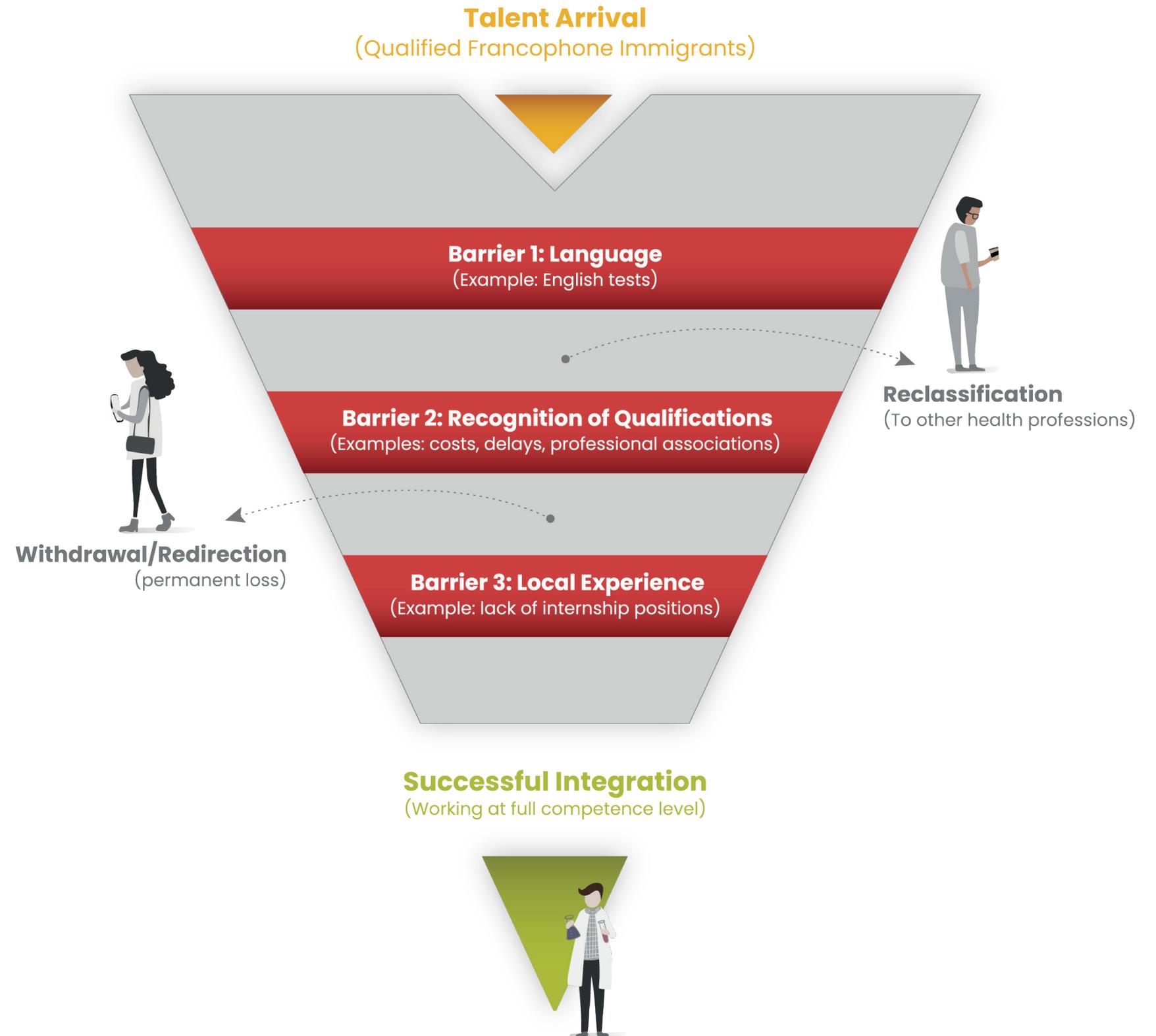
## IMMIGRATION: UNTAPPED POTENTIAL

### (LOGISTICS)

**Waste of Talent.** Despite rising immigration targets, talent is being lost along the way due to systemic barriers.

**Recognition of Qualification:** Long, costly and unclear processes.

1. Reversed Language Barrier: Professional licensing exams available in English only.
2. Threefold Marginality: Origin, language, and accent act together as an additional barrier.
3. Results: Highly qualified individuals are forced to take precarious jobs outside their profession, while the system desperately needs them.



# 5.

## THE ANSWER: OPERATIONAL STRATEGY 2026–2035

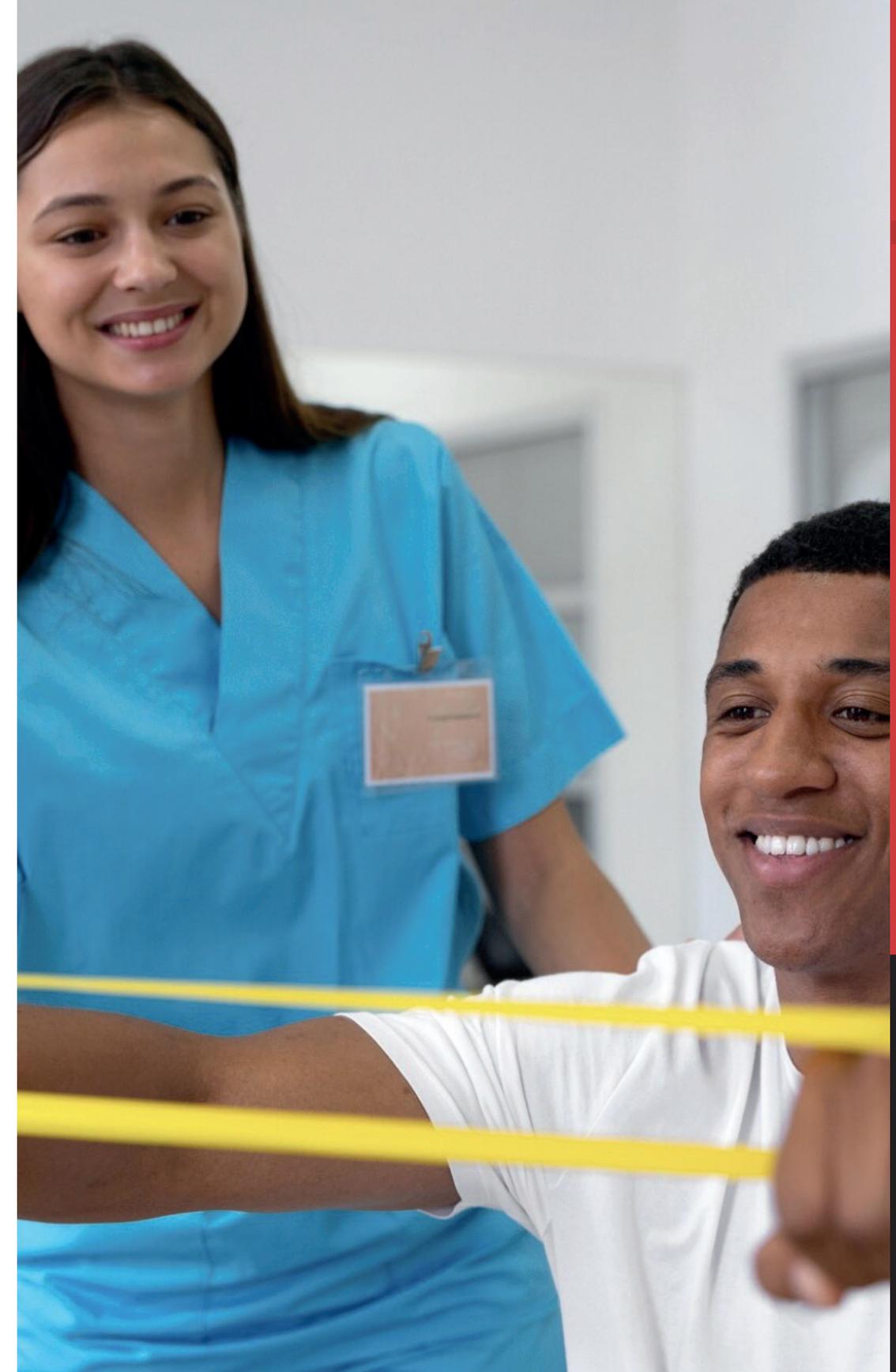
### FOUR OBJECTIVES OF TRANSFORMATION

Moving from crisis management to sustainable care:

1. **National Governance:** Creation of a federal monitoring body and systematization of language identifiers (evidence-based data).
2. **Fluidity and Retention:** Recognize French as an essential skill (recognition accompanied by remuneration) and increase the number of internships in minority settings.
3. **Attraction and Retention:** Create targeted international recruitment channels and ensure that families are welcomed into the community (promoting the region).
4. **Well-managed Digital Transformation:** Use telehealth and innovative language tools to support healthcare teams (never as substitutes).

### ROADMAP (THREE OUTLOOKS)

- **Outlook 1 (2026–2029)** – Innovate and Consolidate: Stabilize staffing levels, launch pilot projects (Vitalité), and lay the foundations for governance.
- **Outlook 2 (2029–2032)** – Problem-Solving and Coordinating: Make training pathways more widespread, institutionalize international recruitment and interprovincial mobility.
- **Outlook 3 (2032–2035)** – Sustain and Prioritize: Make data collection mandatory by law and secure recurring funding.



## KEY MESSAGE

Given that the status quo threatens the safety and quality of care, it is imperative—both administratively and technologically—to move from reactive crisis management to national governance by 2035 to ensure coordinated workforce planning and language data management. Only in this way will Francophones in minority communities have equitable and sustainable access to French-language care across the country.

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