A path to more physicians: Top priorities for Canadians include repatriating doctors who have trained abroad and streamlining international licensing.

National Survey | Summary
Conducted by Nanos for the Medical Council of Canada
Field: May 6 to 11, 2026
Submission 2026-3013

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

METHODOLOGY

The research gauged the views of Canadians on ways in which to address the doctor shortage, their views on whether various types of assessments should be mandatory for physicians licensed to practice in other countries looking to move to Canada and practice medicine, and their views on various models that could be used to set standards for obtaining medical licenses and issuing medical licenses.

Nanos conducted a representative non-probability online survey of 1000 Canadians, 18 years of age or older, from May 6 to 11, 2026. 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 1000 respondents would have a margin of error of ±3.1 percentage points, 19 times out of 20.

The research was commissioned by the Medical Council of Canada and was conducted by Nanos Research.

Full data tables with weighted and unweighted number of interviews is here: 2026-3013 Medical Council of Canada Tables - Formatted.

Tables within the report that have significant differences are highlighted in yellow.

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

Key findings

1. **ADDRESSING THE SHORTAGE:** In a context where close to nine in ten believe addressing the doctor shortage is urgent, Canadians are generally open to all potential remedies, with having Canadians who graduated from medical school abroad return to Canada to practice medicine and having doctors from pre-approved countries get licensed to practice in Canada receiving the highest levels of public support.
2. **PRIORITIES:** Asked to rank priorities to address the doctor shortage, Canadians generally favour repatriation of Canadians trained abroad (41%) and having doctors from pre-approved countries get licensed to practice in Canada (34%) over licensing international-trained doctors who already live in Canada but do not currently work in medicine (20%).
3. **FAST-TRACKED JURISDICTIONS:** There is strong support for expanding the list of places from which doctors who have received medical training that is generally equal to Canadian standards can be “fast-tracked” to practice in Canada, with over four in five being supportive or somewhat supportive of this approach (86%).

NANOS

Key findings - Continued

4. **PATH TO LICENSURE:** A comfortable majority of Canadians believe credential verification (91%), the written exam (78%), the practical assessment (77%), and the supervised work placement (77%) should be mandatory for doctors who received medical training abroad and are looking to move to Canada to practice medicine.
5. **DESIRE FOR MOBILITY:** Canadians express considerable support (55% outright support; 29% somewhat support) for making it easier for doctors who are licensed in one province to also be able to practice medicine in other provinces without additional licensing or tests.
6. **RESPONSIBILITY FOR STANDARD-SETTING AND LICENSURE:** Canadians are generally more comfortable with having a single national body set the standard required to practice medicine in Canada, whether licenses are then granted by provinces (84%) or the national body itself (79%) than they are with having each province set their own standard of competencies and issue licenses for their province (58%).

NANOS

Part 1: **Context**

NANOS

Most significant challenges to the healthcare system

Q – What would you say are the two most significant challenges the healthcare system in Canada currently faces? [OPEN]

When asked, unprompted, what they believe are the two most significant challenges the healthcare system in Canada currently faces, Canadians cite long wait times, followed by a nurse and healthcare worker shortage at large, and a shortage of doctors, including difficulty attracting and retaining doctors.

TOP RESPONSES

	Canada 2026-05 (n=979)
Long wait times	38.6%
Nurse and healthcare worker shortage/Healthcare staffing shortages/Nurse shortage	30.3%
Doctor shortage/Difficulty attracting and retaining doctors	25.3%
Underfunded healthcare system/Underfunding/budget cuts	11.0%
Family doctor/primary care shortage/Shortage of family doctors/primary care physicians	10.1%
High healthcare costs/affordability (including medications)	10.1%
Emergency room pressures (overcrowding, long waits, closures)	9.3%
Access to healthcare (including rural/remote areas)/Limited access to care/Lack of services/limited service availability	8.4%

*based on multiple mentions

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=979 Canadians 18 years of age or older.

Most significant challenges to the healthcare system – by region age and gender

Q – What would you say are the two most significant challenges the healthcare system in Canada currently faces? [OPEN]

	TOP RESPONSES										
	Canada 2026-05 (n=979)	Atlantic (n=107)	Quebec (n=251)	Ontario (n=275)	Prairies (n=196)	BC (n=150)	Male (n=492)	Female (n=487)	18 to 34 (n=248)	35 to 54 (n=336)	55 plus (n=395)
Long wait times	38.6%	42.5%	24.5%	44.5%	41.0%	40.2%	35.4%	41.6%	38.0%	40.4%	37.4%
Nurse and healthcare worker shortage/Healthcare staffing shortages/Nurse shortage	30.3%	33.4%	32.3%	27.4%	29.7%	34.5%	27.7%	32.9%	33.1%	27.1%	31.1%
Doctor shortage/Difficulty attracting and retaining doctors	25.3%	35.8%	20.1%	25.5%	25.5%	27.7%	21.5%	28.9%	15.2%	26.3%	30.8%
Underfunded healthcare system/Underfunding/budget cuts	11.0%	5.0%	11.9%	13.6%	9.3%	7.3%	12.8%	9.3%	12.8%	12.2%	8.8%
Family doctor/primary care shortage/Shortage of family doctors/primary care physicians	10.1%	17.0%	15.2%	7.2%	7.1%	10.3%	9.9%	10.3%	8.1%	10.7%	10.9%
High healthcare costs/affordability (including medications)	10.1%	11.6%	9.5%	12.4%	8.0%	6.5%	11.1%	9.1%	10.7%	10.3%	9.5%
Emergency room pressures (overcrowding, long waits, closures)	9.3%	6.9%	10.0%	8.8%	9.6%	10.8%	8.7%	10.0%	8.3%	10.1%	9.4%
Access to healthcare (including rural/remote areas)/Limited access to care/Lack of services/limited service availability	8.4%	5.2%	11.0%	6.6%	9.9%	9.1%	9.6%	7.3%	9.2%	8.4%	8.1%

*based on multiple mentions

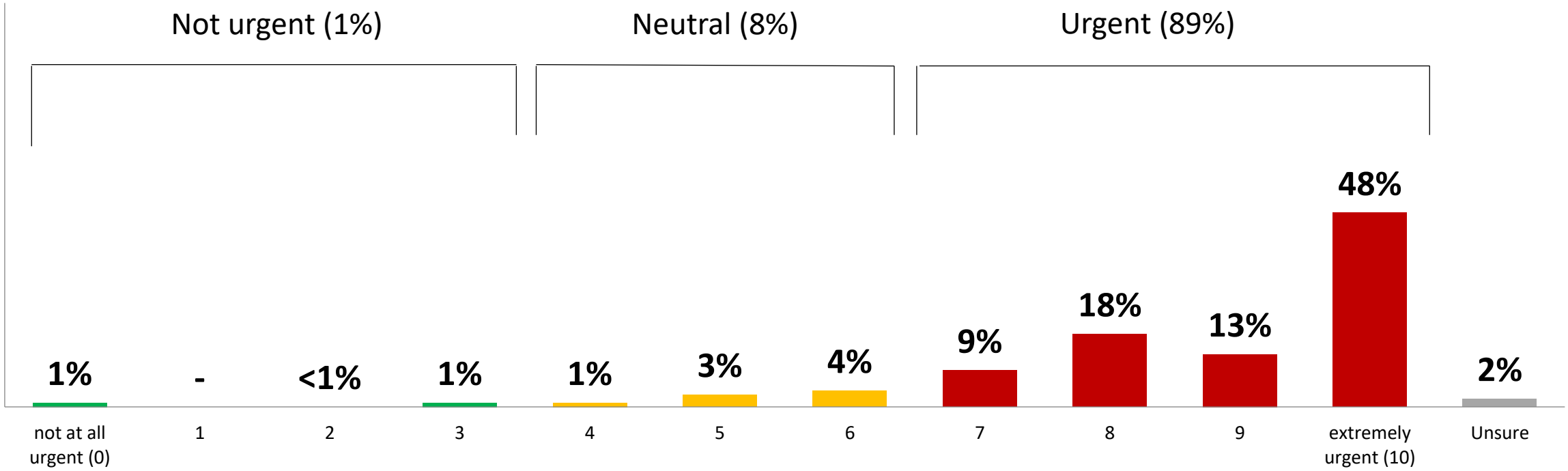
Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=979 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Level of urgency of addressing the doctor shortage

Q – On a scale from 0 to 10, where 0 is not at all urgent and 10 is extremely urgent, how urgent is it to address the current doctor shortage in Canada?



About nine in ten Canadians believe addressing the current doctor shortage in Canada is urgent.

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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

Level of urgency of addressing the doctor shortage – by region age and gender

Q – On a scale from 0 to 10, where 0 is not at all urgent and 10 is extremely urgent, how urgent is it to address the current doctor shortage in Canada?

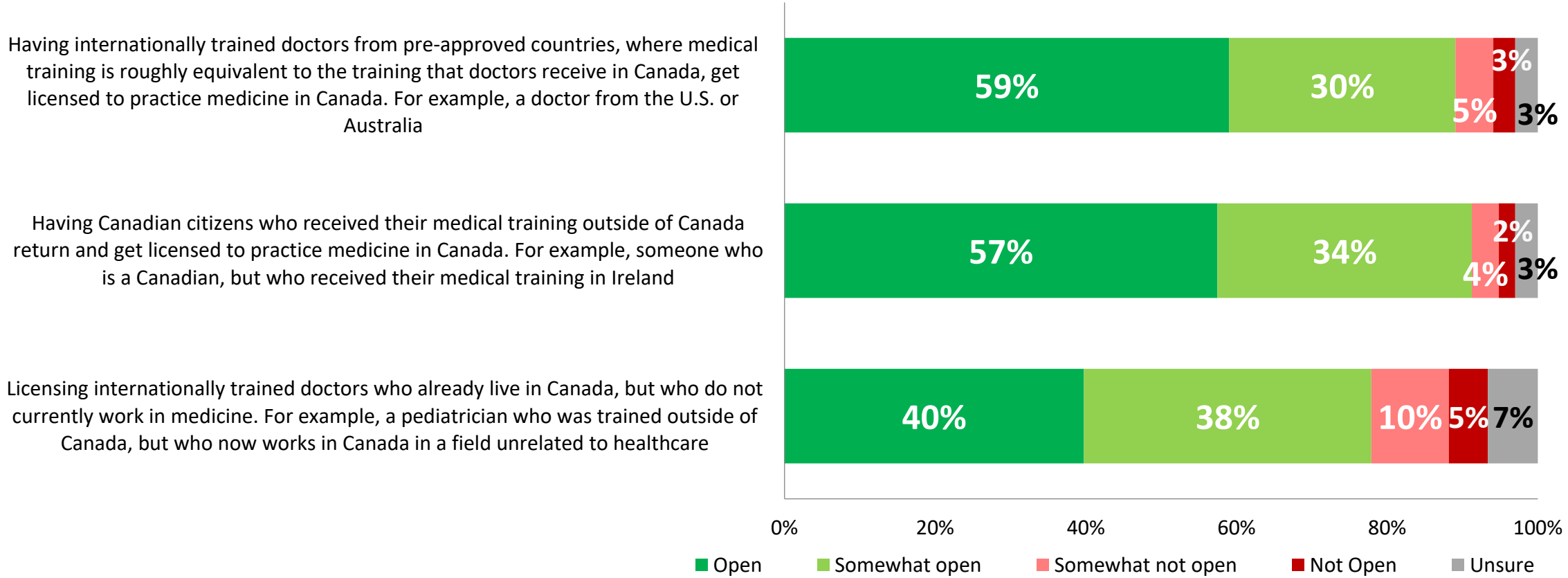
		Region					Gender		Age		
	Canada 2026-05 (n=1000)	Atlantic (n=108)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=502)	Female (n=498)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=402)
Mean	**8.7**	**8.9**	**8.8**	**8.7**	**8.7**	**8.9**	**8.5**	**9.0**	**8.3**	**8.9**	**8.9**
Net - Urgent (7-10)	89.3%	89.4%	87.2%	88.8%	90.7%	92.5%	87.2%	91.4%	80.2%	92.6%	92.6%
Net - Neutral (4-6)	7.5%	9.6%	9.3%	7.6%	5.2%	6.5%	9.2%	6.0%	14.0%	5.4%	5.0%
Net - Not urgent (0-3)	1.4%	0.9%	1.8%	1.1%	1.9%	1.1%	1.5%	1.2%	2.3%	0.8%	1.3%
Unsure	1.8%	-	1.7%	2.5%	2.2%	-	2.1%	1.4%	3.5%	1.2%	1.0%

A sizeable majority of respondents across all demographic groups believe addressing Canada's current doctor shortage is urgent. Those aged 18 to 34 are slightly less likely in their intensity to believe it is urgent than Canadians on average.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

Level of openness to initiatives to address the doctor shortage

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]



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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Level of openness to licensing internationally trained doctors who live in Canada but are not practicing – by region age and gender

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]
Licensing internationally trained doctors who already live in Canada, but who do not currently work in medicine. For example, a pediatrician who was trained outside of Canada, but who now works in Canada in a field unrelated to healthcare

		Region					Gender		Age		
	Canada 2026-05 (n=995)	Atlantic (n=107)	Quebec (n=258)	Ontario (n=279)	Prairies (n=199)	BC (n=152)	Male (n=501)	Female (n=494)	18 to 34 (n=258)	35 to 54 (n=337)	55 plus (n=400)
Open	39.8%	39.8%	35.8%	38.3%	37.9%	52.6%	41.8%	37.8%	34.6%	35.8%	46.2%
Somewhat open	38.2%	44.4%	38.9%	37.8%	42.3%	29.7%	38.8%	37.5%	33.2%	43.8%	36.9%
Somewhat not open	10.3%	4.6%	13.1%	11.2%	7.6%	9.1%	9.1%	11.5%	14.5%	9.6%	8.1%
Not open	5.2%	7.8%	8.0%	3.5%	5.6%	3.3%	5.8%	4.6%	7.8%	5.3%	3.4%
Unsure	6.6%	3.5%	4.1%	9.2%	6.6%	5.3%	4.5%	8.7%	9.9%	5.5%	5.4%

A majority of Canadians across all demographic groups are open or somewhat open to licensing internationally trained doctors who live in Canada but do not currently work in medicine. Intensity of openness is slightly higher among British Columbians and respondents aged 55 and over compared to the national average.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=995 Canadians 18 years of age or older.

Level of openness to having Canadians who received their medical training outside of Canada return and get licensed to practice in Canada – by region age and gender

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]
Having Canadian citizens who received their medical training outside of Canada return and get licensed to practice medicine in Canada. For example, someone who is a Canadian, but who received their medical training in Ireland.

		Region					Gender		Age		
	Canada 2026-05 (n=999)	Atlantic (n=107)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=501)	Female (n=498)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=401)
Open	57.5%	70.2%	46.1%	57.5%	56.6%	71.2%	57.3%	57.6%	49.3%	53.1%	66.2%
Somewhat open	33.8%	26.7%	41.6%	33.1%	34.4%	25.0%	36.2%	31.4%	37.5%	38.7%	27.5%
Somewhat not open	3.6%	1.6%	6.7%	2.5%	4.0%	1.8%	2.8%	4.3%	4.6%	4.3%	2.3%
Not open	2.2%	-	3.6%	1.4%	3.3%	1.5%	2.1%	2.2%	3.1%	1.4%	2.1%
Unsure	3.0%	1.5%	1.9%	5.4%	1.7%	0.5%	1.6%	4.4%	5.5%	2.4%	1.8%

Intensity of openness toward having Canadian citizens who received their medical training outside of Canada return and get licensed to practice medicine in Canada is higher among British Columbians and Atlantic Canadians than Quebecers. This is also the case for Canadians aged 55 and over relative to those aged 18 to 34. It should be noted that a majority of respondents across all demographic groups are either open or somewhat open to this.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Level of openness to having Canadians who received their medical training outside of Canada return and get licensed to practice in Canada – by number of interactions with a healthcare provider in the past 12 months and by immigration status

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]
Having Canadian citizens who received their medical training outside of Canada return and get licensed to practice medicine in Canada. For example, someone who is a Canadian, but who received their medical training in Ireland.

		Interactions with healthcare provider in past twelve months					Which of the following best describes yourself?			
	Canada 2026-05 (n=999)	Zero (n=99)	One to two (n=309)	Three to five (n=295)	Six to ten (n=156)	Eleven or more (n=117)	A Canadian citizen born in Canada, and all my parents and grandparents were born in Canada (n=576)	An immigrant (born in another country) (n=166)	A first-generation Canadian citizen born in Canada (at least one parent born in another country) (n=142)	A second-generation Canadian citizen born in Canada (at least one grandparent born in another country) (n=105)
Open	57.5%	49.3%	52.8%	57.3%	64.9%	72.8%	53.9%	55.4%	63.3%	70.2%
Somewhat open	33.8%	36.5%	37.6%	34.9%	28.8%	23.6%	36.8%	36.7%	27.8%	23.1%
Somewhat not open	3.6%	2.0%	4.7%	2.4%	3.9%	1.9%	3.5%	3.2%	4.0%	4.1%
Not open	2.2%	5.6%	1.8%	2.7%	1.1%	0.6%	2.4%	1.1%	2.2%	2.2%
Unsure	3.0%	6.6%	3.1%	2.7%	1.2%	1.0%	3.3%	3.6%	2.7%	0.5%

Respondents with the most interactions with a healthcare provider over the past year, along with second-generation Canadians, are more likely than the national average to report being outright open to having Canadian citizens who received their medical training outside of Canada return and get licensed to practice medicine in Canada.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Level of openness to having doctors from pre-approved countries get licensed to practice medicine in Canada – by region age and gender

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]
Having internationally trained doctors from pre-approved countries, where medical training is roughly equivalent to the training that doctors receive in Canada, get licensed to practice medicine in Canada. For example, a doctor from the United States or Australia.

		Region					Gender		Age		
	Canada 2026-05 (n=999)	Atlantic (n=107)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=501)	Female (n=498)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=401)
Open	59.0%	65.9%	48.5%	57.3%	64.4%	71.3%	61.3%	56.9%	52.9%	57.2%	64.4%
Somewhat open	30.0%	31.1%	34.6%	31.1%	27.1%	22.5%	28.7%	31.4%	31.4%	32.8%	27.0%
Somewhat not open	5.0%	-	8.9%	5.5%	3.2%	2.0%	5.0%	5.0%	5.6%	5.1%	4.6%
Not open	2.9%	3.0%	4.5%	2.2%	2.9%	2.1%	3.4%	2.4%	3.9%	2.6%	2.5%
Unsure	3.0%	-	3.6%	3.8%	2.3%	2.1%	1.7%	4.3%	6.2%	2.3%	1.5%

When it comes to addressing the doctor shortage, Canadians across all demographic groups are considerably more likely to be open than not open to having internationally trained doctors from pre-approved countries, where medical training is roughly equivalent to the training doctors receive in Canada, get licensed to practice medicine in Canada. British Columbians are much more likely than residents of Quebec to report being outright open to this.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Level of openness to having doctors from pre-approved countries get licensed to practice medicine in Canada – by number of interactions with a healthcare provider in the past 12 months and by immigration status

Q – Are you open, somewhat open, somewhat not open, or not open to the following to help address the doctor shortage in Canada? [RANDOMIZE]
Having internationally trained doctors from pre-approved countries, where medical training is roughly equivalent to the training that doctors receive in Canada, get licensed to practice medicine in Canada. For example, a doctor from the United States or Australia.

		Interactions with healthcare provider in past twelve months					Which of the following best describes yourself?			
	Canada 2026-05 (n=999)	Zero (n=99)	One to two (n=309)	Three to five (n=295)	Six to ten (n=156)	Eleven or more (n=117)	A Canadian citizen born in Canada, and all my parents and grandparents were born in Canada (n=576)	An immigrant (born in another country) (n=166)	A first-generation Canadian citizen born in Canada (at least one parent born in another country) (n=142)	A second-generation Canadian citizen born in Canada (at least one grandparent born in another country) (n=105)
Open	59.0%	47.3%	57.1%	57.4%	69.5%	67.3%	54.9%	59.9%	62.8%	74.8%
Somewhat open	30.0%	33.1%	30.8%	30.6%	25.8%	29.6%	32.4%	30.0%	28.5%	19.7%
Somewhat not open	5.0%	6.9%	6.2%	6.3%	1.6%	1.4%	5.7%	6.3%	2.9%	2.5%
Not open	2.9%	7.5%	2.1%	3.2%	2.3%	-	3.3%	1.7%	3.1%	1.1%
Unsure	3.0%	5.3%	3.8%	2.4%	0.8%	1.7%	3.7%	2.0%	2.8%	1.8%

Those who report between six and ten interactions with a healthcare provider are more likely to be outright open to having internationally trained doctors from pre-approved countries get licensed to practice medicine in Canada than those who report not having interacted with a healthcare provider over the past year. Second-generation Canadians are more likely to report being outright open to this relative to the national average.

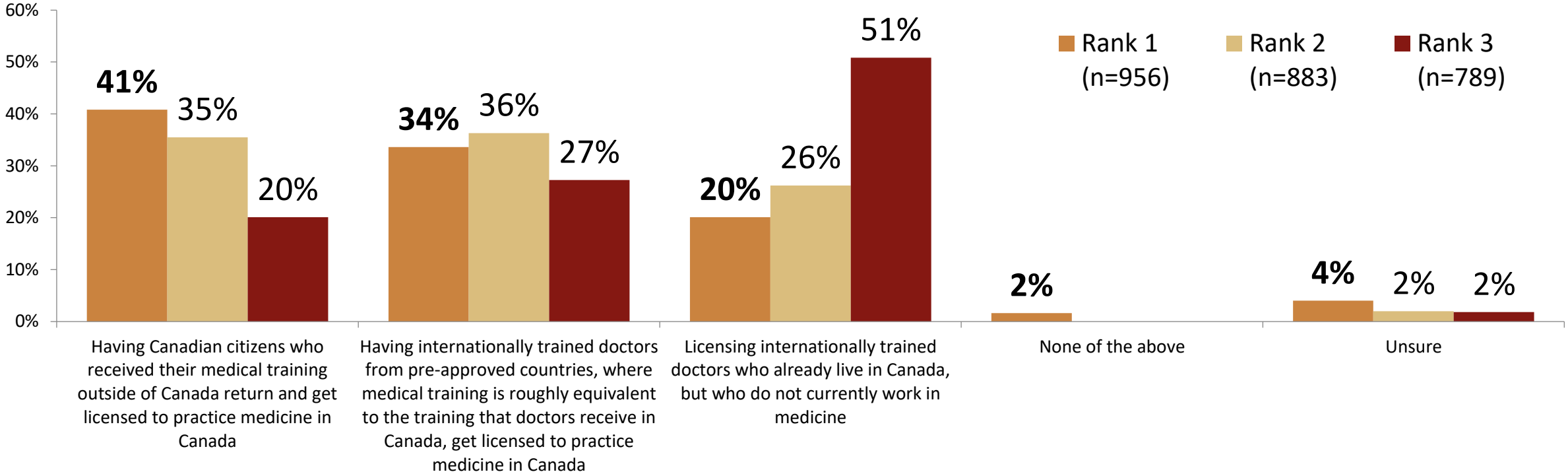
Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Part 2: **Priorities**

NANOS

Preferred path forward to address the doctor shortage

Q – When it comes to addressing the current doctor shortage, please rank the following paths you believe should be prioritized, where 1 is the path you believe should be prioritized most, 2 the second most, and so on. [RANDOMIZE]



When it comes to addressing the doctor shortage, Canadians generally favour prioritizing having Canadians who received their medical training outside of Canada return and get licensed to practice in Canada, followed by having internationally trained doctors from pre-approved countries where medical training is roughly equivalent to Canadian medical training get licensed to practice medicine in Canada.

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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=956 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Preferred path forward to address the doctor shortage – First ranked by region age and gender

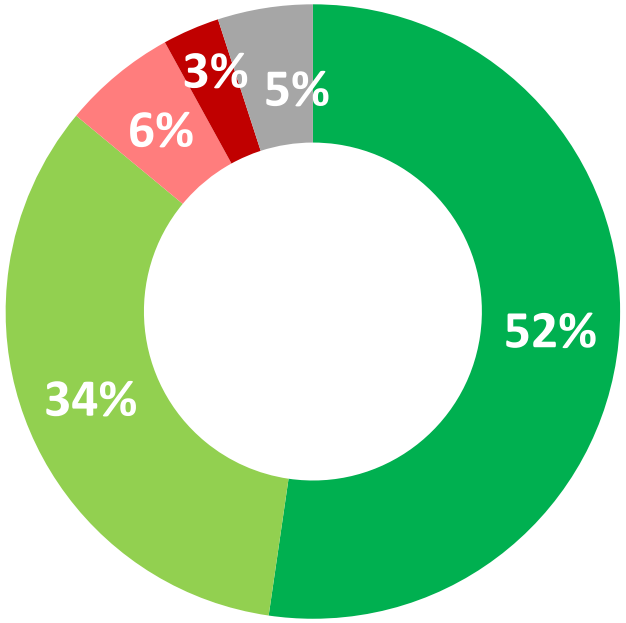
Q – When it comes to addressing the current doctor shortage, please rank the following paths you believe should be prioritized, where 1 is the path you believe should be prioritized most, 2 the second most, and so on. [RANDOMIZE] [RANK 1]

			Region					Gender		Age		
		Canada 2026-05 (n=956)	Atlantic (n=102)	Quebec (n=244)	Ontario (n=272)	Prairies (n=189)	BC (n=149)	Male (n=478)	Female (n=478)	18 to 34 (n=244)	35 to 54 (n=325)	55 plus (n=387)
FIRST RANKED	Having Canadian citizens who received their medical training outside of Canada return and get licensed to practice medicine in Canada	40.8%	48.9%	36.6%	41.4%	42.3%	40.0%	36.8%	44.5%	33.9%	41.9%	44.2%
	Having internationally trained doctors from pre-approved countries, where medical training is roughly equivalent to the training that doctors receive in Canada, get licensed to practice medicine in Canada	33.6%	29.1%	35.6%	29.4%	38.3%	37.8%	37.3%	30.0%	33.0%	34.9%	32.8%
	Licensing internationally trained doctors who already live in Canada, but who do not currently work in medicine	20.1%	19.6%	20.5%	24.2%	14.7%	14.9%	20.3%	19.8%	23.0%	18.1%	19.7%
	Unsure	4.0%	0.7%	4.9%	3.1%	4.3%	6.4%	3.7%	4.4%	7.5%	3.3%	2.5%
	None of the above	1.6%	1.7%	2.4%	1.9%	0.3%	1.0%	1.9%	1.3%	2.6%	1.9%	0.7%

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=956 Canadians 18 years of age or older.

Views on adding more “fast-tracked” countries

Q - Currently, Australia, Hong Kong, Ireland, South Africa, and the UK are examples of places from which doctors can be “fast-tracked” to practice medicine in Canada because their training is viewed as being generally equal to the training doctors receive in Canada. Are you open, somewhat open, somewhat not open or not open to adding more places from which doctors can be “fast-tracked” to practice medicine in Canada?



Over **4 in 5** Canadians

are either open or somewhat open to adding more places with generally equal training standards to Canada from which doctors can be “fast-tracked” to practice medicine in Canada. Comparatively, just under one in ten Canadians report being either somewhat not open or not open to this.

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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=997 Canadians 18 years of age or older.

Views on adding more “fast-tracked” countries – by region age and gender

Q – Currently, Australia, Hong Kong, Ireland, South Africa, and the UK are examples of places from which doctors can be “fast-tracked” to practice medicine in Canada because their training is viewed as being generally equal to the training doctors receive in Canada. Are you open, somewhat open, somewhat not open or not open to adding more places from which doctors can be “fast-tracked” to practice medicine in Canada?

		Region					Gender		Age		
	Canada 2026-05 (n=997)	Atlantic (n=108)	Quebec (n=257)	Ontario (n=283)	Prairies (n=197)	BC (n=152)	Male (n=502)	Female (n=495)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=399)
Open	52.3%	55.7%	45.3%	50.6%	52.5%	67.0%	55.9%	48.8%	46.4%	51.5%	56.9%
Somewhat open	33.7%	33.0%	40.9%	33.5%	32.2%	24.7%	31.4%	36.0%	34.9%	36.3%	30.9%
Somewhat not open	6.0%	3.8%	7.5%	6.9%	4.4%	3.7%	5.1%	6.8%	6.8%	4.4%	6.6%
Not open	3.0%	3.2%	3.6%	2.9%	2.8%	2.0%	2.4%	3.5%	4.0%	3.3%	2.0%
Unsure	5.0%	4.3%	2.8%	6.1%	8.1%	2.5%	5.2%	4.9%	8.0%	4.5%	3.6%

A majority of respondents across all demographic groups report being either open or somewhat open to adding more places from which doctors who have received medical training that is viewed as generally equal to Canadian medical training can be “fast-tracked” to practice medicine in Canada. Intensity of openness is higher among British Columbians than among residents of Quebec.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=997 Canadians 18 years of age or older.

Views on adding more "fast-tracked" countries – by number of interactions with a healthcare provider over the past 12 months and by immigration status

Q – Currently, Australia, Hong Kong, Ireland, South Africa, and the UK are examples of places from which doctors can be "fast-tracked" to practice medicine in Canada because their training is viewed as being generally equal to the training doctors receive in Canada. Are you open, somewhat open, somewhat not open or not open to adding more places from which doctors can be "fast-tracked" to practice medicine in Canada?

		Interactions with healthcare provider in past twelve months					Which of the following best describes yourself?			
	Canada 2026-05 (n=997)	Zero (n=99)	One to two (n=310)	Three to five (n=294)	Six to ten (n=155)	Eleven or more (n=116)	A Canadian citizen born in Canada, and all my parents and grandparents were born in Canada (n=575)	An immigrant (born in another country) (n=165)	A first-generation Canadian citizen born in Canada (at least one parent born in another country) (n=142)	A second-generation Canadian citizen born in Canada (at least one grandparent born in another country) (n=105)
Open	52.3%	42.5%	46.4%	54.6%	63.4%	61.2%	47.9%	56.1%	57.7%	63.0%
Somewhat open	33.7%	27.9%	42.8%	32.1%	25.6%	27.7%	37.0%	33.8%	26.9%	27.8%
Somewhat not open	6.0%	8.9%	4.3%	6.8%	4.6%	5.4%	6.3%	4.3%	6.8%	5.3%
Not open	3.0%	9.3%	1.9%	2.8%	2.2%	1.7%	3.3%	4.0%	1.6%	0.7%
Unsure	5.0%	11.4%	4.6%	3.8%	4.2%	4.0%	5.5%	1.8%	7.1%	3.3%

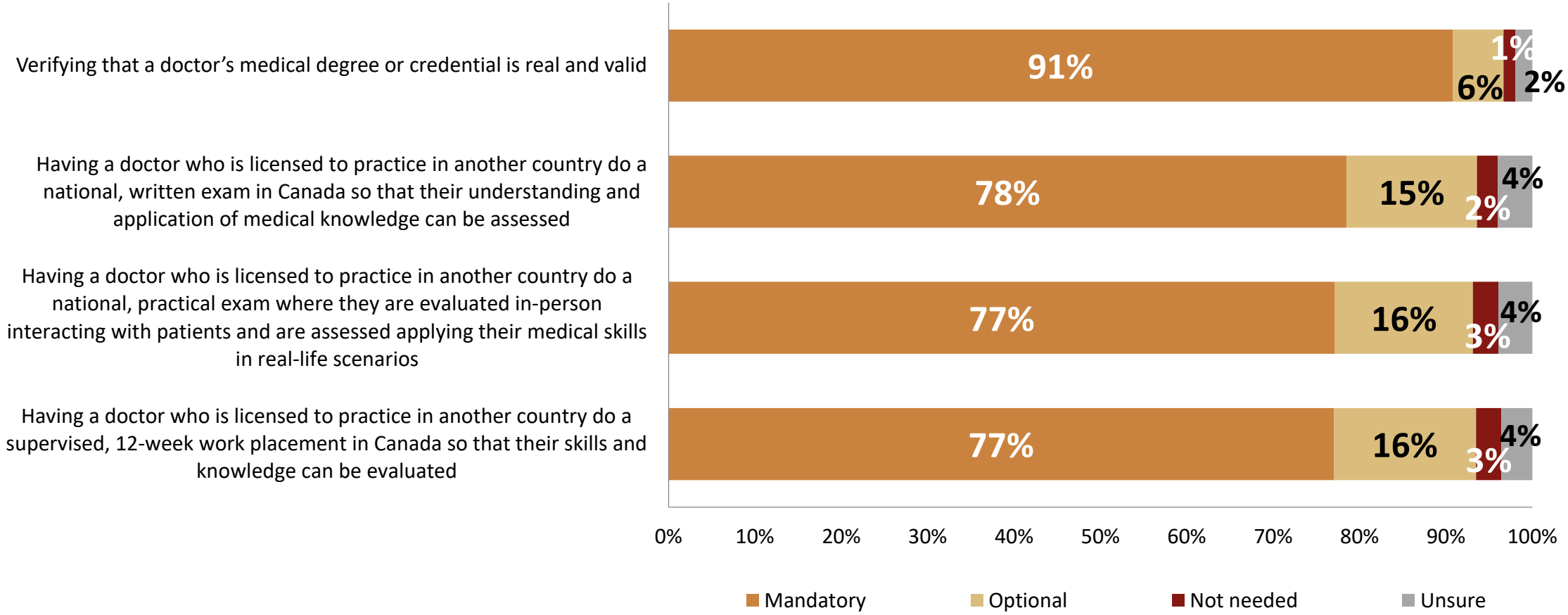
Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=997 Canadians 18 years of age or older.

Part 3: **Pathways**

NANOS

Views regarding whether various steps to licensure should be mandatory, optional or not needed

Q – Should each of the following be mandatory, optional or not needed if someone graduated from a medical school outside of Canada and was a licensed doctor in another country and is now interested in moving to Canada to be a doctor? [RANDOMIZE]



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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

Views regarding verifying that a doctor's medical degree or credential is real and valid

Q – Should each of the following be mandatory, optional or not needed if someone graduated from a medical school outside of Canada and was a licensed doctor in another country and is now interested in moving to Canada to be a doctor? [RANDOMIZE]

Verifying that a doctor's medical degree or credential is real and valid

		Region					Gender		Age		
	Canada 2026-05 (n=999)	Atlantic (n=108)	Quebec (n=257)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=502)	Female (n=497)	18 to 34 (n=260)	35 to 54 (n=337)	55 plus (n=402)
Mandatory	90.8%	96.4%	87.1%	89.7%	95.2%	91.7%	91.2%	90.4%	84.2%	92.2%	94.0%
Optional	5.9%	2.9%	10.0%	5.6%	2.2%	5.9%	5.8%	6.0%	8.5%	5.6%	4.5%
Not needed	1.4%	0.7%	2.1%	1.5%	-	1.7%	1.8%	1.0%	2.6%	1.3%	0.7%
Unsure	2.0%	-	0.9%	3.2%	2.5%	0.6%	1.3%	2.6%	4.8%	1.0%	0.9%

A vast majority of Canadians across all demographic groups believe it should be mandatory to verify that a doctor's medical degree or credential is real and valid if someone graduated from a medical school outside of Canada, was licensed to practice in another country, and was interested in moving to Canada to be a doctor.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Views regarding written exams assessing understanding and application of medical knowledge for doctors licensed to practice in other countries

Q – Should each of the following be mandatory, optional or not needed if someone graduated from a medical school outside of Canada and was a licensed doctor in another country and is now interested in moving to Canada to be a doctor? [RANDOMIZE]

Having a doctor who is licensed to practice in another country do a national, written exam in Canada so that their understanding and application of medical knowledge can be assessed.

		Region					Gender		Age		
	Canada 2026-05 (n=999)	Atlantic (n=107)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=502)	Female (n=497)	18 to 34 (n=259)	35 to 54 (n=338)	55 plus (n=402)
Mandatory	78.5%	81.9%	75.4%	80.6%	76.1%	79.1%	77.6%	79.3%	69.7%	80.7%	82.4%
Optional	15.1%	12.9%	17.7%	12.1%	17.5%	17.2%	15.9%	14.4%	19.1%	15.0%	12.6%
Not needed	2.4%	2.2%	3.1%	2.9%	1.3%	1.4%	3.7%	1.2%	3.5%	1.6%	2.3%
Unsure	4.0%	3.0%	3.8%	4.3%	5.1%	2.3%	2.8%	5.1%	7.6%	2.6%	2.7%

Generally consistent across demographic groups, a comfortable majority of Canadians report that it should be mandatory for those who graduated from medical school abroad, are licensed to practice medicine in another country, and are interested in moving to Canada to be a doctor to do a written exam in Canada so that their understanding and application of medical knowledge can be assessed.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Views regarding practical assessments evaluating in-person patient interactions and application of medical skills for doctors licensed to practice in other countries

Q – Should each of the following be mandatory, optional or not needed if someone graduated from a medical school outside of Canada and was a licensed doctor in another country and is now interested in moving to Canada to be a doctor? [RANDOMIZE]

Having a doctor who is licensed to practice in another country do a national, practical exam where they are evaluated in-person interacting with patients and are assessed applying their medical skills in real-life scenarios

		Region					Gender		Age		
	Canada 2026-05 (n=997)	Atlantic (n=108)	Quebec (n=258)	Ontario (n=281)	Prairies (n=199)	BC (n=151)	Male (n=500)	Female (n=497)	18 to 34 (n=260)	35 to 54 (n=336)	55 plus (n=401)
Mandatory	77.2%	80.2%	79.1%	76.7%	72.3%	79.9%	76.2%	78.1%	70.6%	76.7%	81.8%
Optional	16.0%	17.0%	15.4%	14.4%	20.3%	15.4%	18.8%	13.3%	15.7%	19.8%	13.2%
Not needed	2.9%	1.3%	2.6%	4.5%	1.0%	2.4%	3.3%	2.5%	6.0%	1.4%	2.2%
Unsure	3.9%	1.5%	2.9%	4.4%	6.5%	2.3%	1.7%	6.1%	7.7%	2.1%	2.9%

Canadians believe that it should be mandatory for those who graduated from medical school abroad, are licensed to practice medicine in another country, and are interested in moving to Canada to be a doctor to do a national, practical exam where they are evaluated in-person interacting with patients and are assessed applying their medical skills in real-life scenarios. These results are consistent across demographic groups.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=997 Canadians 18 years of age or older.

Views regarding supervised work placements for doctors licensed to practice in other countries

Q – Should each of the following be mandatory, optional or not needed if someone graduated from a medical school outside of Canada and was a licensed doctor in another country and is now interested in moving to Canada to be a doctor? [RANDOMIZE]

Having a doctor who is licensed to practice in another country do a supervised, 12-week work placement in Canada so that their skills and knowledge can be evaluated.

		Region					Gender		Age		
	Canada 2026-05 (n=1000)	Atlantic (n=108)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=502)	Female (n=498)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=402)
Mandatory	77.0%	71.9%	76.3%	78.3%	75.2%	79.6%	76.7%	77.3%	70.5%	76.8%	81.5%
Optional	16.5%	24.6%	16.8%	14.1%	18.3%	16.2%	18.6%	14.4%	18.2%	18.0%	14.2%
Not needed	2.9%	0.7%	4.0%	3.6%	1.3%	2.4%	3.0%	2.8%	3.9%	4.0%	1.4%
Unsure	3.6%	2.9%	2.9%	4.0%	5.3%	1.7%	1.6%	5.5%	7.4%	1.3%	3.0%

Consistent across demographic groups, Canadians believe that it should be mandatory to do a supervised work placement in Canada evaluating medical skills and knowledge if someone who graduated from medical school abroad and was licensed to practice medicine in another country were interested in moving to Canada to be a doctor.

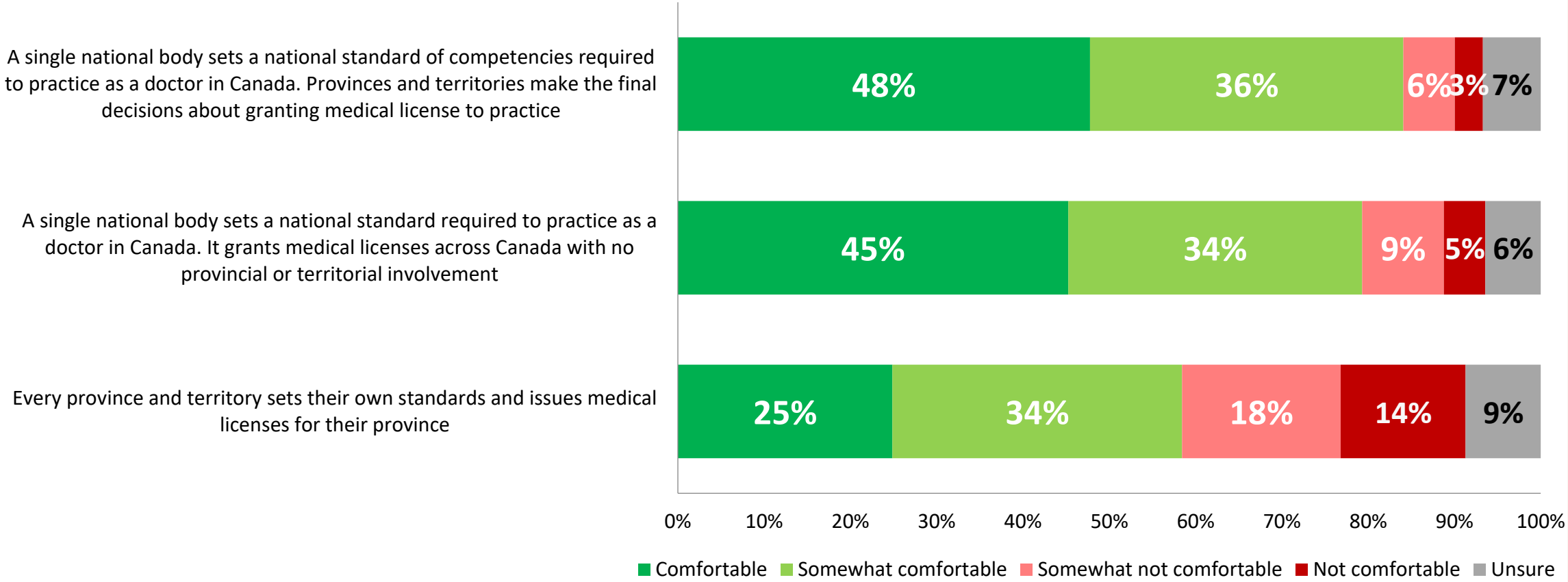
Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

Part 4: **Model Resonance**

NANOS

Level of comfort with models that could be used to license medical doctors from other countries

Q – Here are some approaches that could be used to license medical doctors from other countries who want to move to Canada to practice medicine. How comfortable or uncomfortable are you with each of these models? [RANDOMIZE]



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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Level of comfort with a single national body setting national standard of competencies, with provinces and territories making final decisions about granting medical licenses – by region age and gender

Q – Here are some approaches that could be used to license medical doctors from other countries who want to move to Canada to practice medicine. How comfortable or uncomfortable are you with each of these models? [RANDOMIZE]

A single national body sets a national standard of competencies required to practice as a doctor in Canada. Provinces and territories make the final decisions about granting medical license to practice

		Region					Gender		Age		
	Canada 2026-05 (n=999)	Atlantic (n=108)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=151)	Male (n=502)	Female (n=497)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=401)
Comfortable	47.8%	49.4%	37.1%	48.9%	47.5%	61.9%	53.0%	42.7%	39.5%	48.9%	52.2%
Somewhat comfortable	36.3%	33.2%	43.7%	36.0%	35.1%	28.0%	35.9%	36.7%	41.3%	34.0%	34.9%
Somewhat not comfortable	6.0%	8.5%	7.2%	4.8%	7.0%	4.6%	4.6%	7.3%	6.1%	7.6%	4.6%
Not comfortable	3.3%	1.5%	6.2%	1.5%	4.4%	2.7%	2.8%	3.7%	4.2%	3.8%	2.2%
Unsure	6.7%	7.4%	5.8%	8.8%	5.9%	2.8%	3.7%	9.6%	8.9%	5.7%	6.1%

A majority of respondents across all demographic groups are either comfortable or somewhat comfortable with a single national body setting a standard of competencies and provinces and territories granting medical license to practice. Intensity of views are stronger among British Columbians than Quebecers. Intensity is weaker among 18 to 34-year-olds compared to the national average.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=999 Canadians 18 years of age or older.

Level of comfort with a single national body setting national standard of competencies and granting medical licenses – by region age and gender

Q – Here are some approaches that could be used to license medical doctors from other countries who want to move to Canada to practice medicine. How comfortable or uncomfortable are you with each of these models? [RANDOMIZE]

A single national body sets a national standard required to practice as a doctor in Canada. It grants medical licenses across Canada with no provincial or territorial involvement

		Region					Gender		Age		
	Canada 2026-05 (n=998)	Atlantic (n=108)	Quebec (n=257)	Ontario (n=282)	Prairies (n=199)	BC (n=152)	Male (n=501)	Female (n=497)	18 to 34 (n=259)	35 to 54 (n=338)	55 plus (n=401)
Comfortable	45.2%	46.8%	35.0%	44.9%	46.0%	61.4%	47.7%	42.9%	40.3%	42.8%	50.4%
Somewhat comfortable	34.0%	37.9%	36.9%	35.6%	31.0%	27.0%	36.1%	32.0%	35.9%	36.2%	31.2%
Somewhat not comfortable	9.5%	6.3%	14.9%	8.3%	9.2%	5.7%	8.2%	10.7%	10.3%	9.4%	9.1%
Not comfortable	4.8%	2.3%	8.1%	3.5%	7.3%	1.1%	4.2%	5.4%	4.8%	5.9%	3.9%
Unsure	6.4%	6.6%	5.1%	7.7%	6.4%	4.9%	3.8%	9.0%	8.7%	5.8%	5.5%

British Columbians are more likely than respondents in Quebec to report being outright comfortable with having a single national body both set the standard required to practice as a doctor in Canada and grant medical licenses across Canada with no provincial or territorial involvement. Of note, although less intense, a majority of Quebecers are comfortable to one extent or another.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=998 Canadians 18 years of age or older.

Level of comfort with a single national body setting national standard of competencies and granting medical licenses – by immigration status

Q – Here are some approaches that could be used to license medical doctors from other countries who want to move to Canada to practice medicine. How comfortable or uncomfortable are you with each of these models? [RANDOMIZE]

A single national body sets a national standard required to practice as a doctor in Canada. It grants medical licenses across Canada with no provincial or territorial involvement

		Which of the following best describes yourself?			
	Canada 2026-05 (n=998)	A Canadian citizen born in Canada, and all my parents and grandparents were born in Canada (n=575)	An immigrant (born in another country) (n=166)	A first-generation Canadian citizen born in Canada (at least one parent born in another country) (n=142)	A second-generation Canadian citizen born in Canada (at least one grandparent born in another country) (n=105)
Comfortable	45.2%	41.8%	46.7%	56.2%	47.4%
Somewhat comfortable	34.0%	35.5%	36.1%	28.8%	31.8%
Somewhat not comfortable	9.5%	10.1%	6.5%	9.2%	10.8%
Not comfortable	4.8%	5.2%	3.9%	1.7%	7.2%
Unsure	6.4%	7.4%	6.8%	4.1%	2.9%

First-generation Canadians are slightly more likely than the national average to be outright comfortable with a single national body setting the standard required to practice as a doctor in Canada and granting medical licenses with no provincial or territorial involvement.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=998 Canadians 18 years of age or older.

Level of comfort with every province and territory setting their own standards and issuing medical licenses for their province – by region age and gender

Q – Here are some approaches that could be used to license medical doctors from other countries who want to move to Canada to practice medicine. How comfortable or uncomfortable are you with each of these models? [RANDOMIZE]

Every province and territory sets their own standards and issues medical licenses for their province

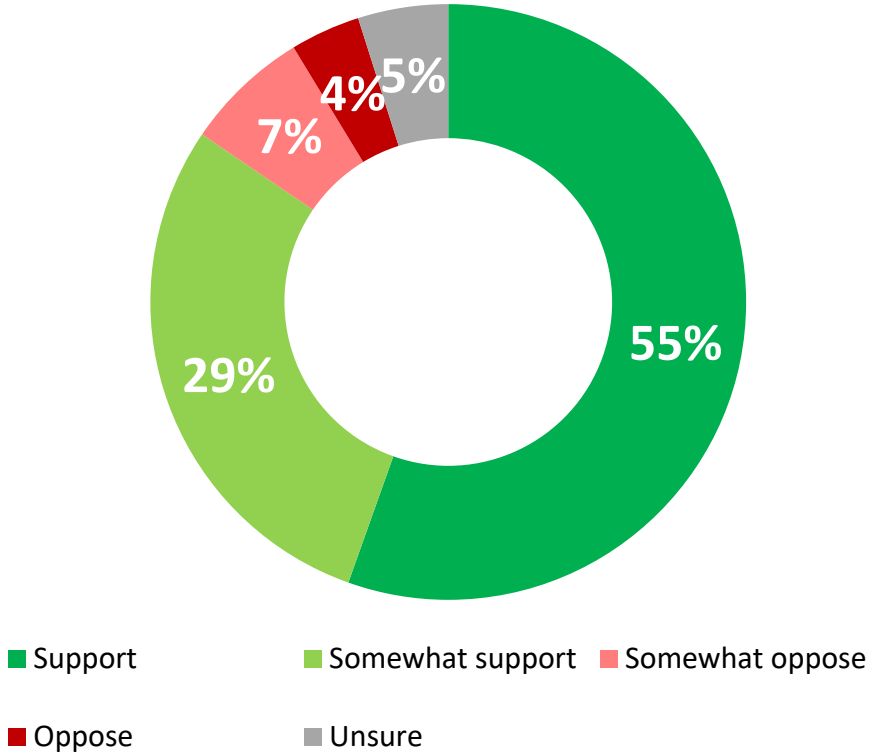
		Region					Gender		Age		
	Canada 2026-05 (n=1000)	Atlantic (n=108)	Quebec (n=258)	Ontario (n=283)	Prairies (n=199)	BC (n=152)	Male (n=502)	Female (n=498)	18 to 34 (n=260)	35 to 54 (n=338)	55 plus (n=402)
Comfortable	24.9%	27.5%	28.0%	23.2%	25.4%	22.3%	25.5%	24.2%	25.0%	24.8%	24.8%
Somewhat comfortable	33.6%	26.2%	38.9%	33.1%	27.9%	36.6%	34.2%	32.9%	34.5%	35.1%	31.7%
Somewhat not comfortable	18.4%	24.3%	12.9%	19.3%	18.1%	22.2%	20.6%	16.2%	14.7%	15.5%	23.0%
Not comfortable	14.5%	19.3%	12.1%	12.0%	23.2%	12.3%	13.2%	15.7%	17.7%	14.6%	12.3%
Unsure	8.7%	2.8%	8.1%	12.4%	5.4%	6.5%	6.4%	10.9%	8.1%	10.0%	8.1%

Respondents across all demographic groups are more likely to be comfortable to some extent than uncomfortable to some extent with each province and territory setting their own standards and issuing medical licenses for their province. Though a minority opinion, respondents in the Prairies are slightly more likely than the national average to report not being comfortable with this approach.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

Views on making it easier for doctors licensed in one province to be able to practice medicine across Canada without additional licensing or tests

Q – Do you support, somewhat support, somewhat oppose or oppose making it easier for doctors who are licensed in one province to also be able to practice medicine in other provinces across Canada without additional licensing or tests?



Over **4 in 5** Canadians

either support or somewhat support making it easier for doctors who are licensed in one province to also be able to practice medicine in other provinces across Canada, without additional licensing or tests. About one in ten Canadians either somewhat oppose or outright oppose this.

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

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=991 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Views on making it easier for doctors licensed in one province to be able to practice medicine across Canada without additional licensing or tests – by region age and gender

Q – Do you support, somewhat support, somewhat oppose or oppose making it easier for doctors who are licensed in one province to also be able to practice medicine in other provinces across Canada without additional licensing or tests?

		Region					Gender		Age		
	Canada 2026-05 (n=991)	Atlantic (n=108)	Quebec (n=255)	Ontario (n=281)	Prairies (n=197)	BC (n=150)	Male (n=498)	Female (n=493)	18 to 34 (n=256)	35 to 54 (n=335)	55 plus (n=400)
Support	55.5%	71.5%	40.2%	56.3%	58.3%	67.2%	57.7%	53.4%	49.9%	51.3%	62.4%
Somewhat support	29.1%	24.3%	37.8%	29.8%	25.0%	20.1%	29.7%	28.5%	26.9%	33.8%	26.8%
Somewhat oppose	6.8%	1.5%	9.8%	5.4%	8.2%	6.3%	6.5%	7.0%	8.3%	6.2%	6.2%
Oppose	3.8%	2.0%	5.9%	3.2%	4.3%	2.1%	2.8%	4.6%	5.4%	3.7%	2.7%
Unsure	4.9%	0.7%	6.2%	5.3%	4.3%	4.4%	3.3%	6.5%	9.5%	5.0%	1.8%

Support for making it easier for doctors who are licensed in one province to also be able to practice in other provinces without additional licensing or tests cuts across all regions and subgroups. Intensity of support is higher among Atlantic Canadians and British Columbians than among Quebecers. This is also the case for Canadians aged 55 and over relative to the national average.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=991 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Views on making it easier for doctors licensed in one province to be able to practice medicine across Canada without additional licensing or tests – by number of interactions with a healthcare provider in the past 12 months

Q – Do you support, somewhat support, somewhat oppose or oppose making it easier for doctors who are licensed in one province to also be able to practice medicine in other provinces across Canada without additional licensing or tests?

		Interactions with healthcare provider in past twelve months				
	Canada 2026-05 (n=991)	Zero (n=98)	One to two (n=309)	Three to five (n=293)	Six to ten (n=153)	Eleven or more (n=116)
Support	55.5%	40.6%	52.4%	59.7%	60.5%	59.0%
Somewhat support	29.1%	30.2%	33.0%	27.2%	26.9%	26.4%
Somewhat oppose	6.8%	13.6%	5.0%	7.3%	7.5%	3.0%
Oppose	3.8%	6.5%	3.7%	3.1%	2.7%	4.1%
Unsure	4.9%	9.1%	6.0%	2.7%	2.5%	7.5%

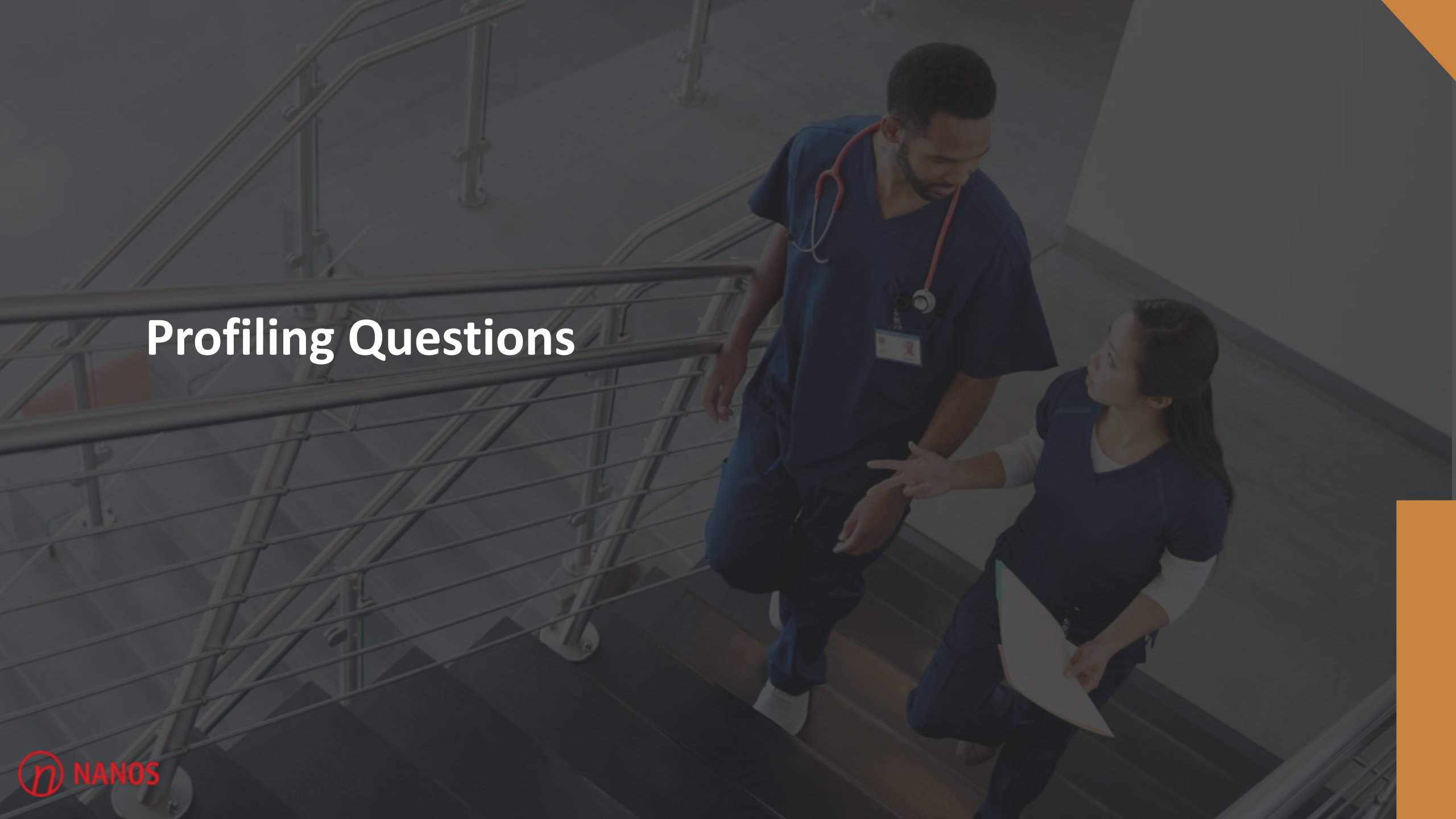
While much more likely to be supportive than opposed, those who have not interacted with the healthcare system in the past are less likely than Canadians on average to be outright supportive of making it easier for doctors who are licensed in one province to also be able to practice in other provinces without additional licensing or tests.

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=991 Canadians 18 years of age or older.

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

NANOS

Profiling Questions



Interactions with a healthcare provider, role in healthcare decision-making, and immigration status

Q – In the past twelve months, how many interactions have you had with a health care provider (including medical appointments with doctors, nurses, specialists, or lab technicians, or interactions with your pharmacist)? [OPEN]	**Canada 2026-05 (n=1000)**
Zero	10.1%
One to two	31.1%
Three to five	30.6%
Six to ten	14.8%
Eleven or more	10.9%
Refuse/no answer	2.4%

Q – Which of the following best describes your main role in healthcare decision-making [RANDOMIZE]	**Canada 2026-05 (n=994)**
I make healthcare decisions only for myself	61.0%
I make healthcare decisions for myself and for others	30.1%
I make healthcare decisions for others	4.7%
I am not involved in making healthcare decisions	4.2%

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

Q – Which of the following best describes yourself?	**Canada 2026-05 (n=997)**
A Canadian citizen born in Canada, and all my parents and grandparents were born in Canada	55.2%
An immigrant (born in another country)	17.5%
A first-generation Canadian citizen born in Canada (at least one parent born in another country)	15.5%
A second-generation Canadian citizen born in Canada (at least one grandparent born in another country)	11.1%
Prefer not to say	0.7%

Source: Nanos Research, online representative non-probability survey, May 6 to 11, 2026, n=1000 Canadians 18 years of age or older.

TECHNICAL NOTE

Element	Description
Research sponsor	Medical Council of Canada
Population and Final Sample Size	1000 Canadians
Source of Sample	Bonning and Associates
Type of Sample	Representative non-probability
Margin of Error (for a comparative probability sample)	For comparison purposes, a probability sample of 1000 respondents would have a margin of error of ±3.1 percentage points, 19 times out of 20.
Mode of Survey	Online survey
Sampling Method Base	Non-probability
Demographics (Captured)	Canada; Men and Women; 18 years or older. Six digit postal code was used to validate geography.
Demographics (Other)	Age, gender, number of interactions with a healthcare provider in the past 12 months, role in healthcare decision-making, immigration status
Field Dates	May 6 to 11, 2026
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	**2026-3013 Medical Council of Canada Tables - Formatted**

ABOUT NANOS

As one of North America's premier market and public opinion research firms, we put strategic intelligence into the hands of decision makers. The majority of our work is for private sector and public facing organizations and ranges from market studies, managing reputation through to leveraging data intelligence. Nanos Research offers a vertically integrated full service quantitative and qualitative research practice to attain the highest standards and the greatest control over the research process. www.nanos.co

This international joint venture between dimap and Nanos brings together top research and data experts from North American and Europe to deliver exceptional data intelligence to clients. The team offers data intelligence services ranging from demographic and sentiment microtargeting; consumer sentiment identification and decision conversion; and, data analytics and profiling for consumer persuasion. www.nanosdimap.com

Ethic Strategies was created by the founding partners of PAA Advisory and the Nanos Research Corporation, 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?

Nanos Research

(613) 234-4666, ext. 237

ea@nanosresearch.com

For more information on the firm, please visit www.nanos.co

NANOS

NANOS IS YOUR GO-TO HIGH-STAKES RESEARCH PARTNER.

Delivering world-class solutions since 1987,
we are the leader in high velocity data insights and visualization.

Market | Consumer| Reputation| Policy| Insight

For more information about our services, please visit us at:
www.nanos.co