

Majority of Canadians prefer receiving care from family physician they have a long-standing relationship with versus other forms of care - Satisfaction with family physicians hits new high.



The research gauged the opinions of Canadians regarding access to a family doctor, recent appointment with a family doctor, ways of access, level of satisfaction with family doctor, importance of access to a family doctor in their 2025 federal election voting decision, top issues to fix Canada's healthcare system and concern level with receiving care.

Nanos conducted an online representative survey of 2038 Canadians, 18 years of age or older, between February 11th and 18th, 2025.

A margin of error cannot be calculated on a non-probability sample. For comparison purposes, a probability sample of 2038 respondents would have a margin of error of ± 2.2 percentage points, 19 times out of 20.

The statistical tabulations including the unweighted and weighted number of interviews can be accessed [here](#). The regional statistical with MB and SK split can be found [here](#).

The research was commissioned by the College of Family Physicians of Canada and was conducted by Nanos Research.

Ontario

Majority of Ontarians (87%) report having a regular family physician. Of those who have access to a family physician, over four in five Ontarians (84%) report having an appointment in person with their family physician in the past 12 months and that they are satisfied with their family physician (83%). Moreover, just over four in five Ontarians (81%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

Atlantic

Just over seven in ten residents of the Atlantic (73%) report having a regular family physician. Of those who have access to a family physician, four in five residents (80%) report having an appointment in person with their family physician in the past 12 months. Moreover, a majority of residents of the Atlantic (84%) say that they are satisfied with their family physician. Four in five (80%) residents of the Atlantic say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

Quebec

Over three in five Quebec residents (68%) report having a regular family physician. Of those who have access to a family physician, majority of Quebec (87%) say that they are satisfied with their family physician and just under four in five Quebec residents (77%) report having an appointment in person with their family physician in the past 12 months. Moreover, over seven in ten Quebec residents (79%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election (78%).

Manitoba

Over four in five residents in Manitoba (88%) report having a regular family physician and of those who have access to a family physician, majority of residents (89%) report having an appointment in person with their family physician in the past 12 months. Moreover, majority of residents in Manitoba who have access to a family physician (81%) say that they are satisfied with their family physician. Over seven in ten residents (74%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

Saskatchewan

Over four in five residents in Saskatchewan (82%) report having a regular family physician and of those who have access to a family physician, majority of residents (88%) report having an appointment in person with their family physician in the past 12 months and that they are satisfied with their family physician (88%). Moreover, over seven in ten residents in Saskatchewan (72%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

Alberta

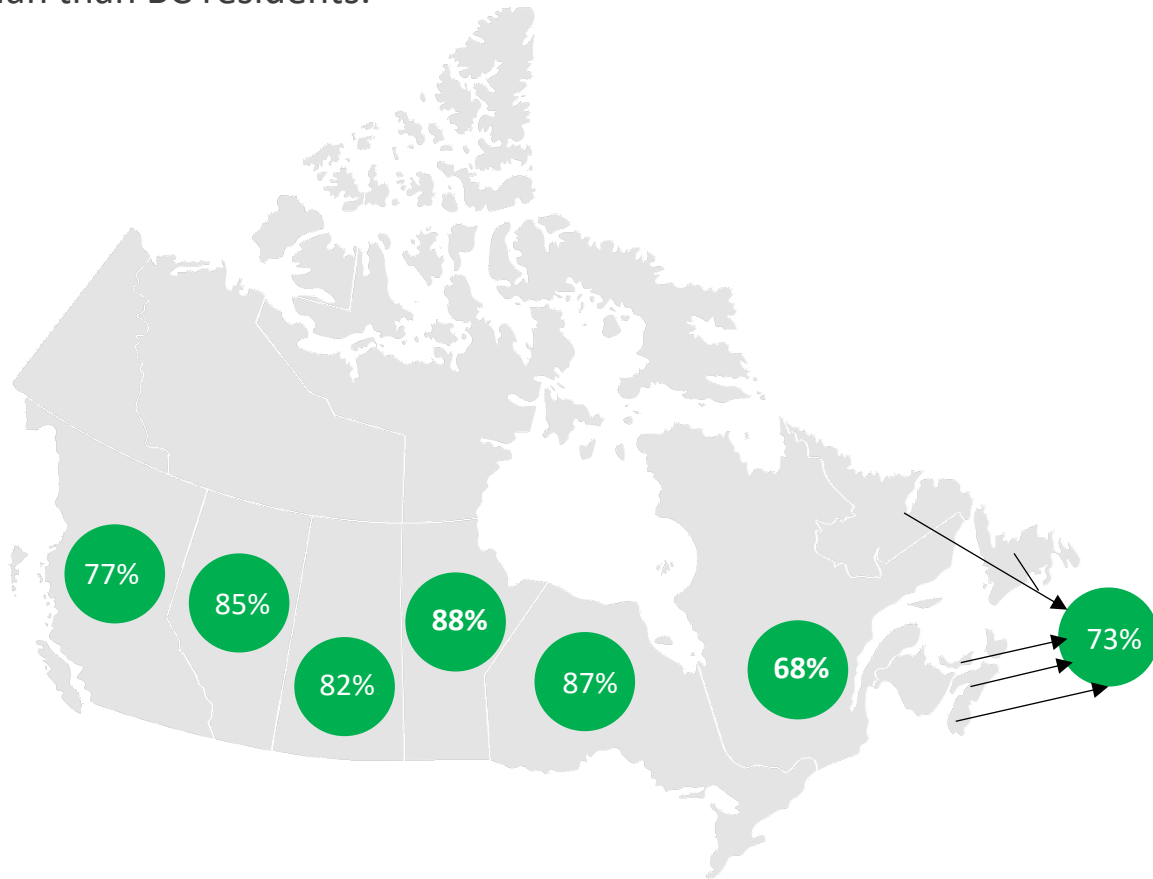
Most of Alberta residents (85%) report having a regular family physician and of those who have access to a family physician, majority of residents (89%) report having an appointment in person with their family physician in the past 12 months and that that they are satisfied (89%) with their family physician. Additionally, over four in five residents (84%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

British Columbia

Just over three in four BC residents (77%) report having a regular family physician. Of those who have access to a family physician, majority of residents say that they are satisfied with their family physician (77%) and report having an appointment in person with their family physician in the past 12 months (71%). Just over four in five residents (81%) say that access to a family doctor is important or somewhat important in their voting decision in the federal election.

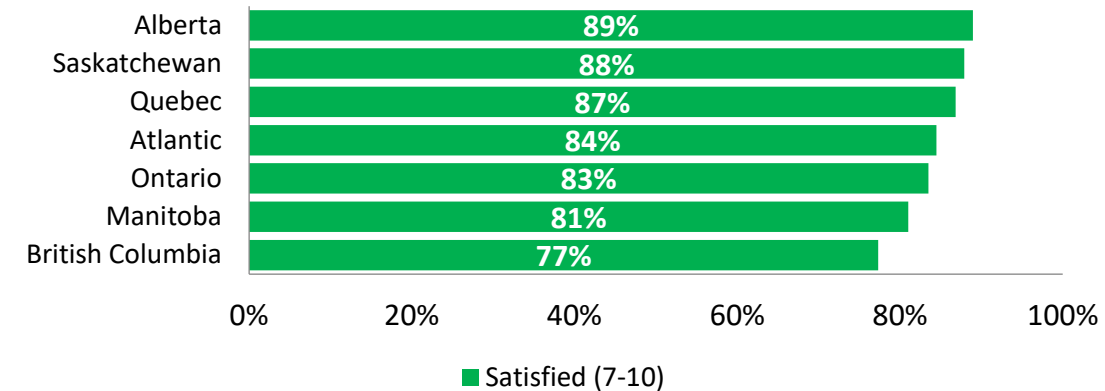
Key Regional Differences – Access and satisfaction with family physician

While majority of Canadians (80%) report that they currently have a family physician, residents in Manitoba (88%) are marginally more likely to report having a family physician than those in Quebec (68%). And of those who have access to a family physician, over eight in ten residents in Alberta (89%), in Saskatchewan (88%) and in Quebec (87%) are more likely to say that they are satisfied with their family physician than BC residents.



Access to a family physician

	Yes
Manitoba	88.2%
Ontario	86.6%
Alberta	85.5%
SK	81.6%
BC	76.7%
Atlantic	73.2%
Quebec	68.3%

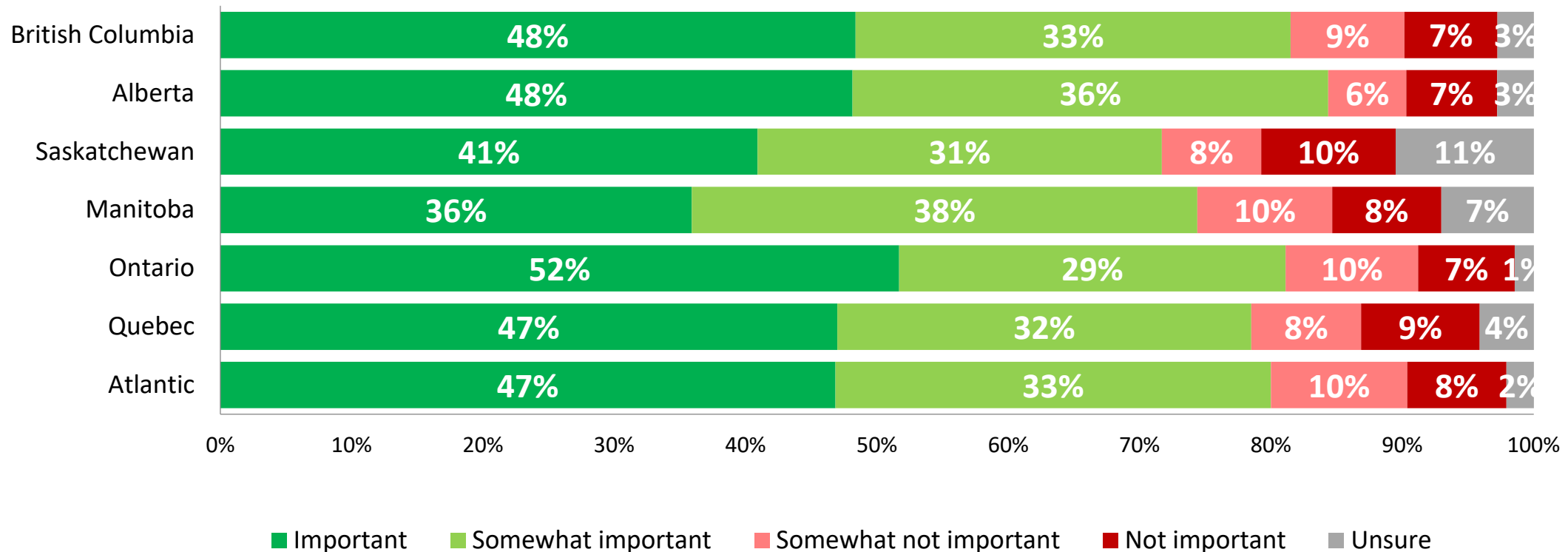


Q - Do you currently have a regular family physician?

Q - On a scale from 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied, how satisfied or dissatisfied are you with your family physician?

Key Regional Differences - Importance of access to a family doctor in your 2025 federal election voting decision

Most Canadians (81%) say that having access to a family doctor is important or somewhat important in their voting decision. Moreover, Alberta residents (84%) are more likely to say that having access to a family doctor is important or somewhat important in their voting decision than those in Saskatchewan (72%), though a majority would still say that it is important or somewhat important.



Q - Canada will have a federal election in 2025. Is access to a family doctor for you in your voting decision important, somewhat important, somewhat not important or not important?

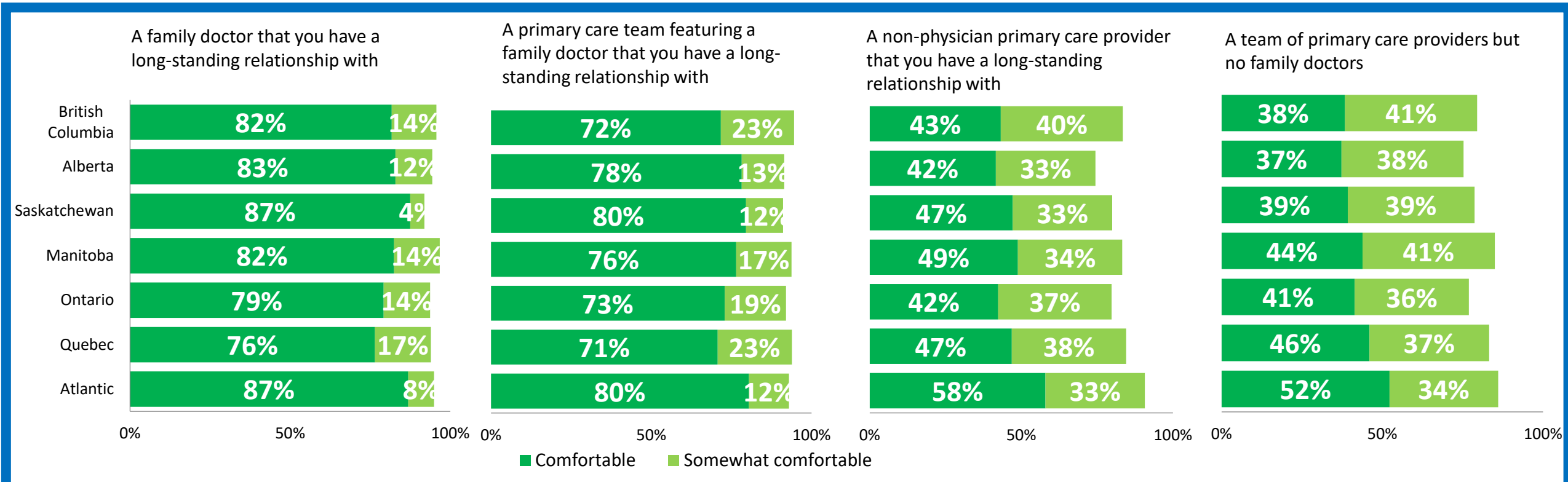
Key Regional Differences – Top three issues to fix with Canada’s healthcare system

	Atlantic (n=204)	Quebec (n=506)	Ontario (n=617)	Manitoba (n=102)	Saskatchewan (n=104)	Alberta (n=201)	British Columbia (n=304)
Top issue	Access to family doctors (56.6%)	Access to family doctors (61.6%)	Wait times for consulting specialists and surgeries (57.3%)	Wait times for consulting specialists and surgeries (66.4%)	Wait times for consulting specialists and surgeries (64.3%)	Wait times for consulting specialists and surgeries (64.9%)	Wait times for consulting specialists and surgeries (67.4%)
	Wait times for consulting specialists and surgeries (56.6%)	ER wait times (60.9%)	ER wait times (50.7%)	ER wait times (59.8%)	ER wait times (57.4%)	ER wait times (54.1%)	ER wait times (48.0%)
Third issue	ER wait times (55.5%)	Wait times for consulting specialists and surgeries (57.4%)	Access to family doctors (46.1%)	Wait times for diagnostics (50.7%)	Access to family doctors (50.8%)	Access to family doctors (39.7%)	Access to family doctors (59.7%)

Q - Select up to three top issues to fix with Canada’s health care system. [RANDOMIZE] [SELECT UP TO THREE]

Key Regional Differences – Comfort level with receiving care for minor health concerns

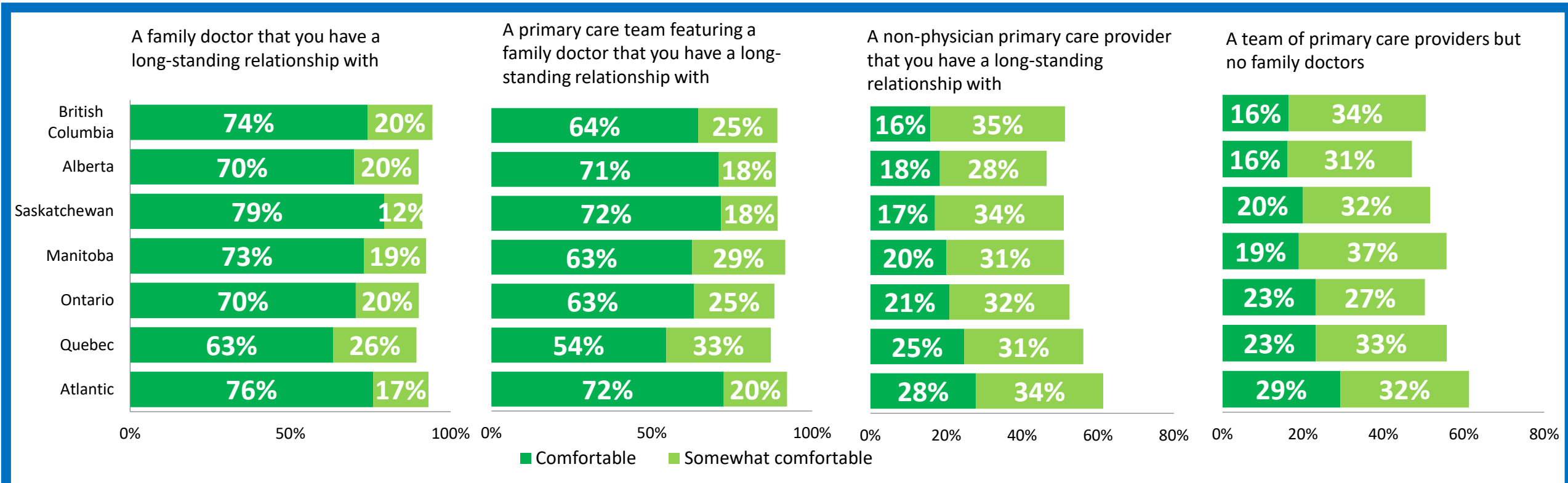
For minor health concerns, Canadians across all provinces would be more comfortable or somewhat comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. Although there is a lower level of outright comfort with receiving care from a non-physician primary care provider (e.g. a nurse practitioner or a pharmacist) that they have a long-standing relationship with, or from a team of primary care providers (e.g. nurse practitioners, pharmacists) but no family doctors for minor health concerns, the majority would still be somewhat comfortable.



Q - For minor health concerns (e.g. respiratory infections), would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Key Regional Differences – Comfort level with receiving care for major health concerns

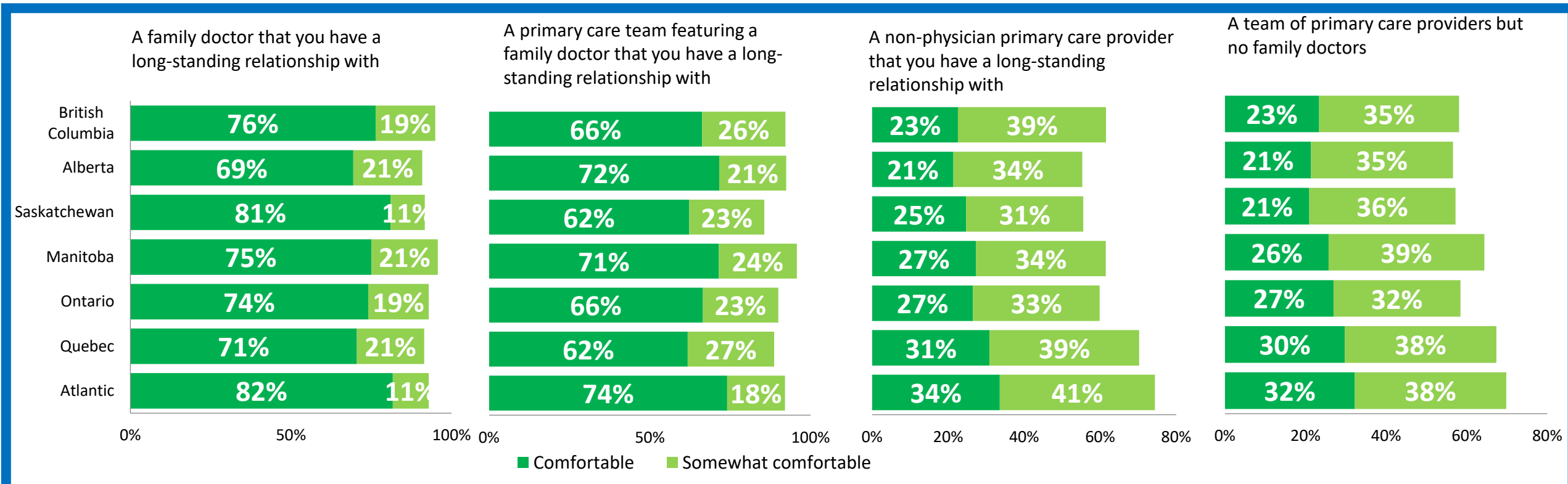
Canadians across all provinces would say they are more comfortable or somewhat comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long standing relationship with for major health concerns. However, they are less comfortable receiving care from a non-physician primary care provider (e.g. a nurse practitioner or a pharmacist) that they have a long-standing relationship with, or from a team of primary care providers (e.g. nurse practitioners, pharmacists) but no a family doctors for major health concerns.



Q - For major health concerns (e.g. cancer), would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Key Regional Differences – Comfort level with receiving care for a diagnosis of new health concerns

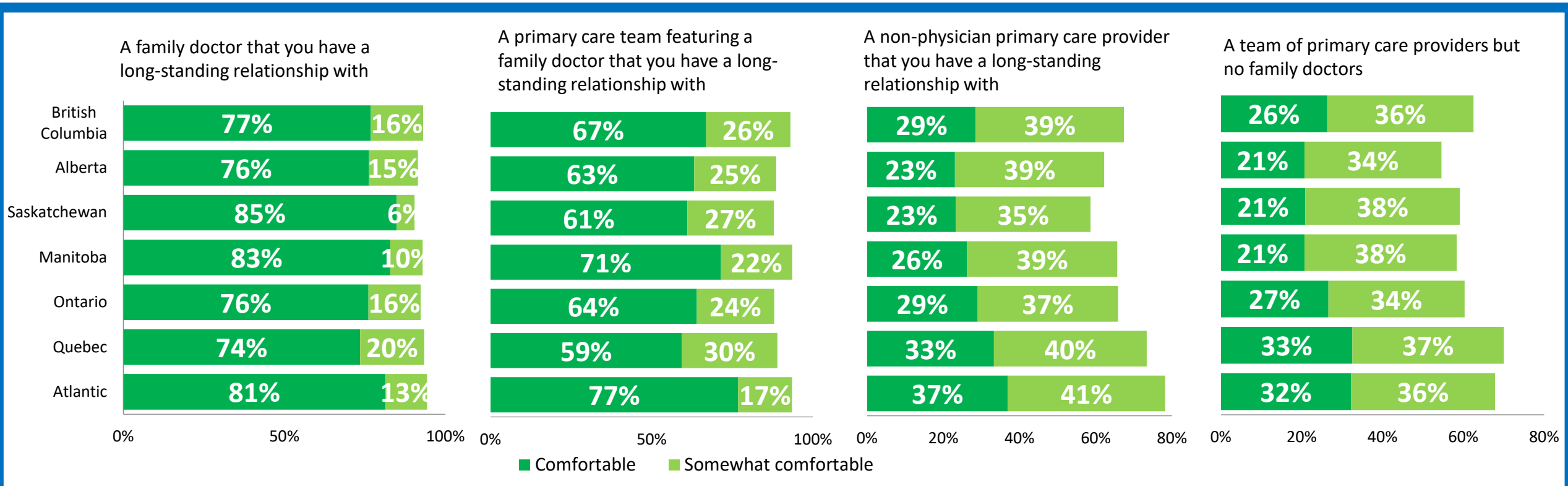
When it comes to receiving care related to a diagnosis of new health concerns, most Canadians across all provinces would be more comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. While there is less outright comfort with receiving care from a non-physician primary care provider that they have a long-standing relationship with or a team of primary care providers but no family doctors, the majority would be at least somewhat comfortable with each.



Q - For a diagnosis of new health concerns, would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Key Regional Differences – Comfort level with receiving care for the creation of a treatment plan for a new health condition

Majority of Canadians across all provinces say that they are comfortable or somewhat comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with for the creation of a treatment plan for a new health condition. The majority would still be somewhat comfortable although comfort levels are lower with receiving care from a non-physician primary care provider (e.g. a nurse practitioner or a pharmacist) that they have a long-standing relationship with, or from a team of primary care providers (e.g. nurse practitioners, pharmacists) but no family doctors for the creation of a treatment plan for a new health condition.



Q - For the creation of a treatment plan for a new health condition, would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Key Regional Differences – First priority to fix with Canada’s healthcare system

Q - What should be the first priority to fix in Canadian health care and why it would make a difference for you?

Residents of Atlantic, Saskatchewan and British Columbia say that the first priority to fix in Canadian health care should be “the availability of more doctors hire and train more doctors/ healthcare providers/ specialists”. Meanwhile, Quebec residents say that “Access to family doctors, doctors, specialists, and health care/everyone should have access” should be the first priority and residents of Ontario, Manitoba and Alberta say that it should be “Reduce wait times /emergency wait times”.

Atlantic (n=164)	Quebec (n=405)	Ontario (n=454)	Manitoba (n=85)	Saskatchewan (n=90)	Alberta (n=154)	British Columbia (n=250)
Availability of more doctors/hire and train more doctors/health care providers/specialists (28.0%)	Access to family doctors, doctors, specialists, and health care/everyone should have access (44.8%)	Reduce wait times /emergency wait times (26.5%)	Reduce wait times /emergency wait times (30.8%)	Availability of more doctors/hire and train more doctors/health care providers/specialists (25.9%)	Reduce wait times /emergency wait times (25.2%)	Availability of more doctors/hire and train more doctors/health care providers/specialists (25.0%)

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=1602 Canadians.

KEY FINDINGS

1

CANADIANS ARE MOST COMFORTABLE RECEIVING CARE FROM A FAMILY PHYSICIAN THAT THEY HAVE A LONG-STANDING RELATIONSHIP WITH

Canadians say that they would be most comfortable or somewhat comfortable with receiving care from a family physician that they have a long-standing relationship with for minor health concerns (94%), for managing a chronic condition (93%), for a diagnosis of new health concerns (93%), for major health concerns (91%), and for receiving mental health services (87%). Moreover, a majority are also comfortable receiving care from a primary care team featuring a family doctor that they have a long-standing relationship, but are relatively less comfortable receiving care from a non-physician primary care provider that they have a long-standing relationship with or a team of primary care providers but no family doctors.

2

ACCESS TO A FAMILY DOCTOR CONSIDERED IMPORTANT VOTING DECISION IN 2025 FEDERAL ELECTION BY MAJORITY OF CANADIANS

A majority of Canadians (81%) say that having access to a family doctor is important or somewhat important in their 2025 federal election voting decision while less than one in five Canadians (17%) say it is not important or somewhat not important and three percent are unsure. Moreover, when asked the top three issues to fix in Canada's healthcare, wait times for consulting specialists and surgeries (60%) was selected most often, followed by ER wait times (54%) and access to family doctors (51%).

3

LEVEL OF AGREEMENT IS HIGH AMONG CANADIANS THAT GOVERNMENTS MUST TAKE ACTION ON FAMILY DOCTOR ACCESS AND ADMINISTRATIVE WORK

Just over nine in ten Canadians (91%) each agree or somewhat agree that the governments must actively work to reduce the amount of administrative work performed by family doctors to enable them to have more time for direct patient care and that the federal government should do more to make sure everyone in Canada has access to a family doctor. Additionally, Canadians aged 55 years or older are more likely to agree or somewhat agree (96%) that governments must actively work to reduce the amount of administrative work performed by family doctors to enable them to have more time for direct patient care than those aged 18 to 34 years old (87%).

4

FOUR IN FIVE CANADIANS REPORT HAVING ACCESS TO A FAMILY PHYSICIAN; SATISFACTION WITH PHYSICIANS HAS INCREASED

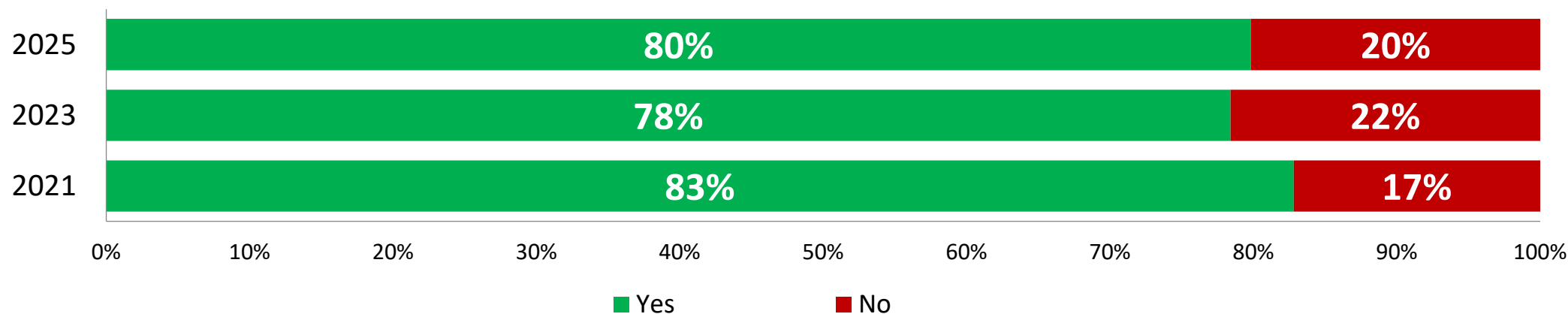
Consistent with previous waves, four in five Canadians (80%) report having access to a family physician. Moreover, Ontario residents (87%) are more likely to say that they have access to a family physician than Quebec residents (68%). A majority of those who have a family physician say that they are satisfied with their physician (84%) which is a slight increase from the past waves (77% in 2023 and 75% in 2021).

5

MOST CANADIANS REPORT ACCESSING THEIR FAMILY PHYSICIAN IN PERSON

Just over four in five Canadians with a family physician (82%) report having an appointment in person with their family physician in the past 12 months. Consistent with the previous wave, a majority of Canadians continue to access their family physician through an in-person visit (85%; 82% in 2023). However, the proportion who report accessing their family physician through a phone appointment (36%) has decreased significantly by 26 percentage points since February 2023 (62%).

Having a regular family physician



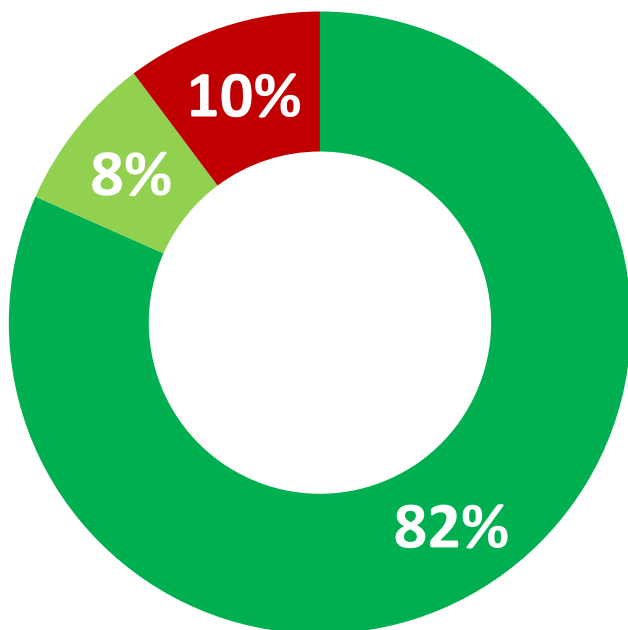
	2024-02 (n=2034)	Atlantic (n=203)	Quebec (n=505)	Ontario (n=616)	Manitoba/ Saskatchewan (n=206)	Alberta (n=200)	BC (n=304)	Men (n=1016)	Women (n=1008)	18-34 (n=629)	35-54 (n=483)	55 plus (n=922)
Yes	79.8%	73.2%	68.3%	86.6%	84.8%	85.5%	76.7%	78.5%	81.3%	71.9%	79.3%	85.4%
No	20.2%	26.8%	31.7%	13.4%	15.2%	14.5%	23.3%	21.5%	18.7%	28.1%	20.7%	14.6%

*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Q – Do you currently have a regular family physician?

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2034 Canadians.

Recent appointment with family physician in the past 12 months



■ Yes, in person ■ Yes, remote ■ No

Just over **4 in 5** Canadians

report that they have had an appointment in person with their family physician in the past 12 months. Additionally, less than one in ten (8%) have had a remote appointment, and ten percent have not had an appointment with their family physician in the past 12 months.

*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

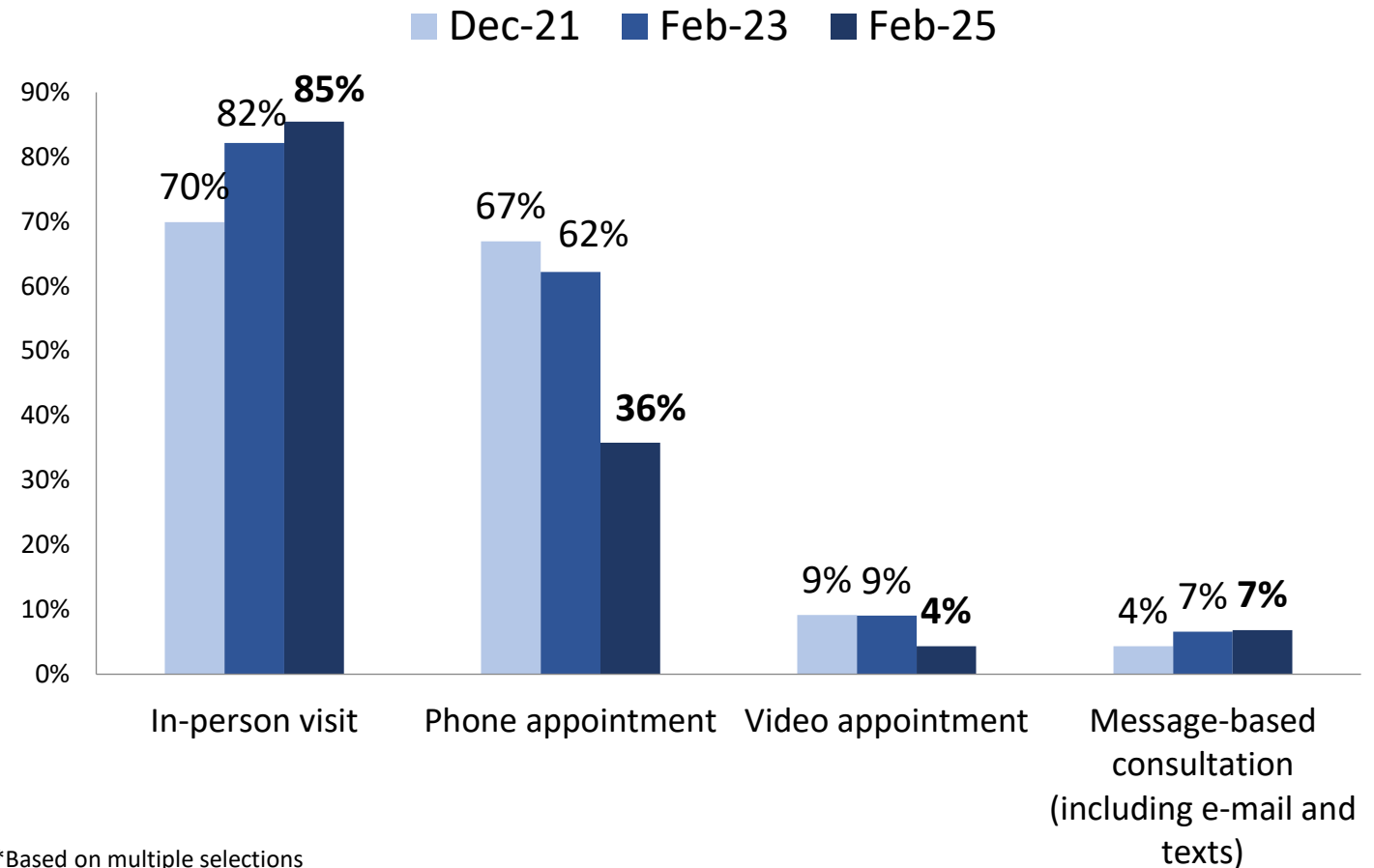
Q – [IF HAS A FAMILY PHYSICIAN] In the past 12 months have you had an appointment with your family physician?

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=1603 Canadians who have a family physician.

Consistent with previous waves, a majority of Canadians with a family physician continue to report they accessed their physician through an in-person visit (85%). Of note, the proportion who report accessing their family physician through a phone appointment has decreased significantly from February 2023 (62%) and December 2021 (67%).

Q – [IF HAS A FAMILY PHYSICIAN] Which of the ways did you access your family physician? [RANDOMIZE] (Select all that apply)

Ways family physician was accessed for an appointment



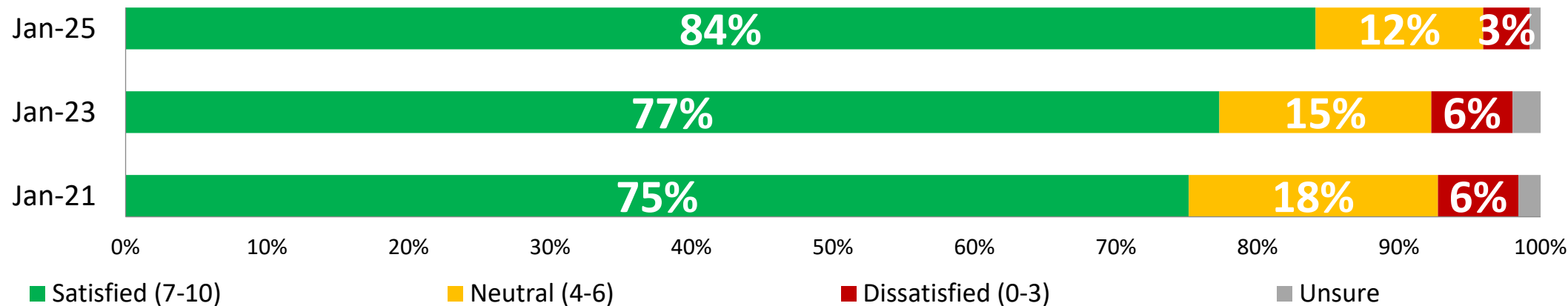
*Based on multiple selections

*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=1591 Canadians who have a family physician.

Satisfaction with family physician



Mean	2024-02 (n=1600)	Atlantic (n=150)	Quebec (n=346)	Ontario (n=529)	Manitoba/ Saskatchewan (n=178)	Alberta (n=167)	BC (n=230)	Men (n=795)	Women (n=799)	18-34 (n=455)	35-54 (n=365)	55 plus (n=780)
		8.3	8.5	8.4	8.2	8.3	8.4	7.9	8.3	8.2	7.8	8.1

*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

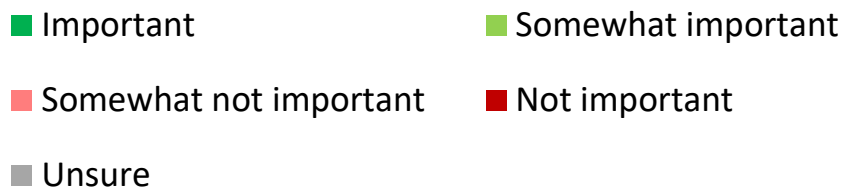
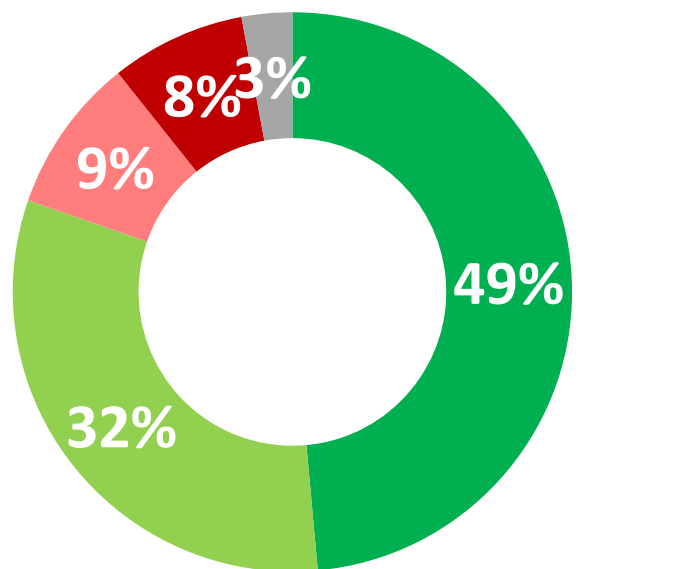
Q – [IF HAS A FAMILY PHYSICIAN] On a scale from 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied, how satisfied or dissatisfied are you with your family physician?

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=1600 Canadians who have a family physician.



Importance of access to a family doctor in your 2025 federal election voting decision

Q – Canada will have a federal election in 2025. Is access to a family doctor for you in your voting decision important, somewhat important, somewhat not important or not important?



*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

Just over 4 in 5 Canadians

say that having access to a family doctor is important or somewhat important (81%) in their voting decision, while less than one in five Canadians (17%) say it is not important or somewhat not important.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2032 Canadians.

Top issues to fix in Canada's health care system

Q – Select up to three top issues to fix with Canada's health care system. [SELECT AS MANY AS APPLY]

	2025-02 (n=2038)
Wait times for consulting specialists and surgeries	60.1%
ER wait times	53.9%
Access to family doctors	51.3%
Wait times for diagnostics	32.8%
Cost of services not covered by provincial health plans	22.3%
Affordability of prescription medication	18.9%
More different health professionals working together in primary care	14.9%
Increased privatization of services	10.6%
Access to a nurse practitioner	9.4%
Digital infrastructure – health data access for providers and patients	7.1%
Lack of private-payment options to receive care	4.5%

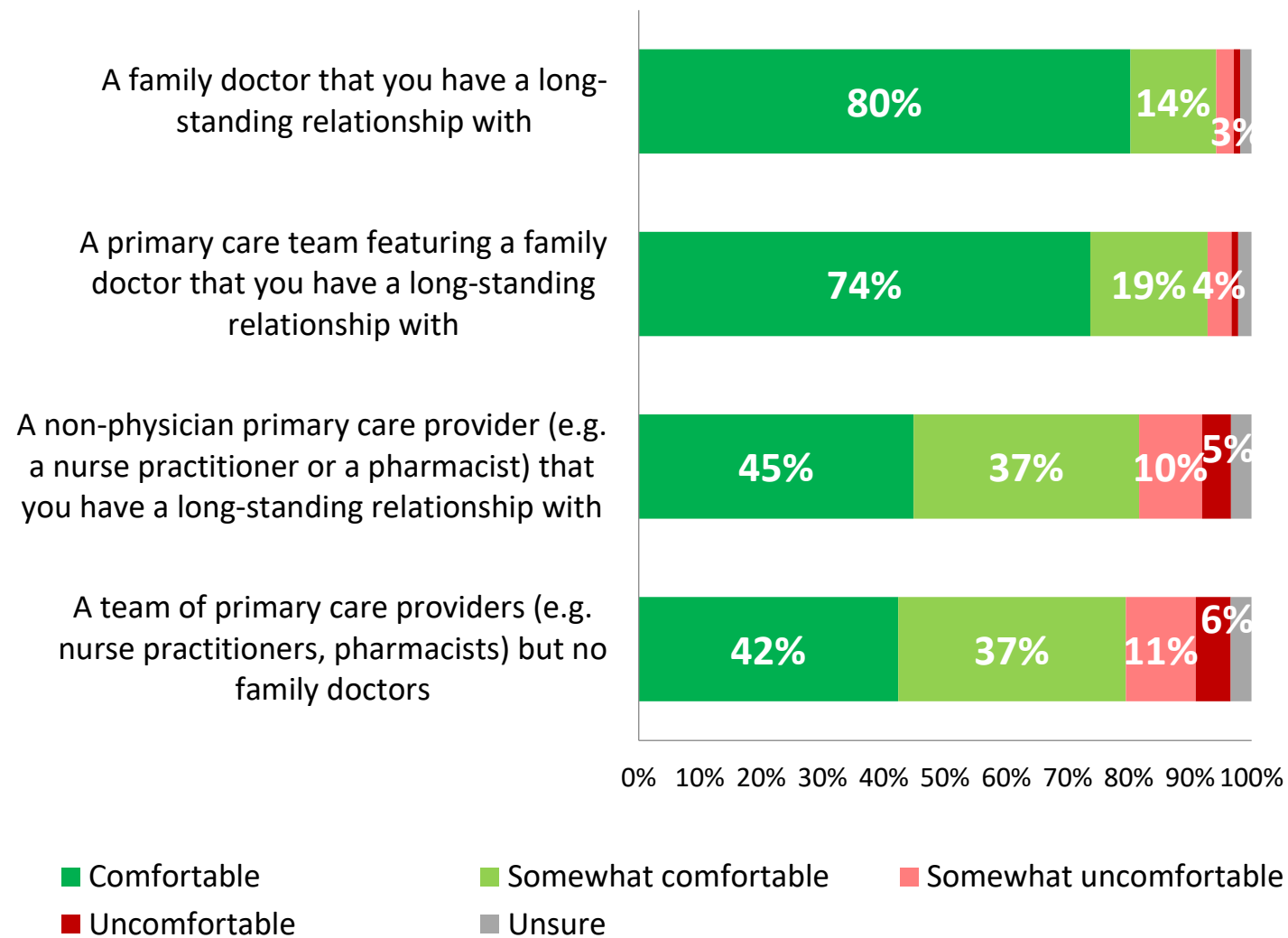
*Based on multiple mentions.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2038 Canadians.

In terms of minor health concerns, Canadians would be most comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. Canadians have a lower level of outright comfort receiving care from a non-physician primary care provider that they have a long-standing relationship with (45%) or a team of primary care providers but no family doctors (42%) for minor health concerns, though a majority would still be at least somewhat comfortable.

Q – For minor health concerns (e.g. respiratory infections), would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Comfort level with receiving care for minor health concerns



*Weighted to the true population proportion.

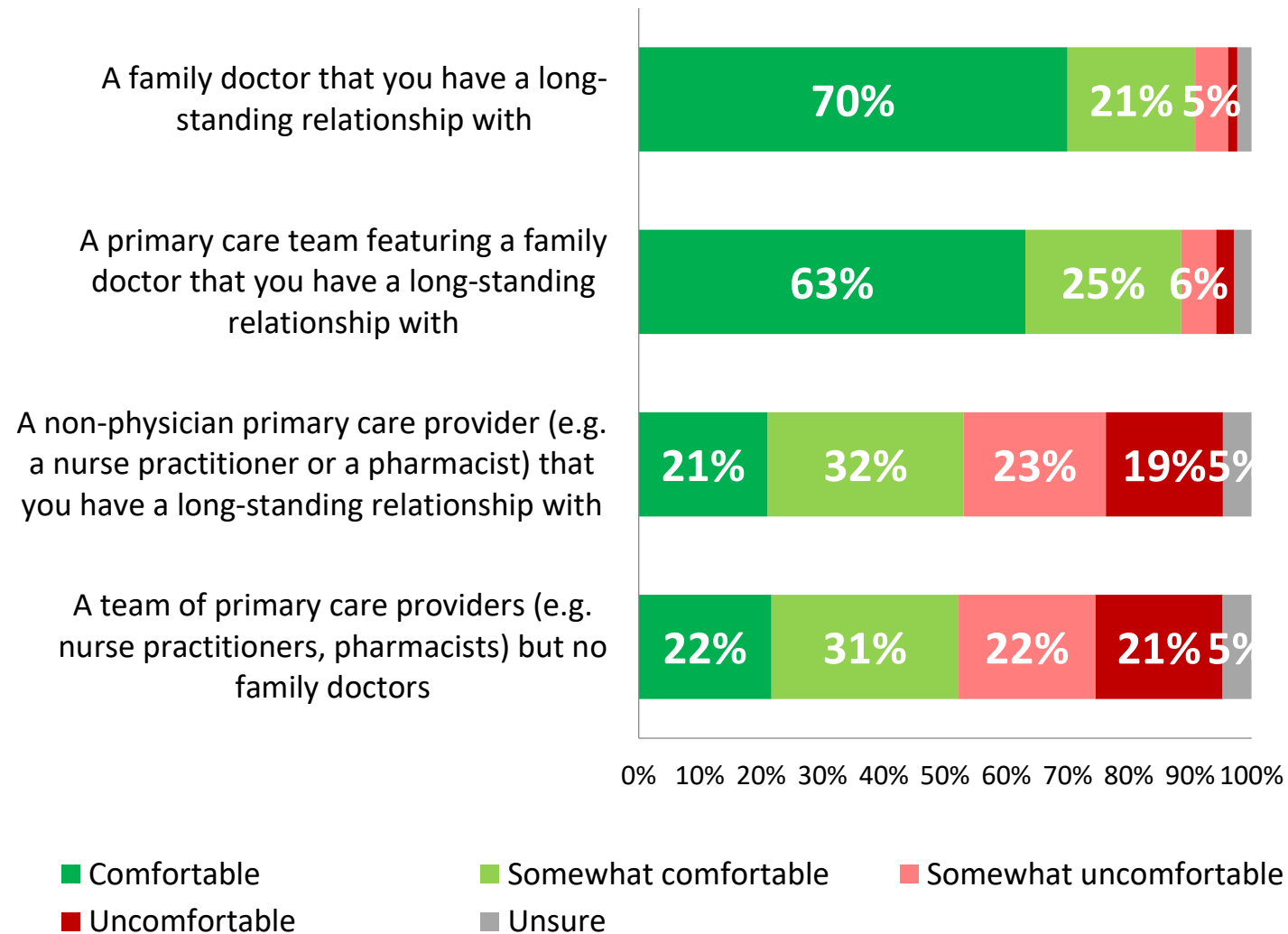
*Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2036 Canadians.

Canadians would be most comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with for major health concerns. However, they are split on their level of comfort receiving care from a non-physician primary care provider that they have a long-standing relationship with or from a team of primary care providers but no family doctors.

Q – For major health concerns (e.g. cancer), would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Comfort level with receiving care for major health concerns



*Weighted to the true population proportion.

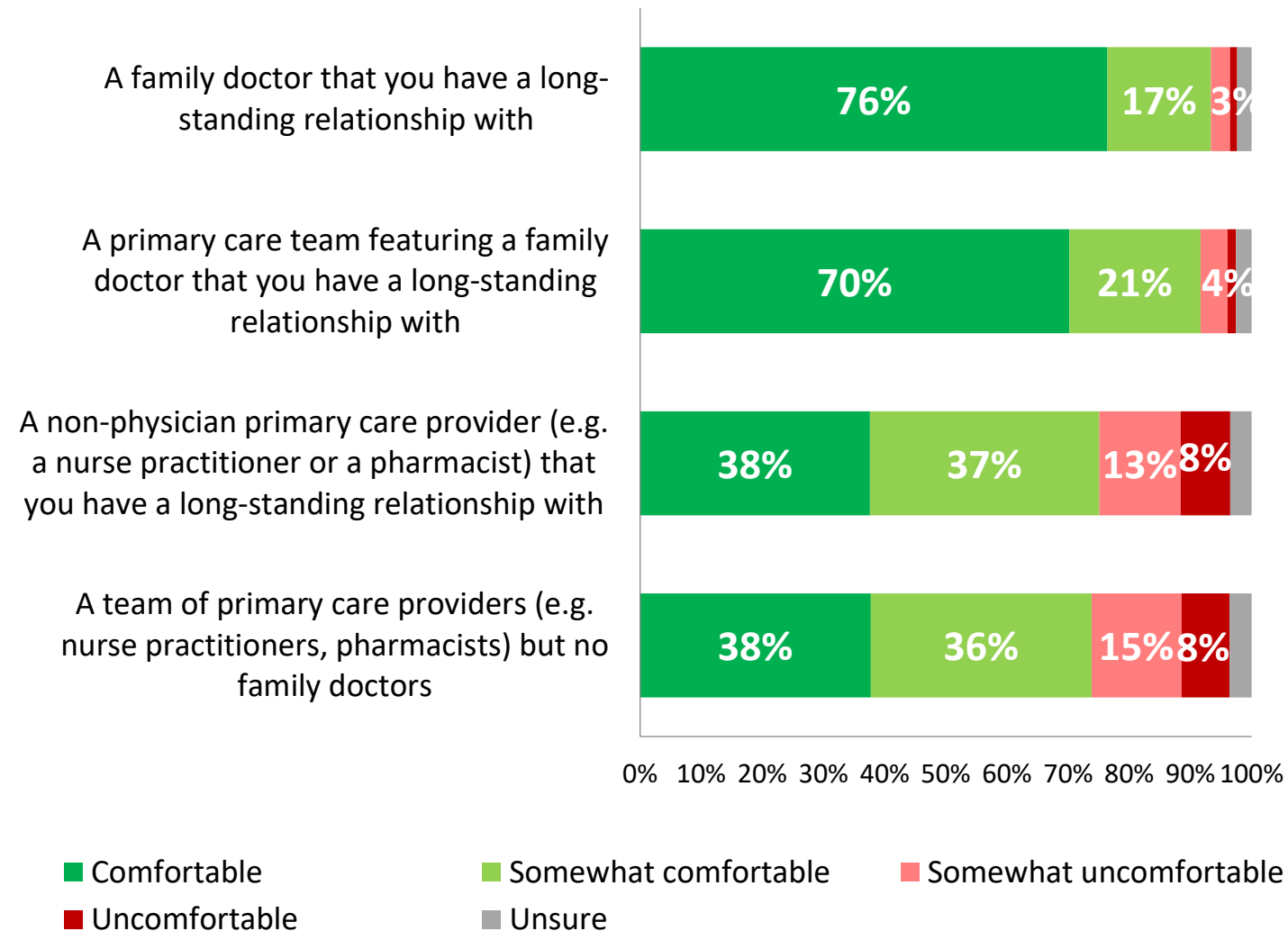
*Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2034 Canadians.

In terms of receiving care for managing a chronic condition, Canadians would be most comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. Although Canadians are less outright comfortable receiving care from a non-physician primary care provider that they have a long-standing relationship with or a team of primary care providers but no family doctors, a majority would be at least somewhat comfortable.

Q – For managing a chronic condition (diabetes, hypertension), would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Comfort level with receiving care for managing a chronic condition



*Weighted to the true population proportion.

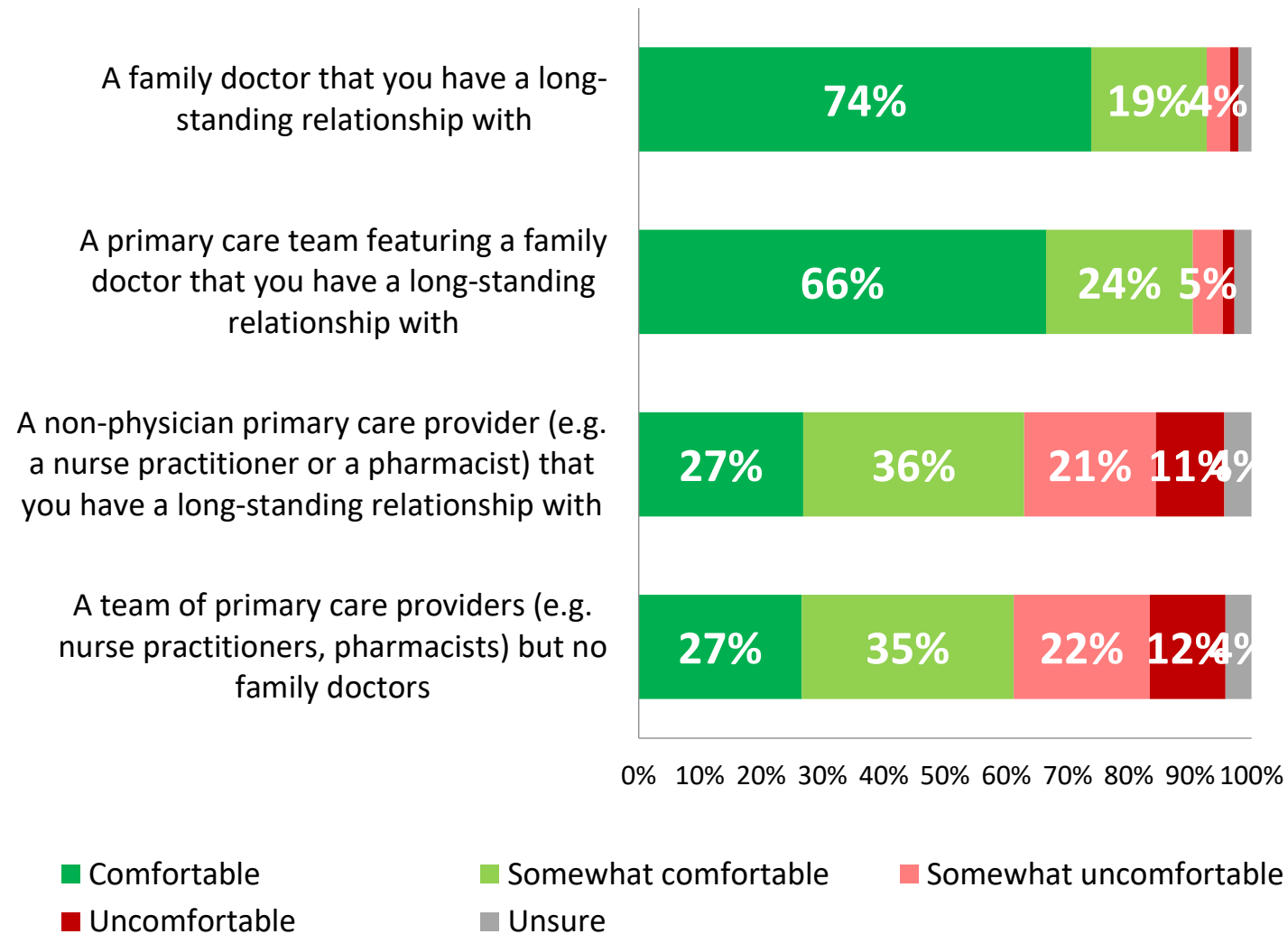
*Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2034 Canadians.

For seeking care related to a diagnosis of new health concerns, most Canadians would be more comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with, and would be less relatively less comfortable receiving care from a non-physician primary care provider that they have a long-standing relationship with or from a team of primary care providers but no family doctors.

Q – For a diagnosis of new health concerns, would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Comfort level with receiving care for a diagnosis of new health concerns



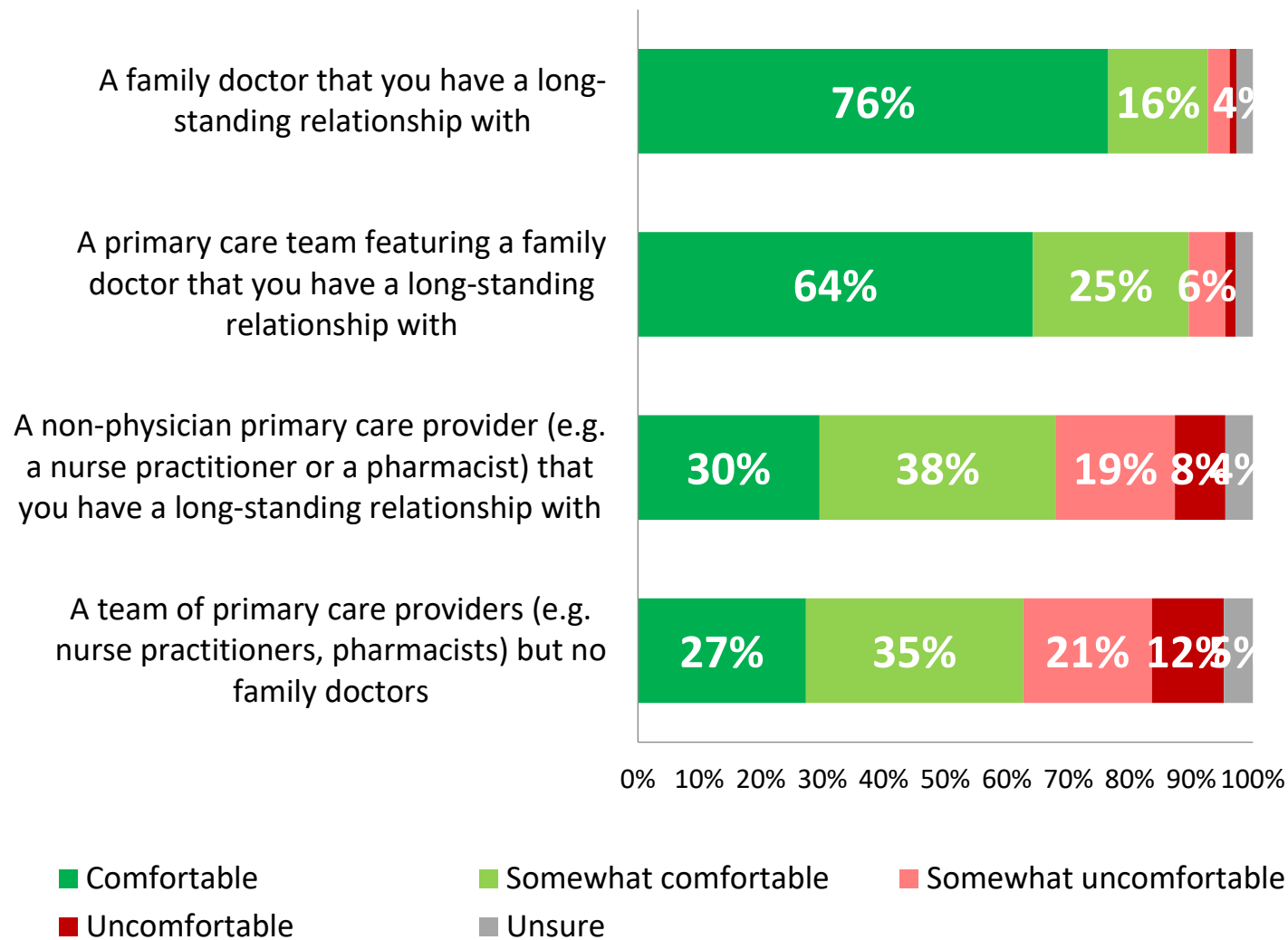
*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2034 Canadians.

Canadians are most comfortable creating a treatment plan for a new health condition with a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. Comfort levels are lower when it comes to creating a treatment plan for a new health condition with a non-physician primary care provider that they have a long-standing relationship with or a team of primary care providers but no family doctors, though a majority would still be at least somewhat comfortable.

Q – For the creation of a treatment plan for a new health condition, would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

Comfort level with receiving care for the creation of a treatment plan for a new health condition



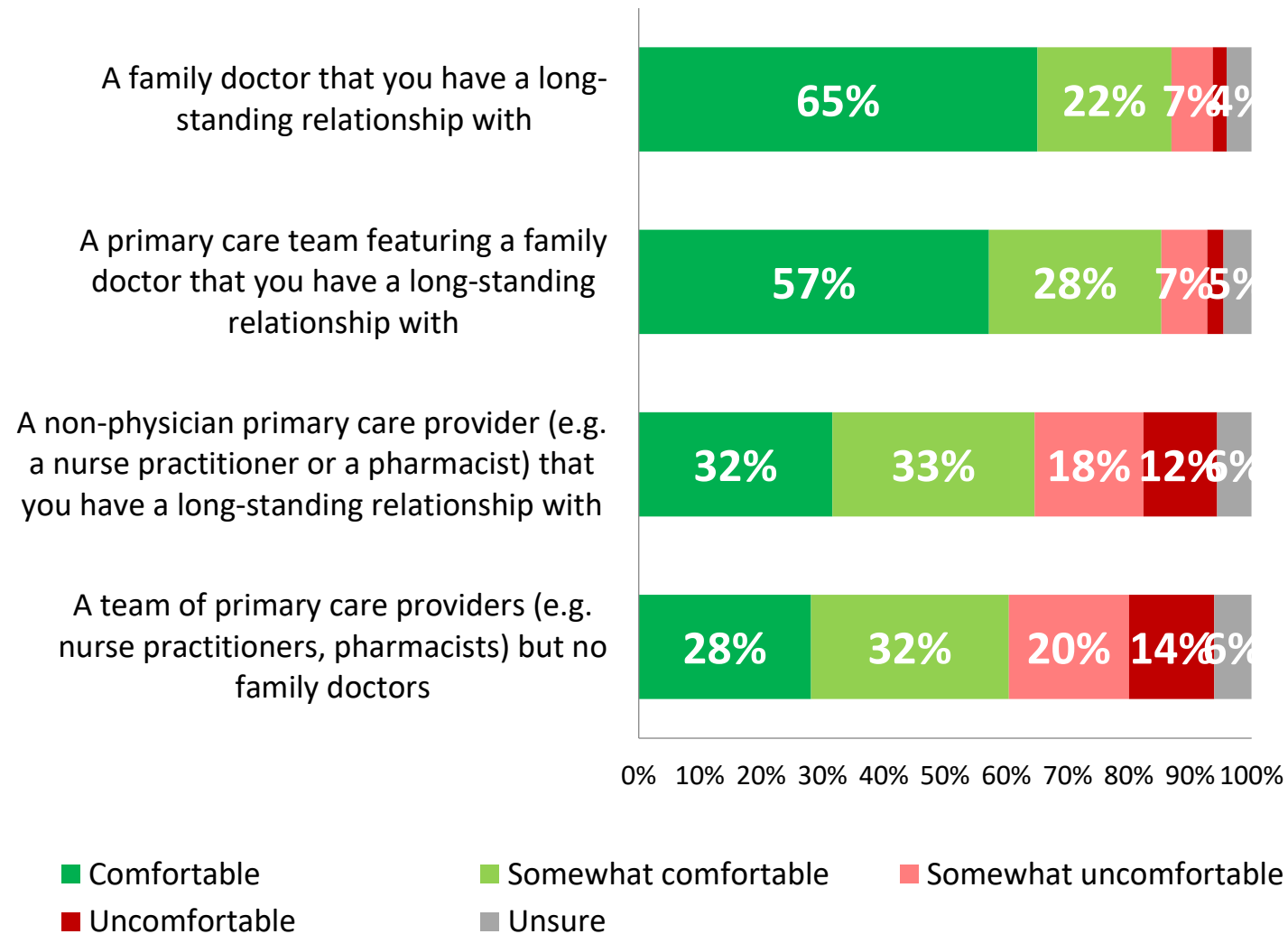
*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2035 Canadians.

In terms of receiving mental health concerns, Canadians would be most comfortable receiving care from a family doctor that they have a long-standing relationship with or a primary care team featuring a family doctor that they have a long-standing relationship with. Although Canadians are about half as likely to be outright comfortable receiving care from a non-physician primary care provider that they have a long-standing relationship with or a team of primary care providers but no family doctors for mental health concerns, a majority would still be at least somewhat comfortable.

Q – For receiving mental health services, would you be comfortable, somewhat comfortable, somewhat uncomfortable or uncomfortable receiving care from the following. [RANDOMIZE]

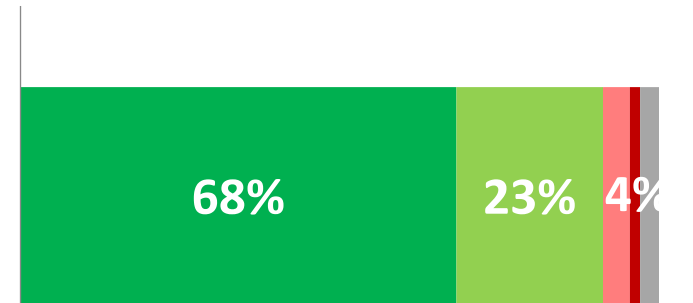
Comfort level with receiving care for receiving mental health services



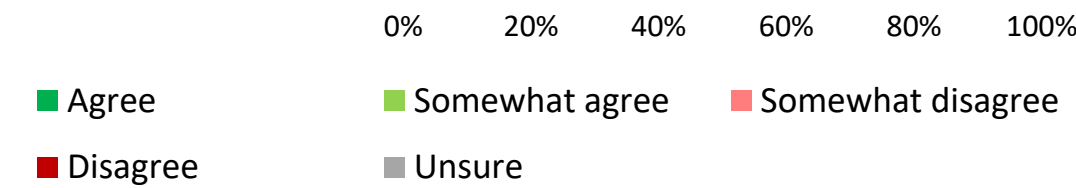
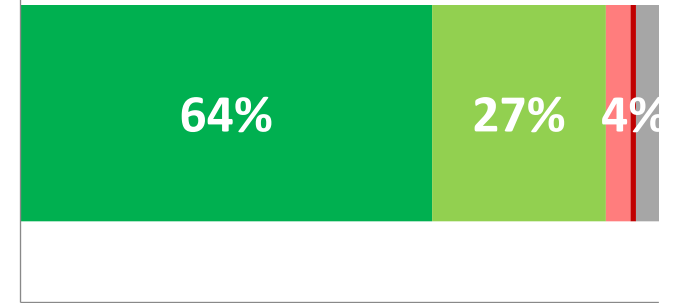
*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2036 Canadians.

Federal government should do more to make sure everyone in Canada has access to a family doctor.



Governments must actively work to reduce the amount of administrative work performed by family doctors (e.g. forms) to enable them to have more time for direct patient care

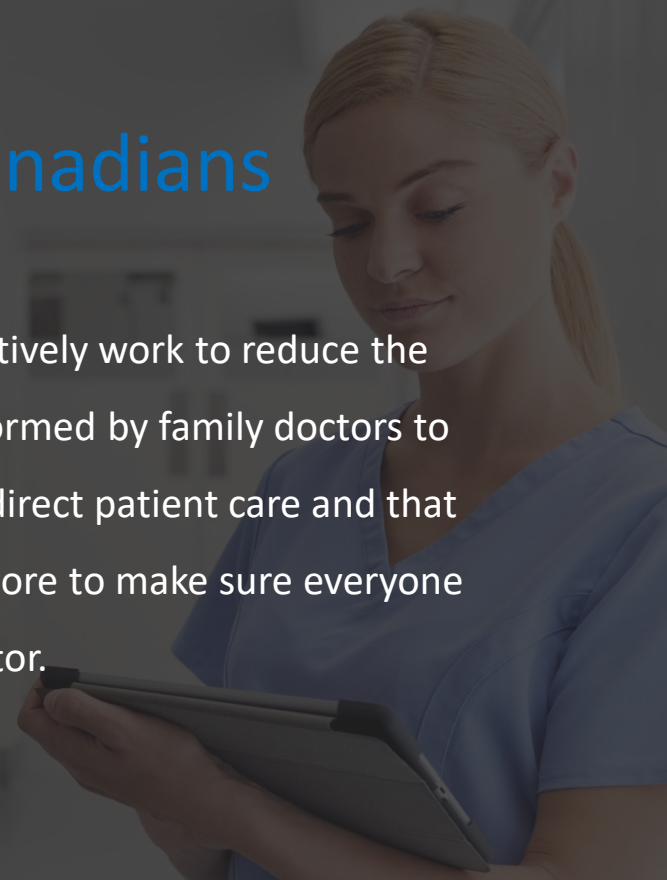


*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Level of agreement on government action for family doctor access and reducing administrative work

Over **3 in 5** Canadians

agree that the governments must actively work to reduce the amount of administrative work performed by family doctors to enable them to have more time for direct patient care and that the federal government should do more to make sure everyone in Canada has access to a family doctor.



Q – Do you agree, somewhat agree, somewhat disagree or disagree with the following statements. [RANDOMIZE]

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2033 Canadians.



Level of agreement on reducing administrative work for family doctors to focus on patient care – by demographics

Q – Do you agree, somewhat agree, somewhat disagree or disagree with the following statements. [RANDOMIZE] - **Governments must actively work to reduce the amount of administrative work performed by family doctors (e.g. forms) to enable them to have more time for direct patient care**

Agree/ Somewhat agree					
Atlantic (n=203)	Quebec (n=505)	Ontario (n=617)	Manitoba/ Saskatchewan (n=205)	Alberta (n=199)	BC (n=304)
89.5%	92.9%	93.3%	86.8%	87.2%	92.3%
Men (n=1016)	Women (n=1007)	18 to 34 (n=628)	35 to 54 (n=483)	55 plus (n=922)	
91.6%	92.0%	86.6%	90.7%	95.8%	
Disagree/ Somewhat disagree					
Atlantic (n=203)	Quebec (n=505)	Ontario (n=617)	Manitoba/ Saskatchewan (n=205)	Alberta (n=199)	BC (n=304)
5.5%	3.8%	4.2%	6.0%	7.4%	4.4%
Men (n=1016)	Women (n=1007)	18 to 34 (n=628)	35 to 54 (n=483)	55 plus (n=922)	
5.8%	3.7%	6.9%	5.3%	2.8%	

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2033 Canadians.

Level of agreement with the federal government's role in ensuring access to a family doctor – by demographics

Q – Do you agree, somewhat agree, somewhat disagree or disagree with the following statements. [RANDOMIZE] - **Federal government should do more to make sure everyone in Canada has access to a family doctor.**

Agree/ Somewhat agree					
Atlantic (n=203)	Quebec (n=505)	Ontario (n=617)	Manitoba/ Saskatchewan (n=205)	Alberta (n=199)	BC (n=304)
92.9%	86.0%	93.2%	90.6%	92.3%	93.1%
Men (n=1016)	Women (n=1007)	18 to 34 (n=628)	35 to 54 (n=483)	55 plus (n=922)	
89.8%	92.7%	88.2%	92.0%	92.6%	
Disagree/ Somewhat disagree					
Atlantic (n=203)	Quebec (n=505)	Ontario (n=617)	Manitoba/ Saskatchewan (n=205)	Alberta (n=199)	BC (n=304)
4.5%	9.0%	4.9%	5.4%	4.9%	4.7%
Men (n=1016)	Women (n=1007)	18 to 34 (n=628)	35 to 54 (n=483)	55 plus (n=922)	
7.6%	4.1%	7.5%	5.0%	5.4%	

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=2033 Canadians.

Top priorities for fixing Canadian health care

Q – What should be the first priority to fix in Canadian health care and why it would make a difference for you? [OPEN-ENDED]

TOP RESPONSES

	2025-02 (n=1602)
Access to family doctors, doctors, specialists, and health care/everyone should have access	24.5%
Reduce wait times /emergency wait times	22.2%
Availability of more doctors/hire and train more doctors/health care providers/specialists	18.5%
Affordable services and medicines/reduce cost/more funding	5.3%
Reduce bureaucracy/red tape/reduce admin waste	3.2%
Accreditation of foreign health care providers/attract doctors from abroad	3.2%
More and better university/college medicine programs (practicums for doctors, access to education, cheaper, more training)	2.6%
Improve medical care (better quality of care/more and better hospitals and clinics/ better triage system)	2.3%
Free healthcare /dental healthcare /pharmacare	2.2%
Improve healthcare wages /incentives /working conditions	2.1%
Other responses (mentions under 2% of total responses)	11.7%
Unsure	2.3%

Source: Nanos Research, representative online survey, February 11th to 18th, 2025, n=1602 Canadians.

Nanos conducted a representative non-probability online survey of 2038 Canadians, 18 years of age or older, between February 11th and 18th, 2025. The sample is geographically stratified to be representative of Canada.

A margin of error cannot be calculated on a non-probability sample. For comparison purposes, a probability sample of 2038 respondents would have a margin of error of ± 2.2 percentage points, 19 times out of 20.

The research was commissioned by the College of Family Physicians of Canada and was conducted by Nanos Research.

Full data tables with weighted and unweighted number of interviews is [here](#). Full data tables for regional analysis can be found [here](#).

Note: Charts may not add up to 100 due to rounding.



Element	Description
Research sponsor	College of Family Physicians of Canada
Population and Final Sample Size	2038 Canadians
Source of Sample	Sago
Type of Sample	Representative non-probability
Margin of Error (for a comparative probability sample)	For comparison purposes, a probability sample of 2038 respondents would have a margin of error of ± 2.2 percentage points, 19 times out of 20.
Mode of Survey	Online survey
Sampling Method Base	Non-probability
Demographics (Captured)	Atlantic Canada, Quebec, Ontario, Prairies, British Columbia; Men and Women; 18 years or older. Six digit postal code was used to validate geography.
Demographics (Other)	Age, gender, education, income
Field Dates	February 11 th to 18 th , 2025.
Language of Survey	The survey was conducted in both English and French.
Standards	Nanos Research is a member of the Canadian Research Insights Council (CRIC) and confirms that this research fully complies with all CRIC Standards including the CRIC Public Opinion Research Standards and Disclosure Requirements. https://canadianresearchinsightscouncil.ca/standards/

Element	Description
Weighting of Data	The results were weighted by age and gender using the latest Census information (2021) and the sample is geographically stratified to ensure a distribution across all regions of Canada. See tables for full weighting disclosure.
Screening	Screening ensured potential respondents did not work in the market research industry, in the advertising industry, in the media or a political party prior to administering the survey to ensure the integrity of the data.
Excluded Demographics	Individuals younger than 18 years old; individuals without internet access could not participate.
Stratification	By age and gender using the latest Census information (2021) and the sample is geographically stratified to be representative of Canada.
Estimated Response Rate	Not applicable
Question Order	Question order in the preceding report reflects the order in which they appeared in the original questionnaire.
Question Content	All questions asked are contained in the report.
Question Wording	The questions in the preceding report are written exactly as they were asked to individuals.
Research/Data Collection Supplier	Nanos Research
Contact	Contact Nanos Research for more information or with any concerns or questions. http://www.nanos.co Telephone:(613) 234-4666 ext. 237 Email: info@nanosresearch.com.
Data Tables	By region, age and gender Tabs by region (MB and SK split)



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EthicStratēgies

Ethic Strategies was created by the founding partners of [PAA Advisory](http://www.paaadvisory.com) and the [Nanos Research Corporation](http://www.nanos.co), both recognized leaders in research, advocacy, and advisory. Ethic provides bespoke strategic counsel, advice, and communications strategies to organizations facing serious issues. www.ethicstrategies.com

Any questions?



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