

Family Medicine Longitudinal Survey (FMLS): Three Years into Practice (T3)

Questions 1-4 are used to generate a Unique Identifier **or determine eligibility** only. These are not available for request.

5) Please enter your marital status:

- a. Single
- b. Married
- c. Common-law
- d. Divorced/ Separated
- e. Widowed
- f. Prefer not to answer

6) Do you have children?

- a. Yes/Expecting
- b. No
- c. Prefer not to answer

7) What is your gender?

- a. Female
- b. Male
- c. Non-binary
- d. Prefer not to answer

8) Select the ONE statement which best describes the environment in which you grew up prior to university.

- a. Exclusively/ predominantly inner city
- b. Exclusively/ predominantly urban/ suburban
- c. Exclusively/ predominantly small town
- d. Exclusively/ predominantly rural
- e. Exclusively/ predominantly remote/ isolated
- f. Mixture of environments (Please describe):

10) What year were you awarded your M.D. degree?

- a. Less than 1 year
- b. 1 year
- c. 2 years
- d. 3 years
- e. 4 years
- f. 5 years
- g. 6 years or more

About your Residency

12) Looking back, to what extent do you agree or disagree with the following statements? My core family medicine residency program prepared me to... (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

- a. ...Care for the full range of health problems that may be encountered in family medicine
- b. ...Care for patients at all life stages
- c. ...Care for patients in a range of clinical settings (e.g., office, hospital, home, etc.)
- d. ...Care for a range of populations (e.g., vulnerable, under-served, urban, rural, etc.)
- e. ...Provide care across the spectrum of clinical responsibilities, from prevention to palliation
- f. ...Provide continuous care to the same group of patients over the long term
- g. ...Use electronic medical and health records
- h. ...Work as part of a team with other types of health professionals
- i. ...Evaluate and improve the quality of your patient care
- j. ...Teach medical students, residents and other health profession learners

Perceptions about Family Medicine

13) To what extent do you agree or disagree with the following statements? (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't Know).

- a. I am proud to be a family physician
- b. Patients recognize the value of family medicine.
- c. Patients believe that family physicians provide value above and beyond referring to other types of specialists.
- d. I have found that other medical specialists have little respect for the expertise of family physicians.
- e. Family physicians make a valuable contribution that is different from other specialists.
- f. I would prefer to be in another medical specialty
- g. Government perceives family medicine as essential to the health care system.

Problem Solving and Learning

14) To what extent do you agree or disagree with the following statements? (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

- a. I sometimes feel overwhelmed when dealing with patients who present with complex or ambiguous health issues.
- b. I can identify my own learning needs.
- c. In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.
- d. I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.
- e. I can problem solve effectively when faced with complex or ambiguous patient presentations.

Current Practice

15) Select the ONE statement that best describes the environment in which you are currently practicing family medicine.

- a. Exclusively/ predominantly inner city
- b. Exclusively/ predominantly urban/ suburban
- c. Exclusively/ predominantly small town
- d. Exclusively/ predominantly rural
- e. Exclusively/ predominantly remote/ isolated
- f. Mixture of environments (Please describe)

16) Which of the following best describes the organizational model(s) you currently practice in? (Select all that apply):

- a. Solo practice
- b. Group physician practice
- c. Interprofessional team-based practice
- d. Practice that includes teaching health profession learners
- e. Other, please specify:

17) Which of the following best describes your current practice type?

- a. Comprehensive care (see definition) without a specific special interest practicing in one setting only (e.g. community office based practice only)
- b. Comprehensive care (see definition) without a specific special interest practicing in two or more clinical settings (e.g. in-hospital, long-term care, office- based)
- c. Comprehensive care that includes a special interest (such as chronic pain, care of the elderly, palliative care, emergency medicine etc.) incorporated into practice
- d. Focused practice, providing care in one specific clinical area (e.g. only sports medicine, only emergency medicine)
- e. Other, please specify:

17a) If special interest: Which of the following best describes your current practice type?

- a. Practicing in one setting only (e.g. community office based practice only)
- b. Practicing in two or more clinical settings (e.g. in-hospital, long-term care, office- based)
- c. Other, please specify:

18) Do you provide comprehensive care to a current group of patients over the long term?

- a. Yes
- b. No
- c. Don't know

19) If no, what is your primary reason?

- a. I'm not interested in that type of practice
- b. My practice involves more episodic care without need for continuity

- c. I do locum practice(s)
- d. I'd like to, but there are obstacles preventing me

20) Do you do locum practice(s) ?

- a. Yes
- b. No

21) Do you consider the following domains of care/settings/populations to be part of your family medicine practice? (Select One: Yes, No).

- a. Care across the life cycle (newborns, children and adolescents, adults, care of the elderly, palliative and end-of-life care)
- b. Intrapartum care
- c. Mental health care
- d. Chronic disease management
- e. Palliative and end of life care
- f. Office-based clinical procedures
- g. In-hospital clinical procedures
- h. Emergency department work
- i. Practice setting – In-hospital
- j. Practice setting – Care in the home
- k. Practice setting – Long-term care facility
- l. Marginalized, disadvantaged and vulnerable populations
- m. Rural communities/ rural medicine
- n. Elderly care
- o. Indigenous health

21a) Please tell us why care across the life cycle (newborns, children and adolescents, adults, care of the elderly, palliative and end-of-life care) is not part of your practice? (Select all that apply).

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21b) Please tell us why intrapartum care is not part of your practice? (Select all that apply).

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain

- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21c) Please tell us why mental health care is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21d) Please tell us why chronic disease management is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21e) Please tell us why palliative and end of life care is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21f) Please tell us why office-based clinical procedures are not part of your practice? (Select all that apply)

- a. This domain is not an area of interest

- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21g) Please tell us why in-hospital clinical procedures are not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21h) Please tell us why emergency department work is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21i) Please tell us why practice setting – In-hospital is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:

- h. Error, I do provide care in this domain/setting/population

21j) Please tell us why practice setting – Care in the home is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21k) Please tell us why practice setting – Long-term care facilities is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21l) Please tell us why marginalized, disadvantaged and vulnerable populations are not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21m) Please tell us why rural communities/ rural medicine is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain

- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21n) Please tell us why elderly care is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

21o) Please tell us why Indigenous health is not part of your practice? (Select all that apply)

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

Additional Training after Core FM Residency

22) Have you sought out further training after completing your core family medicine residency?

- a. Yes
- b. No

23a-j) In what area was the training? (Select all that apply)

- a. Emergency Medicine
- b. Care of the Elderly
- c. Addiction Medicine
- d. Family Practice Anesthesia
- e. Clinician Scholar
- f. Sports and Exercise Medicine
- g. Enhanced Surgical Skills
- h. Obstetrical Surgical Skills

- i. Palliative Care
- j. Other, please specify:

24a-j) In which community setting were you practicing at the time of Q23a-j training?

- a. Exclusively/ predominately marginalized, disadvantaged and vulnerable populations
- b. Exclusively/ predominantly urban/suburban
- c. Exclusively/ predominantly small town
- d. Exclusively/ predominantly rural
- e. Exclusively/ predominantly remote/isolated
- f. Mixture of environments (please describe):
- g. Training occurred immediately post-residency

25) What were the main reason(s) you sought out further training? (Select all that apply)

- a. Personal interest
- b. Desire to focus my practice
- c. To enhance my confidence
- d. To address an unmet need in my community
- e. Other, please specify:

26) Do you consider yourself a family physician with a focused practice?

(Definition of family physicians with focused practices: family physicians with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.)

- a. Yes
- b. No

27) What clinical areas/domain(s) are the focus of your practice? (Please describe).

28) Do you consider yourself a family physician with a special interest?

(Definition of family physicians with special interests: family doctors with traditional comprehensive continuing care family practices who act as the personal physicians for their patients and whose practices include one or more areas of special interest as integrated parts of the broad scope of services they provide.)

- a. Yes
- b. No

29) How likely are you to implement a change in your scope of practice in the next 3-5 years? Select One: Very Unlikely, Unlikely, Neutral, Likely, Highly Likely.

30) In which direction are you changing your scope of practice?

- a. Expanding
- b. Narrowing
- c. Other (please specify).

31) To what extent do you agree with the following statement? (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

- a. I feel COMPETENT in my ability to provide comprehensive care in any community in Canada
- b. I feel CONFIDENT in my ability to provide comprehensive care in any community in Canada

32) I provide virtual care delivery... (Select all that apply).

- a. by telephone
- b. by email
- c. by text messaging
- d. by online video
- e. I don't provide virtual care

33) My residency training prepared me to provide virtual care delivery... (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

- a. by telephone
- b. by email
- c. by text messaging
- d. by online video

34) Please indicate the predominant means by which you are paid for your professional services:

- a. Fee-for-service
- b. Capitation
- c. Salary
- d. Sessional/per diem/hourly
- e. Blended
- f. Other, please specify:

35) Please specify your predominant payment model.

- a. Fee-for-service
- b. Capitation
- c. Salary
- d. Sessional/per diem/hourly
- e. Other, please specify:

36) Based on the CFPC's PMH 2019 Vision Statement provided above, please indicate your level of agreement/disagreement with the following statement. (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't know).

"My primary practice meets the CFPC's CRITERIA (Team-based, patient-centred, continuous, comprehensive, and accessible primary care) of Patient Medical Home."

37) Please indicate your level of agreement/disagreement with the following statements about family medicine training. (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't know).

- a. Three years of family medicine residency training is needed to best prepare me for comprehensive family practice
- b. Three years of family medicine residency training is only needed to acquire specific enhanced skills/added competencies for family practice
- c. Given the option, I would have taken a three-year family medicine residency training program