

Wait times to see a medical specialist in Canada, 2024

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Today, Statistics Canada is releasing findings from a new Survey on Health Care Access and Experiences — Primary and Specialist Care 2024. The survey was conducted to better understand how Canadians navigate the health care system, including challenges or barriers they may face. This analysis focuses on wait time for an initial consultation with a medical specialist, satisfaction with the wait time and effect of the wait time on the lives of Canadians living in the provinces.

Medical specialists in Canada provide expert care for complex conditions that require in-depth knowledge and advanced treatments. Medical specialists are essential for diagnosing and treating more intricate health issues, complementing the broader health care system alongside primary health care professionals. Difficulties in accessing specialist care can result in various impacts, such as delays in prevention and treatment, increased risk of complications from late diagnoses, and greater financial burden on the health care system.

In the survey, a medical specialist is defined as a medical doctor certified to practice in a specified field, for example, a dermatologist, cardiologist, oncologist, radiologist, psychiatrist, or gynecologist. It excludes optometrists, dentists, pharmacists, family doctors and general practitioners. An initial consultation is considered the first time a patient saw a medical specialist.

Just over one-third (34%) of Canadians aged 18 and older living in the provinces, or 10.9 million people, reported consulting a medical specialist for an initial consultation in the 12 months prior to the survey. Of these individuals, 89% were referred to a medical specialist, while 11% saw a medical specialist without a referral. Generally, in Canada, patients require a referral by a health care professional in order to see a specialist. However, there are certain exceptions. For example, certain types of specialists like dermatologists may be contacted directly for cosmetic treatments. Some private clinics offer direct access to specialists for a fee unless the service is covered by an individual's health insurance plan.

Research shows that there are several factors that affect specialist wait times, such as the tendency to use health services, availability of services, need for services, the urgency of the health condition, purpose of the appointment, type of specialist being consulted, and whether care is sought publicly or privately. Some of these factors were not collected in the survey and hence not explored in this analysis but should be kept in mind while interpreting the findings presented below.

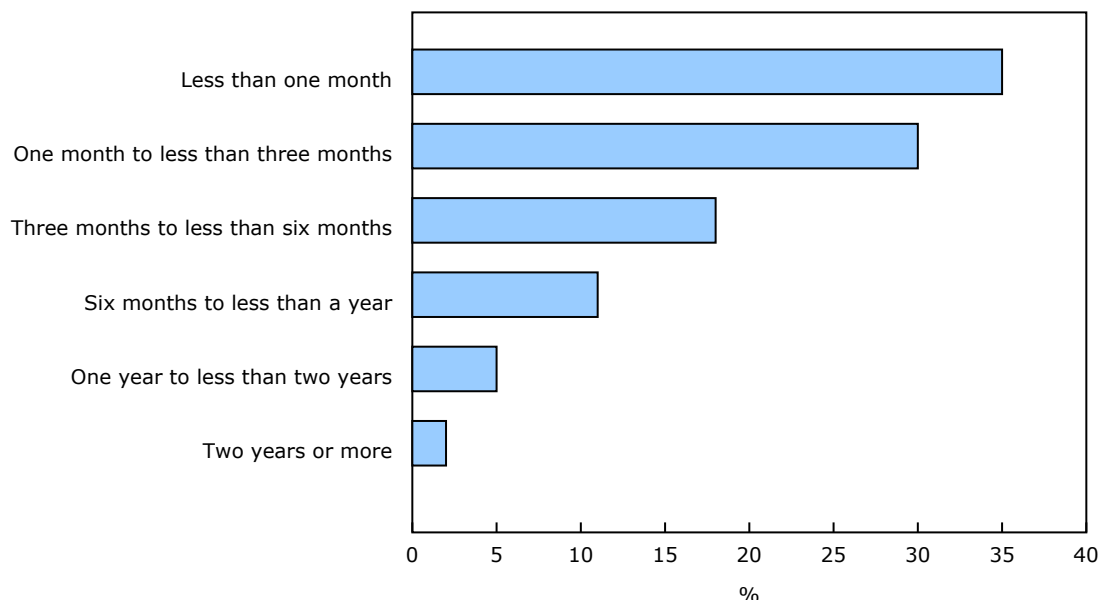
About two-thirds of Canadians wait less than three months for an initial consultation with a medical specialist

Among Canadians who had an initial consultation with a specialist in the 12 months prior to the survey, 35% reported a wait time of less than a month, while 30% waited from one to less than three months and 36% waited three months or more (see Chart 1).



Chart 1

Proportion of Canadians by wait times who saw a medical specialist for an initial consultation in the 12 months prior to the survey, Canada excluding territories, 2024



Source(s): Survey on Health Care Access and Experiences — Primary and Specialist Care, January 3 to November 3, 2024 (5391).

In general, there were no differences in the wait times reported by men and women, except a higher proportion of women (13%) than men (10%) waited for six months to less than a year to see a specialist. When a respondent's age was considered, a higher proportion of older Canadians (65 years and above) (38%) reported a wait time of less than a month compared with those aged 45 to 64 years (32%) (Table 1).

The proportion of Canadians who waited less than three months to see a medical specialist in the 12 months prior to the survey ranged from 68% in Quebec to 56% in Newfoundland and Labrador. In the remaining eight provinces, the proportion ranged from 60% to 64%. A higher proportion of Quebec residents (42%) saw a medical specialist within one month compared to residents of Ontario (33%).

Compared to individuals who were referred by a health care professional (31%), a higher proportion of self-referred individuals (66%) were able to see a specialist in less than a month.

Satisfaction with wait times for an initial consultation with a medical specialist is higher for older Canadians

Just under half (49%) of Canadians who had an initial consultation with a medical specialist in the 12 months prior to the survey reported being very satisfied or satisfied with the wait time, while 31% reported being dissatisfied or very dissatisfied (Table 2).

Satisfaction level with the wait time was directly linked with the amount of time one waited to see a specialist. Among those who saw the specialist within less than one month, 83% said they were very satisfied or satisfied with the wait time. However, this rate dropped to 50% for those who saw the specialist within one to three months. Fewer than one in five Canadians (17%) who waited for longer than three months were very satisfied or satisfied with the wait time (see Chart 2).

Satisfaction level with the specialist wait time varied depending on age, province of residence, whether the referral was self-made or made by a health care professional and the type of health condition for which the specialist consultation was requested.

For example, among older Canadians aged 65 years and above, 60% reported being very satisfied or satisfied with the wait time, compared to 48% for those aged 45 to 64 and 43% for those aged 18 to 44.

The proportion of Canadians who reported being very satisfied or satisfied with the wait time ranged from 61% in Quebec to 44% in British Columbia.

Over two-thirds of Canadians (71%) who saw a specialist without a referral reported that they were very satisfied or satisfied with the wait time, compared with less than half (47%) of those who saw a specialist with a referral.

In terms of medical condition, a higher proportion of individuals who consulted a specialist for asthma or other breathing conditions (38%) reported that they were dissatisfied or very dissatisfied with the wait times for an initial consultation with a medical specialist, compared to those who consulted the specialist for cancer (18%).

Satisfaction with the wait time did not vary based on having a regular health care provider, by gender or area of residence (population centre or rural area). A regular health care provider includes primary health care providers as well as medical specialists and other health professionals.

Longer wait time to consult a specialist affects people's lives

Prolonged wait times to access specialist care can adversely affect patient health outcomes by delaying timely diagnosis and necessary interventions. Patients may also experience increased anxiety, stress, pain, and worsening of their condition while waiting for care.

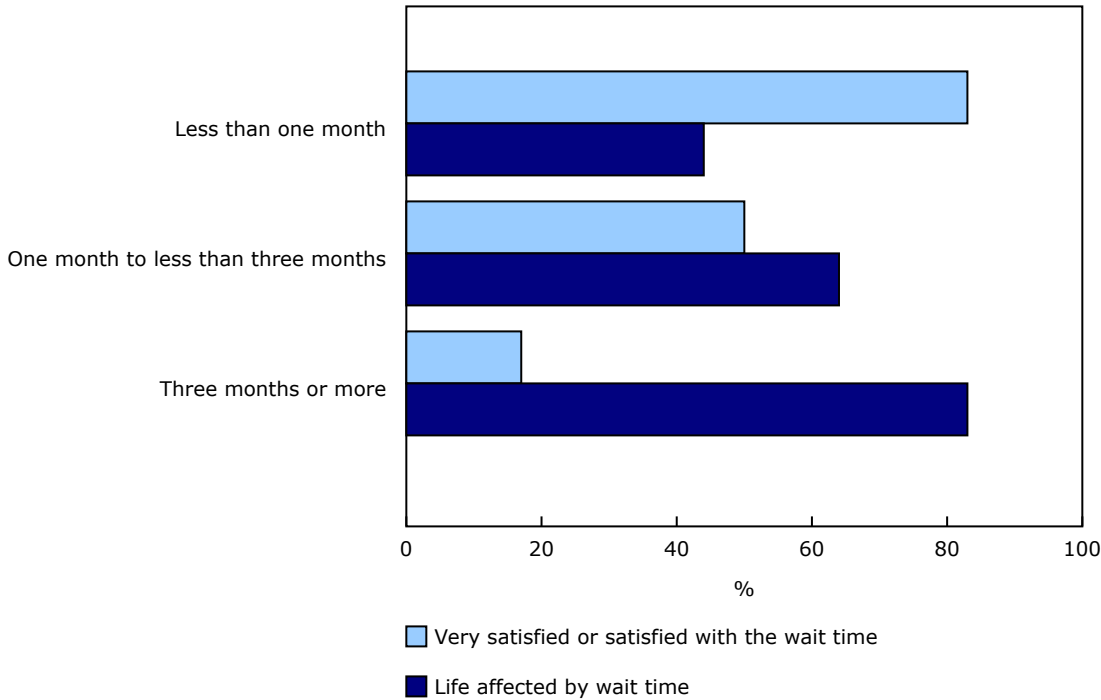
Survey results showed that among those who had an initial consultation with a medical specialist in the 12 months prior to the survey, just under two-thirds (64%) of Canadians reported that their lives were affected by the wait time (Table 3).

Of these individuals, two-thirds (66%) experienced worry, anxiety and stress, while approximately one-third experienced pain (36%) or difficulties with activities of daily living (32%). Just over one in five (22%) said that their health or health condition had deteriorated and 12% experienced other symptoms.

Canadians with shorter wait times were less likely to be affected. For example, 44% of Canadians who saw a specialist within less than a month said that their lives were affected. This stood at 64% for those who waited from one to three months to see a specialist and to 83% for those who waited for longer than three months (see Chart 2).

Chart 2

Satisfaction and effect of specialist wait times among Canadians who had an initial consultation in the 12 months prior to the survey, Canada excluding territories, 2024



Source(s): Survey on Health Care Access and Experiences — Primary and Specialist Care, January 3 to November 3, 2024 (5391).

Approximately two-thirds of Canadians aged 18 to 64 years reported that their lives were affected by the wait time, compared with 56% of Canadians aged 65 years and older.

A lower proportion of Canadians in New Brunswick (55%) said their lives were affected by the wait time compared to Ontario, where 64% reported that their lives were affected. Two-thirds (66%) of Canadians who received a referral by a health care professional reported that their lives were affected due to the wait time, compared with just under half (48%) who saw a specialist without a referral.

More Canadians without a regular health care provider (71%) reported that their lives were affected by wait times, compared with those with a regular health care provider (63%).

Looking ahead

Studying specialized health care and related outcomes is crucial for guiding programs and policy decision-making to improve population health as it directly impacts patient outcomes and system efficiency. To address this need, Statistics Canada will continue to collect data and provide insights on topics relevant to Canadians such as patients' experiences with primary care, virtual care, electronic personal health information, pharmaceuticals, and emergency and hospital care.

Table 1
Wait time of Canadians who had an initial consultation with a medical specialist in the 12 months prior to the survey, Canada, excluding territories, 2024

	Less than one month	One month to less than three months	Three months to less than six months	Six months to less than a year	One year to less than two years	Two years or more
	%					
Total	34.5	29.7	17.6	11.4	4.7	2.1
Gender						
Men+ (reference)	36.0	30.5	17.9	9.6	4.0	2.1
Women+	33.2	29.1	17.4	13.0*	5.3	2.1
Age group						
18 to 44 years	34.0	27.8	19.2	11.6	4.9	2.4
45 to 64 years	31.8*	30.9	16.7	12.8	5.6	2.1
65 years and older (reference)	37.9	30.9	16.4	9.7	3.6	1.6
Province						
Newfoundland and Labrador	27.5	28.4	20.3	13.8	6.6*	3.4
Prince Edward Island	35.4	25.4	13.6*	11.9	7.7*	6.1*
Nova Scotia	33.4	26.5	16.8	11.1	8.5*	3.7
New Brunswick	34.8	28.4	16.0	9.9	6.8*	4.1
Quebec	41.6*	26.7	12.6*	10.0	5.5	3.5
Ontario (reference)	33.3	30.8	19.5	11.2	3.4	1.7
Manitoba	30.9	29.4	19.3	13.3	5.9	1.2
Saskatchewan	30.5	31.3	19.3	11.8	5.4	1.7
Alberta	32.0	30.5	17.7	12.3	5.9	1.6
British Columbia	30.9	31.1	19.1	13.1	5.0	0.7
Area of residence						
Population centre (reference)	34.4	30.2	17.7	11.4	4.4	1.9
Rural Area	34.7	26.9	17.4	11.4	6.6	3.1
Referral Type						
By a healthcare professional (reference)	30.6	31.3	18.8	12.0	5.1	2.2
Self-referred	66.3*	16.6*	7.6*	6.8*	2.1*	0.7*
Regular health care provider						
Has a regular health care provider (reference)	33.8	30.2	17.8	11.6	4.6	2.0
Has no regular health care provider	39.8	26.2	15.8	10.1	5.5	2.6
Health Condition						
Heart condition or stroke	38.3	29.7	19.6	10.0	1.8	0.5
Cancer (reference)	46.9	32.0	12.4	4.9	0.8	3.0
Asthma or other breathing condition	34.9	32.9	10.7	14.1*	6.2*	1.3
Mental health condition	48.3	27.6	11.7	7.3	3.1	2.0
Diabetes	39.9	24.0	16.3	18.6	1.0	0.2

* significantly different from reference category (p < 0.05)

Note(s):

A regular health care provider refers to any health professional that a person routinely consults when seeking care or health advice. This broad category includes primary health care providers as well as medical specialists and other health professionals. The indicator regular health care provider differs from primary health care provider, which is limited to family doctors, general practitioners, and nurse practitioners. Caution should be exercised when comparing these indicators, as their definitions and scopes are not equivalent.

Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men, as well as some non-binary people, while the women+ category includes women, as well as some non-binary people.

Source(s): Survey on Health Care Access and Experiences — Primary and Specialist Care, January 3 to November 3, 2024 (5391).

Table 2
Satisfaction with wait time of Canadians who had an initial consultation with a medical specialist in the 12 months prior to the survey, Canada, excluding territories, 2024

	Very satisfied, satisfied			Neither satisfied nor dissatisfied			Dissatisfied, very dissatisfied		
	%	95% confidence interval (low)	95% confidence interval (high)	%	95% confidence interval (low)	95% confidence interval (high)	%	95% confidence interval (low)	95% confidence interval (high)
Total	49.4	47.7	51.1	19.6	18.3	21.0	31.0	29.3	32.7
Gender									
Men+ (reference)	50.0	47.4	52.6	18.9	17.0	20.9	31.1	28.6	33.7
Women+	48.9	46.7	51.1	20.2	18.5	22.1	30.9	28.8	33.0
Age group									
18 to 44 years	42.7*	39.5	46.1	19.4	16.9	22.1	37.9*	34.7	41.2
45 to 64 years	47.9*	45.3	50.5	20.6	18.5	22.9	31.5*	29.0	34.0
65 years and older (reference)	60.0	57.6	62.5	18.8	16.9	21.0	21.1	19.1	23.3
Province									
Newfoundland and Labrador	51.5	48.3	54.7	20.3	17.7	23.1	28.2	25.3	31.4
Prince Edward Island	54.0*	50.1	57.9	16.7	14.2	19.6	29.3	25.7	33.2
Nova Scotia	52.2	48.4	56.0	18.0	15.2	21.2	29.7	26.5	33.2
New Brunswick	58.2*	54.3	62.1	16.2	13.3	19.5	25.6*	22.3	29.1
Quebec	60.9*	57.4	64.2	16.3	13.8	19.0	22.9*	20.1	25.9
Ontario (reference)	45.6	42.3	49.0	20.2	17.7	23.0	34.2	31.0	37.5
Manitoba	48.6	45.0	52.3	20.9	18.1	24.0	30.5	27.2	33.9
Saskatchewan	48.5	45.0	52.0	20.5	17.8	23.5	31.0	27.7	34.4
Alberta	45.7	42.5	48.9	20.9	18.4	23.7	33.4	30.5	36.5
British Columbia	44.3	40.9	47.8	22.4	19.7	25.4	33.3	30.0	36.7
Area of residence									
Population centre (reference)	49.3	47.4	51.1	19.7	18.2	21.3	31.0	29.2	32.9
Rural Area	50.4	46.3	54.4	19.0	16.1	22.2	30.7	26.9	34.7
Referral Type									
By a healthcare professional (reference)	46.8	45.0	48.7	20.3	18.8	21.8	32.9	31.1	34.7
Self-referred	70.9*	66.0	75.4	14.3*	11.2	18.1	14.8*	11.3	19.1
Regular health care provider									
Has a regular health care provider (reference)	49.7	47.8	51.5	19.7	18.3	21.2	30.7	28.9	32.5
Has no regular health care provider	47.6	42.7	52.6	19.2	15.9	23.0	33.2	28.5	38.3
Health Condition									
Heart condition or stroke	54.7	49.4	59.8	21.1	16.8	26.1	24.3	19.9	29.3
Cancer (reference)	63.3	56.3	69.8	18.5	13.9	24.3	18.2	12.9	25.0
Asthma or other breathing condition	50.3	41.1	59.4	12.1	7.9	18.2	37.6*	28.7	47.4
Mental health condition	52.1	43.9	60.1	16.4	11.2	23.4	31.5	24.5	39.5
Diabetes	57.0	42.9	70.0	17.1	10.4	26.8	26.0	13.5	44.0

* significantly different from reference category (p < 0.05)

Note(s):

A regular health care provider refers to any health professional that a person routinely consults when seeking care or health advice. This broad category includes primary health care providers as well as medical specialists and other health professionals. The indicator regular health care provider differs from primary health care provider, which is limited to family doctors, general practitioners, and nurse practitioners. Caution should be exercised when comparing these indicators, as their definitions and scopes are not equivalent.

Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men, as well as some non-binary people, while the women+ category includes women, as well as some non-binary people.

Source(s): Survey on Health Care Access and Experiences — Primary and Specialist Care, January 3 to November 3, 2024 (5391).

Table 3
Life affected by wait time of Canadians who had an initial consultation with a medical specialist in the 12 months prior to the survey, Canada, excluding territories, 2024

	Life affected by wait time			Life not affected by wait time		
	%	95% confidence interval (low)	95% confidence interval (high)	%	95% confidence interval (low)	95% confidence interval (high)
Total	63.6	61.9	65.3	36.4	34.7	38.1
Gender						
Men+ (reference)	63.0	60.4	65.5	37.0	34.5	39.6
Women+	64.2	62.0	66.3	35.8	33.7	38.0
Age group						
18 to 44 years	67.1*	64.0	70.1	32.9*	29.9	36.0
45 to 64 years	66.4*	63.7	68.9	33.6*	31.1	36.3
65 years and older (reference)	55.9	53.3	58.5	44.1	41.5	46.7
Province						
Newfoundland and Labrador	61.9	58.7	65.0	38.1	35.0	41.3
Prince Edward Island	65.3	61.8	68.7	34.7	31.3	38.2
Nova Scotia	65.9	62.5	69.3	34.1	30.7	37.5
New Brunswick	54.5*	50.6	58.4	45.5*	41.6	49.4
Quebec	59.3	55.9	62.7	40.7	37.3	44.1
Ontario (reference)	63.9	60.6	67.1	36.1	32.9	39.4
Manitoba	63.5	59.8	67.1	36.5	32.9	40.2
Saskatchewan	69.5	66.2	72.5	30.5	27.5	33.8
Alberta	66.2	63.2	69.0	33.8	31.0	36.8
British Columbia	67.6	64.2	70.8	32.4	29.2	35.8
Area of residence						
Population centre (reference)	64.0	62.2	65.8	36.0	34.2	37.8
Rural Area	61.4	57.3	65.3	38.6	34.7	42.7
Referral Type						
By a healthcare professional (reference)	65.5	63.7	67.2	34.5	32.8	36.3
Self-referred	48.1*	43.2	53.1	51.9*	46.9	56.8
Regular health care provider						
Has a regular health care provider (reference)	62.6	60.8	64.4	37.4	35.6	39.2
Has no regular health care provider	71.3*	66.4	75.7	28.7*	24.3	33.6
Health Condition						
Heart condition or stroke	55.3	49.8	60.6	44.7	39.4	50.2
Cancer (reference)	63.3	56.8	69.3	36.7	30.7	43.2
Asthma or other breathing condition	63.5	54.5	71.7	36.5	28.3	45.5
Mental health condition	63.2	54.5	71.1	36.8	28.9	45.5
Diabetes	60.0	47.1	71.7	40.0	28.3	52.9

* significantly different from reference category (p < 0.05)

Note(s):

A regular health care provider refers to any health professional that a person routinely consults when seeking care or health advice. This broad category includes primary health care providers as well as medical specialists and other health professionals. The indicator regular health care provider differs from primary health care provider, which is limited to family doctors, general practitioners, and nurse practitioners. Caution should be exercised when comparing these indicators, as their definitions and scopes are not equivalent.

Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men, as well as some non-binary people, while the women+ category includes women, as well as some non-binary people.

Source(s): Survey on Health Care Access and Experiences — Primary and Specialist Care, January 3 to November 3, 2024 (5391).

Note to readers

The Survey on Health Care Access and Experiences — Primary and Specialist Care is a cross-sectional survey that collected responses from randomly selected individuals aged 18 years and older living in dwellings in the 10 provinces. The analysis presented is based on data collected from January 3 to November 3, 2024. The analysis is based on self-reported wait times.

Respondents were asked, "Thinking of this initial consultation with the medical specialist, how long did you have to wait between the time [you and your health care provider decided that you should see/you decided to seek care from] this medical specialist and when you consulted this medical specialist?". The response options were 'Less than 1 month', '1 month to less than 3 months', '3 months to less than 6 months', '6 months to less than a year', 'One year to less than 2 years', and '2 years or more'.

A regular health care provider refers to any health professional that a person routinely consults when seeking care or health advice. This broad category includes primary health care providers as well as medical specialists and other health professionals. The indicator regular health care provider differs from primary health care provider, which is limited to family doctors, general practitioners, and nurse practitioners. Caution should be exercised when comparing these indicators, as their definitions and scopes are not equivalent.

Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. As a result, the men+ category includes men, as well as some non-binary persons, and the women+ category includes women, as well as some non-binary persons.

The concept of **area of residence** was defined using Statistics Canada's [Population centre](#). A population centre has a population of at least 1,000 and a population density of 400 persons or more per square kilometre, based on population counts from the 2021 Census of Population. All areas outside population centres are classified as rural areas.

In this analysis, when two estimates are described as different, the difference is statistically significant at a 95% confidence level (p-value less than 5%) and their 95% confidence intervals are non-overlapping.

For more information on survey definitions and methods, refer to the Statistics Canada survey information page: [Survey on Health Care Access and Experiences — Primary and Specialist Care](#).

Definitions, data sources and methods: survey number 5391.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).