



Capturing Learner Trends from the Triple C Competency Based Curriculum 2014 to 2020

Results of the T1 (entry) Family Medicine
Longitudinal Survey

Aggregate Findings across Family Medicine
Residency Programs in Canada



2014

2015

2016

2017

2018

2019

2020

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Note: The College of Family Physicians of Canada (CFPC) is committed to engaging in ongoing quality assurance mechanisms. However, we cannot guarantee that errors will not emerge. The data contained within this report are, to the best of our knowledge, accurate at the time of release. We work collaboratively with our university partners to ensure that all surveys are administered according to the standardized templates the CFPC provides, and that the data submitted by all programs are accurate.

Acknowledgements

The CFPC acknowledges the 17 university-based family medicine residency programs that have partnered with the College to evaluate the Triple C Competency-Based Curriculum and provided the Family Medicine Longitudinal Survey data used in this report.

Foreword

In 2010 the CFPC revolutionized training as the first discipline to advance competency-based medical education at a national level through the introduction of the Triple C Competency-Based Curriculum (Triple C). Family medicine residency programs across the country became leaders in medical education, implementing innovative training and assessment approaches across Canada. Guided by family medicine's competency framework (CanMEDS-FM) and applying the Continuous Reflective Assessment For Training (CRAFT) model for programmatic assessment, the aim was to provide learning experiences that would be competency based, **comprehensive**, focused on **continuity**, and **centred** in family medicine.

The aim of Triple C was to:

- Produce competent family physicians in a more efficient and effective way
- Ensure that graduating family physicians have a well-balanced set of competencies that enable them to practice in any Canadian community and context
- Attract more medical school graduates to family medicine

As part of the process to evaluate the effectiveness of Triple C, an evaluation plan was developed.¹ One of the methodologies outlined in the plan was a longitudinal survey to track residents and their experiences and practice intentions from the start to the end of residency and three years into practice.

The Family Medicine Longitudinal Survey (FMLS) describes the demographics of family medicine residents, their family medicine learning experiences acquired, their perspectives about family medicine as a discipline, and their intentions and choices made to practice family medicine. Piloting of the surveys was completed in 2012 and 2013 in seven Canadian family medicine programs. In 2014, 2015, and 2016 the FMLS was offered to family medicine residents across 16 of Canada's family medicine residency programs, with the exception of the exit survey in 2015 that was offered in 15 programs. These 16 programs agreed to implement the survey with their learners starting with the 2014 cohort (Table 1). A cohort is considered a group of learners that begin and end training from one residency program. The 17th program began instituting the FMLS in 2017.

¹ Oandasan I, on behalf of the Triple C Competency-Based Curriculum Task Force. A national program evaluation approach to study the impact of Triple C. In: Oandasan I, Saucier D, eds. *Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation*. Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: https://www.cfpc.ca/uploadedFiles/Education/_PDFs/TripleC_Report_pt2.pdf#page=127. Accessed December 13, 2021.

For more information about the Triple C evaluation plan and the FMLS, please see *A National Program Evaluation Approach to Study the Impact of Triple C*, found in *The Triple C Report - Part 2 Report*.²

Table 1. FM Longitudinal Survey Learner Cohort: Trajectory

Cohort	Entry into Residency (T1 entry)	Exit from Residency (T2 exit)	Three years post exit from residency (T3 in Practice)
1	2014	2016	2019
2	2015	2017	2020
3	2016	2018	2021
4	2017	2019	2022
5	2018	2020	2023
6	2019	2021	2024
7	2020	2022	2025
8	2021	2023	2026

Family Medicine Longitudinal Survey methodology

The FMLS was designed to be a longitudinal, cross-sectional survey administered at three times: Time 1 (T1) at entry; Time 2 (T2) at exit; Time 3 (T3) at three years into practice. Surveys are administered in paper form or online. Surveys are available in both English and French. The CFPC's Program Evaluation Advisory Group and the Triple C Data Oversight Committee (DOC) oversee ongoing program evaluation activity, data use, and storage issues for the FMLS. These committees were struck in 2015.

T1 (entry) survey

The T1 (entry) survey is administered by the university residency program to all incoming family medicine residents within three months of starting the program. The T1 (entry) survey requests information about residents' exposure to family medicine concepts in medical school and their intentions and attitudes toward family medicine. It collects baseline data for individual residents so that change in outcomes can be tracked over time while in family medicine training.

² Oandasan I, Saucier D, eds. *Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation*. Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: https://www.cfpc.ca/uploadedFiles/Education/PDFs/TripleC_Report_pt2.pdf. Accessed December 13, 2021

T2 (exit) survey

The T2 (exit) survey is administered to graduating residents within the three months prior to exit from the family medicine residency program. The T2 (exit) survey requests information about graduates' intentions for practice as well as their confidence in their skills and knowledge upon completion of their program. This survey provides information about graduate experiences with the curriculum and their identity as a family physician.

T3 (in practice) survey

The T3 (in practice) survey is administered to family medicine physicians who graduated three years prior and who are registered in the CFPC membership database. The T3 survey administration is overseen by CFPC Triple C evaluation staff via the membership database and email blasts to members fitting the eligibility criteria.

FMLS data storage

The T1 (entry) and T2 (exit) data are compiled by the universities and sent to the CFPC. The T3 (in practice) data are collected and compiled by the CFPC from the members directly. Upon receipt, all survey data are de-identified before entry into a national database. Each institution keeps the raw data it collects from its residents as per its research ethics boards requirements.

The CFPC and the participating universities entered into a data sharing agreement that outlines the terms and governance for data collection, ownership, use and access, and sharing. The terms of this agreement also delineate the formation of a Triple C DOC to oversee the judicious use of the FMLS and other Triple C evaluation data housed in the national database. A process for the committee's review of external research requests for use of the Triple C evaluation data is operational.

Ethical considerations

Ethics approval was obtained from each participating residency program's local ethics boards to implement the survey as part of

CANADIAN UNIVERSITIES WITH FAMILY MEDICINE RESIDENCY PROGRAMS

University of British
Columbia

University of Calgary

University of Alberta

University of
Saskatchewan

University of Manitoba

Western University

McMaster University

Northern Ontario School
of Medicine (NOSM)

University of Toronto

University of Ottawa

Queen's University

University of Sherbrooke

University of Montréal

McGill University

Laval University

Dalhousie University

Memorial University of
Newfoundland

a longitudinal study/program evaluation plan. An information sheet preceding the survey indicates that completion of the survey implies consent to participate in the study, with the agreement that the respondents' de-identified data will be entered into a secure national database held by the CFPC.

For more information about the survey and its methodology, contact the CFPC's Education Evaluation and Research Unit (EERU) at eeru@cfpc.ca.

This report

This report provides aggregate results, without interpretation, of the T1 (entry) surveys administered to family medicine residents entering their residency training program in 2014–2020. For reference purposes, Appendix 1 contains the questionnaire administered to T1 residents in 2020 only.

The T1 (entry) results have already contributed to the Outcomes of Training Project (OTP), launched in January 2022 using evidence-informed data to help guide improvements in family medicine residency education. The data have helped support a clearer understanding of emerging changes and patterns, gaps, and opportunities for improvement.

Only the programs returning valid results for 2014–2020 are included in this report. Two programs were excluded, representing 1252 (12.3%) residents of the total residents invited to participate over this period across all programs.

Table 2: Results are reported for the following:

	Number of Programs	Number of Respondents	Number of Residents Invited	Response Rate
2014	15	868	1258	69.0%
2015	15	866	1254	69.1%
2016	15	883	1271	69.5%
2017	15	879	1260	69.8%
2018	15	888	1287	69.0%
2019	15	869	1279	67.9%
2020	15	780	1299	60.0%

Methodological notes

Only valid responses to questions are included within this report: respondents who selected Don't Know, Prefer Not to Answer, or who did not respond, are excluded from the question. To account for differences in response rates, the data were weighted by residency program.

Several questions were modified since the 2014 version of the survey (emphasis added):

Question	Original Language	Updated Language	Year Change was First Implemented
Q7	What is your sex	What is your gender	2019
Q7	Female Male	Female Male Non-binary	2018
Q17	In your first five years of practice, do you intend to commit to providing comprehensive care to the same group of patients	In your first three years of practice, do you intend to commit to providing comprehensive care to the same group of patients	2017
Q20	No Exposure Minimal Exposure Neutral More than adequate exposure A great deal of exposure	No Exposure Minimal Exposure Adequate exposure More than adequate exposure Too much exposure	2016
Q20/Q21	Aboriginal populations/ First Nations, Inuit and Métis	Indigenous populations	2017

Additionally, some survey administration errors were identified as follows:

- A discrepancy was noted for Q13g where the French version differed from the English version. This discrepancy applies to all T1 (entry) cohorts. Therefore, we have provided the results for both English and French versions of Q13g separately.
- One program used incorrect language for Q21a–o and is excluded from these results for all years.
- The 2020 survey was conducted during the COVID-19 pandemic. All 17 programs continued to conduct the survey. All programs that had administered paper surveys switched to online platforms. We cannot confirm if there were any impacts on the results.

Access to FMLS data

The Triple C DOC developed a request process for the committee's review of external research requests for use of the Triple C evaluation data. To submit a request for FMLS data, please contact the EERU at eeru@cfpc.ca.

To support family medicine scholarship, promote ongoing continuous improvement of family medicine education, and to support further reflections on training, we encourage you to read and share this document in tandem with the T2 (exit) trends report that is being released concurrently.

Please send any questions to the EERU at eeru@cfpc.ca.

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Family Medicine Longitudinal Survey T1 (entry) 2020	21
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Capturing Learner Trends from the Triple C Competency-Based Curriculum 2014 to 2020

Results of the T1 Entry Family Medicine Longitudinal Survey

Aggregate findings across Family Medicine Residency Programs

Date: May 2022

Prepared by: CFPC

A. Profile of Survey Respondents

Q5. What is your marital status?

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Single	Married	Common-law	Divorced	Widowed	Count	Programs		
	2014	52.1%	30.2%	16.4%	1.3%	0.0%	847	15		
	2015	59.6%	26.0%	12.6%	1.8%	0.0%	844	15		
	2016	58.8%	26.7%	13.6%	0.9%	0.0%	873	15		
	2017	54.4%	29.8%	14.7%	1.1%	0.0%	870	15		
	2018	61.5%	24.1%	13.7%	0.7%	0.0%	872	15		
	2019	55.4%	28.6%	14.8%	1.2%	0.0%	852	15		
	2020	57.5%	22.8%	18.3%	1.0%	0.5%	766	15		

6. Do you have children?

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Yes/Expecting	No	Count	Programs					
	2014	17.2%	82.8%	851	15					
	2015	14.2%	85.8%	849	15					
	2016	16.3%	83.7%	867	15					
	2017	16.6%	83.4%	870	15					
	2018	12.7%	87.3%	881	15					
	2019	16.4%	83.6%	853	15					
	2020	14.2%	85.8%	766	15					

7. What is your gender?

In 2018 the answer category "non-binary" was added. In 2019 the question language changed from "What is your sex" to "What is your gender." Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Female	Male	Non-binary	Count	Programs				
	2014	62.4%	37.6%	NA	858	15				
	2015	62.0%	38.0%	NA	849	15				
	2016	62.6%	37.4%	NA	861	15				
	2017	64.1%	35.9%	NA	868	15				
	2018	61.0%	38.7%	0.3%	879	15				
	2019	60.9%	38.7%	0.4%	858	15				
	2020	64.2%	35.8%	0.0%	764	15				

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

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Inner city	Urban/suburban	Small town	Rural	Remote/isolated	Mixture of environments	Count	Programs	
	2014	4.1%	55.6%	17.6%	15.2%	1.8%	5.7%	861	15	
	2015	3.6%	56.4%	18.9%	13.0%	1.7%	6.3%	860	15	
	2016	5.5%	58.3%	16.6%	11.7%	1.7%	6.1%	881	15	
	2017	5.1%	58.0%	19.0%	11.2%	0.9%	5.8%	870	15	
	2018	4.9%	61.5%	16.9%	8.8%	1.0%	6.8%	885	15	
	2019	5.7%	58.0%	16.7%	11.1%	1.6%	6.9%	868	15	
	2020	7.7%	55.1%	13.6%	13.4%	2.2%	7.9%	779	15	

9. What year were you awarded your M.D. degree? (Years since MD)

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Less than 1 year	1 year	2 years	3 years	4 years	5 years	6 years or more	Count	Programs
	2014	82.5%	5.5%	2.6%	1.0%	1.7%	0.3%	6.3%	859	15
	2015	79.0%	8.5%	2.7%	1.5%	0.8%	0.4%	7.0%	860	15
	2016	74.8%	12.7%	2.8%	1.3%	1.5%	0.7%	6.0%	881	15
	2017	71.8%	5.6%	11.5%	1.1%	2.0%	1.4%	6.6%	877	15
	2018	81.7%	4.5%	2.6%	1.1%	0.8%	2.2%	7.1%	888	15
	2019	82.8%	5.1%	1.5%	1.4%	0.5%	1.0%	7.7%	867	15
	2020	78.9%	6.3%	2.6%	2.5%	1.9%	1.2%	6.5%	779	15

B. About Your Medical Education to Date

11. Have you had any non-family medicine specialty residency training prior to starting this program?

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Yes	No	Count	Programs					
	2014	7.4%	92.6%	862	15					
	2015	10.6%	89.4%	860	15					
	2016	7.3%	92.7%	877	15					
	2017	9.3%	90.7%	867	15					
	2018	6.1%	93.9%	881	15					
	2019	5.3%	94.7%	860	15					
	2020	8.8%	91.2%	779	15					

12. To what extent do you agree or disagree with the following statements? My medical education prior to this residency program...

For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
included extensive experiences within family medicine setting(s).	2014	2.3%	17.5%	17.7%	42.2%	20.3%	853	3.61	1.06	15
	2015	2.0%	13.8%	17.3%	44.4%	22.6%	854	3.72	1.02	15
	2016	2.5%	16.0%	16.9%	39.2%	25.4%	878	3.69	1.09	15
	2017	2.1%	14.7%	16.5%	40.7%	25.9%	877	3.74	1.07	15
	2018	1.3%	14.3%	18.8%	41.6%	23.9%	886	3.72	1.02	15
	2019	2.3%	17.5%	15.1%	41.6%	23.6%	866	3.67	1.09	15
	2020	3.3%	15.7%	13.6%	40.2%	27.2%	769	3.72	1.12	15
promoted family medicine as a positive career choice.	2014	1.0%	7.3%	10.8%	39.5%	41.5%	852	4.13	0.94	15
	2015	1.4%	5.2%	9.6%	41.1%	42.8%	854	4.19	0.91	15
	2016	2.0%	6.4%	11.6%	42.0%	38.1%	879	4.08	0.96	15
	2017	1.2%	6.0%	14.4%	39.4%	38.9%	874	4.09	0.94	15
	2018	1.6%	7.9%	16.0%	40.2%	34.3%	886	3.98	0.98	15
	2019	1.0%	8.8%	14.7%	36.8%	38.7%	866	4.03	0.99	15
	2020	1.5%	8.2%	16.0%	36.1%	38.2%	766	4.01	1.00	15
exposed me to strong family medicine role models.	2014	1.3%	8.6%	12.1%	37.5%	40.6%	851	4.08	0.99	15
	2015	0.5%	8.3%	10.9%	38.9%	41.5%	854	4.13	0.94	15
	2016	1.4%	7.2%	9.2%	40.6%	41.6%	873	4.14	0.95	15
	2017	1.3%	6.6%	14.7%	36.4%	41.0%	872	4.09	0.96	15
	2018	1.8%	6.0%	14.0%	40.1%	38.0%	880	4.06	0.96	15
	2019	0.8%	8.2%	11.7%	39.0%	40.2%	858	4.10	0.96	15
	2020	1.7%	11.0%	13.5%	32.0%	41.8%	771	4.01	1.07	15
exposed me to the concept of continuity of care.	2014	1.2%	6.3%	11.5%	49.9%	31.1%	850	4.03	0.89	15
	2015	0.3%	7.0%	13.3%	44.7%	34.8%	853	4.07	0.88	15
	2016	0.8%	4.4%	9.6%	49.8%	35.5%	872	4.15	0.82	15
	2017	0.9%	5.4%	9.8%	50.1%	33.8%	871	4.10	0.85	15
	2018	0.9%	3.5%	12.5%	49.5%	33.5%	883	4.11	0.82	15
	2019	0.5%	6.9%	11.3%	46.5%	34.7%	864	4.08	0.88	15
	2020	1.4%	7.3%	10.4%	41.3%	39.6%	768	4.10	0.95	15
exposed me to the concept of comprehensive care.	2014	0.8%	3.9%	9.3%	53.3%	32.7%	846	4.13	0.80	15
	2015	0.3%	3.7%	10.0%	49.5%	36.5%	851	4.18	0.78	15
	2016	0.6%	2.6%	11.1%	49.3%	36.4%	872	4.18	0.77	15
	2017	0.8%	3.1%	9.8%	53.8%	32.4%	872	4.14	0.78	15
	2018	0.8%	2.2%	12.1%	50.2%	34.6%	882	4.16	0.78	15
	2019	0.4%	4.0%	10.2%	46.3%	39.1%	857	4.20	0.81	15
	2020	0.9%	3.7%	8.9%	46.5%	39.9%	762	4.21	0.82	15
exposed me to patients who had complex and/or ambiguous health issues.	2014	0.3%	3.2%	4.6%	43.9%	48.0%	853	4.36	0.74	15
	2015	0.2%	1.4%	7.3%	44.0%	47.1%	849	4.36	0.70	15
	2016	0.4%	1.5%	5.3%	46.4%	46.5%	868	4.37	0.69	15
	2017	0.5%	1.2%	4.9%	47.7%	45.7%	873	4.37	0.68	15
	2018	0.4%	1.0%	8.4%	47.6%	42.6%	877	4.31	0.70	15
	2019	0.5%	1.3%	6.4%	41.6%	50.2%	856	4.40	0.71	15
	2020	0.1%	2.7%	5.8%	42.6%	48.8%	767	4.37	0.72	15

C. Perceptions about Family Medicine

13. To what extent do you agree or disagree with the following statements?

A discrepancy was noted for Q13g where the French version differed from the English version. This discrepancy applies to all T1 (entry) cohorts. Therefore, we have provided the results for both English and French versions of Q13g separately.

For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I am proud to become a family physician.	2014	0.3%	1.0%	4.6%	25.0%	69.1%	853	4.62	0.65	15
	2015	0.2%	1.0%	3.8%	28.1%	66.9%	850	4.61	0.63	15
	2016	0.2%	1.6%	7.7%	26.4%	64.1%	875	4.53	0.72	15
	2017	0.4%	1.5%	7.5%	28.5%	62.1%	872	4.50	0.73	15
	2018	0.3%	1.7%	6.5%	27.7%	63.8%	883	4.53	0.72	15
	2019	0.2%	1.2%	8.3%	29.5%	60.8%	862	4.49	0.72	15
	2020	0.0%	2.8%	7.0%	24.3%	65.9%	771	4.53	0.75	15
Patients recognize the value of family medicine.	2014	0.3%	2.3%	11.6%	48.8%	36.9%	848	4.20	0.76	15
	2015	0.1%	3.4%	10.3%	50.1%	36.0%	846	4.19	0.76	15
	2016	0.3%	4.5%	12.7%	50.8%	31.8%	871	4.09	0.80	15
	2017	0.4%	4.7%	12.6%	53.3%	29.0%	873	4.06	0.80	15
	2018	0.4%	4.2%	12.4%	52.0%	31.0%	876	4.09	0.79	15
	2019	0.3%	5.7%	13.4%	53.5%	27.1%	856	4.01	0.81	15
	2020	0.6%	6.5%	12.4%	51.0%	29.5%	758	4.02	0.86	15
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	2014	1.1%	4.7%	21.3%	45.9%	27.0%	841	3.93	0.88	15
	2015	0.2%	6.7%	18.0%	49.3%	25.7%	840	3.94	0.85	15
	2016	0.7%	6.6%	20.5%	48.8%	23.5%	861	3.88	0.87	15
	2017	0.9%	5.9%	20.5%	51.1%	21.4%	856	3.86	0.85	15
	2018	0.4%	7.4%	17.0%	50.4%	24.7%	871	3.92	0.86	15
	2019	0.6%	7.4%	20.6%	50.7%	20.7%	850	3.83	0.86	15
	2020	1.3%	5.9%	22.6%	47.4%	22.9%	740	3.85	0.88	15
I have found that other medical specialists have little respect for the expertise of family physicians.	2014	1.9%	25.2%	35.2%	27.4%	10.2%	841	3.19	0.99	15
	2015	1.0%	27.6%	34.5%	28.6%	8.4%	848	3.16	0.95	15
	2016	1.4%	24.3%	34.6%	31.3%	8.4%	873	3.21	0.95	15
	2017	1.7%	22.5%	35.4%	31.6%	8.7%	864	3.23	0.95	15
	2018	1.6%	21.9%	33.9%	34.2%	8.5%	870	3.26	0.95	15
	2019	0.6%	21.5%	33.0%	33.9%	11.0%	860	3.33	0.95	15
	2020	1.5%	22.4%	31.6%	32.8%	11.7%	754	3.31	0.99	15
Family physicians make a valuable contribution that is different from other specialists.	2014	0.2%	0.3%	2.0%	31.9%	65.6%	848	4.62	0.56	15
	2015	0.0%	0.3%	2.3%	31.1%	66.3%	851	4.63	0.55	15
	2016	0.1%	0.3%	1.5%	34.1%	64.0%	871	4.62	0.54	15
	2017	0.1%	0.5%	1.9%	35.8%	61.8%	872	4.59	0.57	15
	2018	0.3%	0.3%	1.9%	31.9%	65.5%	882	4.62	0.57	15
	2019	0.0%	0.4%	2.0%	33.6%	64.0%	859	4.61	0.55	15
	2020	0.2%	0.7%	2.7%	27.0%	69.3%	766	4.64	0.60	15
I would prefer to be in another medical specialty.	2014	50.8%	34.4%	10.0%	2.8%	2.0%	837	1.71	0.90	15
	2015	49.0%	34.0%	10.9%	4.8%	1.3%	848	1.76	0.92	15
	2016	42.4%	35.5%	11.5%	4.6%	6.0%	863	1.96	1.12	15
	2017	41.0%	37.5%	14.2%	4.2%	3.1%	865	1.91	1.00	15
	2018	44.7%	34.4%	13.0%	5.0%	2.8%	867	1.87	1.01	15
	2019	44.6%	36.0%	11.2%	6.0%	2.2%	840	1.85	0.99	15
	2020	44.3%	35.1%	10.9%	5.7%	3.9%	763	1.90	1.06	15
Government perceives family medicine as essential to the health care system. (ENGLISH)	2014	0.8%	4.3%	14.3%	52.4%	28.2%	602	4.03	0.82	15
	2015	2.3%	10.5%	22.8%	41.1%	23.3%	590	3.73	1.01	15
	2016	2.0%	10.0%	22.6%	44.0%	21.3%	619	3.73	0.97	15
	2017	1.6%	9.3%	19.3%	48.1%	21.7%	606	3.79	0.94	15
	2018	2.0%	7.8%	22.9%	46.3%	21.1%	616	3.77	0.94	15
	2019	3.0%	15.0%	22.7%	41.7%	17.6%	592	3.56	1.04	15
	2020	3.9%	18.1%	18.6%	43.1%	16.3%	526	3.50	1.08	15
Government perceives family medicine as essential to the health care system in Canada (FRENCH)	2014	0.0%	8.5%	12.6%	44.6%	34.3%	242	4.05	0.90	15
	2015	3.9%	11.8%	23.4%	40.6%	20.3%	250	3.61	1.06	15
	2016	4.2%	19.2%	21.3%	34.8%	20.5%	247	3.48	1.14	15
	2017	2.5%	14.3%	20.3%	44.3%	18.6%	247	3.62	1.02	15
	2018	2.5%	12.3%	17.3%	38.7%	29.2%	247	3.80	1.07	15
	2019	1.0%	8.3%	18.9%	47.4%	24.5%	263	3.86	0.91	15
	2020	0.3%	8.6%	18.8%	44.6%	27.6%	239	3.91	0.91	15

D. Problem Solving and Learning

14. To what extent do you agree or disagree with the following statements?

For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I sometimes feel overwhelmed when dealing with patients who present with complex or ambiguous health issues.	2014	0.7%	9.8%	19.9%	59.8%	9.8%	853	3.68	0.81	15
	2015	1.0%	12.3%	16.9%	62.0%	7.8%	852	3.63	0.83	15
	2016	1.0%	12.1%	15.6%	59.4%	12.0%	879	3.69	0.87	15
	2017	1.5%	9.5%	18.2%	62.0%	8.8%	876	3.67	0.82	15
	2018	0.7%	10.9%	21.0%	57.1%	10.3%	883	3.65	0.83	15
	2019	2.0%	10.6%	17.9%	60.4%	9.3%	867	3.64	0.86	15
	2020	1.0%	11.3%	19.7%	59.4%	8.5%	774	3.63	0.83	15
I can identify my own learning needs.	2014	0.1%	1.1%	10.8%	73.8%	14.2%	852	4.01	0.55	15
	2015	0.0%	2.3%	9.5%	75.5%	12.7%	853	3.99	0.56	15
	2016	0.0%	1.5%	9.9%	74.8%	13.8%	878	4.01	0.54	15
	2017	0.1%	1.4%	8.8%	76.0%	13.7%	876	4.02	0.54	15
	2018	0.0%	1.7%	13.6%	70.5%	14.3%	883	3.97	0.59	15
	2019	0.1%	0.8%	10.8%	74.4%	13.9%	866	4.01	0.53	15
	2020	0.1%	2.0%	14.1%	69.4%	14.4%	772	3.96	0.61	15
In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.	2014	1.1%	26.0%	32.2%	33.8%	6.9%	852	3.19	0.94	15
	2015	1.0%	24.6%	34.5%	32.6%	7.3%	853	3.21	0.93	15
	2016	1.5%	29.7%	29.8%	32.4%	6.6%	874	3.13	0.96	15
	2017	3.0%	27.2%	34.4%	31.4%	4.0%	875	3.06	0.93	15
	2018	1.6%	27.7%	32.9%	31.6%	6.1%	883	3.13	0.94	15
	2019	0.7%	28.1%	31.4%	32.2%	7.7%	867	3.18	0.95	15
	2020	1.3%	26.1%	36.0%	28.6%	7.9%	766	3.16	0.95	15
I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.	2014	0.1%	3.2%	28.8%	61.9%	6.0%	852	3.70	0.63	15
	2015	0.2%	6.2%	29.2%	57.3%	7.1%	853	3.65	0.71	15
	2016	0.1%	4.8%	24.8%	63.0%	7.2%	878	3.73	0.67	15
	2017	0.5%	3.6%	24.8%	64.8%	6.3%	876	3.73	0.65	15
	2018	0.0%	4.4%	27.5%	62.2%	5.9%	883	3.70	0.65	15
	2019	0.1%	3.7%	22.8%	67.5%	5.8%	866	3.75	0.62	15
	2020	0.1%	3.9%	23.9%	65.5%	6.6%	771	3.75	0.64	15
I can problem solve effectively when faced with complex or ambiguous patient presentations.	2014	0.4%	6.5%	37.3%	52.4%	3.3%	853	3.52	0.69	15
	2015	0.3%	6.4%	34.6%	53.6%	5.1%	852	3.57	0.70	15
	2016	0.0%	6.8%	38.2%	51.8%	3.1%	876	3.51	0.67	15
	2017	0.5%	7.4%	34.7%	54.4%	3.1%	873	3.52	0.70	15
	2018	0.0%	7.9%	38.3%	50.9%	2.9%	882	3.49	0.68	15
	2019	0.3%	5.0%	37.7%	53.0%	4.0%	867	3.55	0.67	15
	2020	0.2%	7.1%	39.2%	50.3%	3.2%	769	3.49	0.68	15

E. Practice Exposure and Intentions

15. After completing your residency, how likely are you to practice in the following organizational models?

For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Solo practice	2014	38.5%	34.9%	11.7%	13.2%	1.7%	820	2.05	1.09	15
	2015	33.6%	38.9%	12.2%	12.9%	2.3%	825	2.11	1.08	15
	2016	34.4%	32.3%	12.2%	17.3%	3.8%	839	2.24	1.20	15
	2017	28.4%	38.1%	12.2%	18.4%	2.9%	841	2.29	1.15	15
	2018	32.2%	34.2%	12.5%	18.2%	2.9%	860	2.26	1.17	15
	2019	34.5%	34.3%	11.8%	14.2%	5.1%	823	2.21	1.20	15
	2020	29.9%	36.8%	15.4%	13.6%	4.2%	734	2.25	1.15	15
Group physician practice	2014	0.2%	0.5%	3.4%	35.4%	60.6%	834	4.56	0.61	15
	2015	0.3%	1.6%	3.7%	36.6%	57.9%	836	4.50	0.68	15
	2016	0.7%	4.4%	4.3%	32.7%	57.9%	860	4.43	0.82	15
	2017	0.5%	1.4%	2.8%	37.7%	57.7%	854	4.51	0.67	15
	2018	0.6%	1.2%	4.1%	36.0%	58.2%	868	4.50	0.69	15
	2019	0.4%	0.5%	4.0%	39.2%	55.9%	839	4.50	0.64	15
	2020	0.8%	1.7%	5.9%	36.5%	55.1%	751	4.44	0.75	15
Interprofessional team-based practice	2014	0.2%	2.3%	9.0%	39.6%	48.9%	821	4.35	0.76	15
	2015	1.1%	1.2%	7.7%	40.6%	49.3%	828	4.36	0.77	15
	2016	0.7%	4.0%	6.0%	37.8%	51.4%	849	4.35	0.82	15
	2017	0.5%	1.7%	5.3%	40.9%	51.7%	848	4.42	0.71	15
	2018	0.4%	2.1%	4.3%	38.1%	55.1%	863	4.45	0.71	15
	2019	0.4%	1.6%	5.7%	39.1%	53.1%	837	4.43	0.71	15
	2020	0.1%	1.0%	7.6%	39.8%	51.5%	741	4.42	0.68	15
Practice that includes teaching health profession learners	2014	1.3%	4.5%	11.0%	41.9%	41.3%	815	4.17	0.89	15
	2015	0.7%	4.6%	12.2%	44.5%	38.1%	807	4.15	0.85	15
	2016	1.4%	4.3%	12.3%	38.0%	44.1%	844	4.19	0.91	15
	2017	0.9%	3.4%	12.7%	41.7%	41.3%	826	4.19	0.85	15
	2018	0.6%	3.4%	13.2%	40.6%	42.2%	859	4.20	0.84	15
	2019	1.4%	3.0%	12.7%	39.5%	43.4%	823	4.21	0.87	15
	2020	0.8%	4.1%	12.3%	41.1%	41.6%	734	4.19	0.86	15

16. After completing your residency, how likely are you to practice in the following family medicine practice types?

For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Comprehensive care delivered in one clinical setting. (e.g., office-based)	2014	6.9%	18.5%	13.8%	35.7%	25.1%	832	3.54	1.24	15
	2015	7.9%	19.8%	13.9%	31.4%	27.0%	827	3.50	1.29	15
	2016	7.7%	19.1%	9.8%	32.9%	30.6%	859	3.59	1.30	15
	2017	6.2%	18.3%	11.7%	39.8%	24.0%	843	3.57	1.21	15
	2018	5.4%	17.3%	11.3%	36.0%	29.9%	855	3.68	1.22	15
	2019	8.4%	18.7%	12.4%	34.6%	25.9%	837	3.51	1.28	15
	2020	8.2%	19.2%	13.5%	30.9%	28.2%	748	3.52	1.30	15
Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).	2014	1.1%	6.5%	10.9%	40.4%	41.1%	829	4.14	0.93	15
	2015	0.9%	6.2%	9.5%	45.8%	37.5%	828	4.13	0.89	15
	2016	2.7%	10.0%	10.2%	33.8%	43.3%	856	4.05	1.09	15
	2017	2.5%	7.3%	9.6%	44.6%	36.0%	843	4.04	0.98	15
	2018	1.4%	7.8%	10.5%	44.3%	36.0%	862	4.06	0.95	15
	2019	3.0%	6.6%	9.3%	40.5%	40.6%	847	4.09	1.01	15
	2020	1.9%	6.8%	9.1%	40.6%	41.6%	740	4.13	0.96	15
Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)	2014	1.3%	5.5%	9.4%	42.2%	41.6%	826	4.17	0.90	15
	2015	0.5%	6.0%	11.4%	38.2%	43.9%	815	4.19	0.90	15
	2016	1.4%	5.2%	8.7%	37.4%	47.2%	854	4.24	0.92	15
	2017	1.2%	4.3%	11.0%	40.8%	42.7%	841	4.20	0.88	15
	2018	1.0%	5.8%	10.0%	39.5%	43.7%	859	4.19	0.91	15
	2019	1.2%	7.4%	10.0%	37.0%	44.3%	848	4.16	0.96	15
	2020	0.9%	4.8%	10.3%	39.5%	44.5%	754	4.22	0.88	15
I plan to focus only on specific clinical areas (such as sports medicine, maternity care, emergency medicine, palliative care, hospital medicine etc.)	2014	14.7%	28.8%	18.2%	22.0%	16.3%	819	2.96	1.32	15
	2015	14.0%	28.6%	17.5%	20.9%	19.0%	814	3.02	1.35	15
	2016	13.9%	27.3%	16.9%	23.7%	18.3%	846	3.05	1.34	15
	2017	13.1%	24.5%	19.6%	23.2%	19.6%	824	3.12	1.33	15
	2018	13.7%	22.7%	20.1%	24.2%	19.4%	837	3.13	1.33	15
	2019	12.3%	25.1%	17.5%	24.5%	20.6%	818	3.16	1.34	15
	2020	15.6%	22.3%	17.0%	21.0%	24.2%	733	3.16	1.41	15

17. In your first three years of practice, do you intend to commit to providing comprehensive care to the same group of patients?

In 2017, the question changed from "In your first five years of practice" to "In your first three years of practice."

For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Count	Mean	Standard Deviation	Programs
	2014	2.0%	10.2%	19.3%	48.3%	20.2%	849	3.75	0.96	15
	2015	3.1%	12.5%	20.0%	46.6%	17.9%	842	3.64	1.01	15
	2016	3.9%	15.3%	18.8%	41.3%	20.7%	882	3.60	1.09	15
	2017	4.1%	13.1%	19.3%	44.2%	19.3%	854	3.61	1.06	15
	2018	2.9%	14.0%	22.3%	44.3%	16.5%	871	3.57	1.02	15
	2019	5.7%	12.2%	24.0%	40.6%	17.6%	856	3.52	1.09	15
	2020	2.0%	10.3%	26.8%	41.1%	19.8%	768	3.66	0.97	15

18. If very unlikely or somewhat unlikely, what is your primary reason? (check one only)

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		I may eventually practice that way, but not at the start	I'm not interested in that type of practice	I plan to focus my practice in a specific area	I intend to do locum practice(s)	I'd like to, but there are obstacles preventing me	Count	Programs		
	2014	38.4%	4.9%	11.6%	37.0%	8.0%	83	15		
	2015	31.3%	2.7%	17.7%	38.7%	9.7%	126	15		
	2016	30.1%	8.9%	13.9%	41.2%	5.9%	153	15		
	2017	29.7%	5.8%	18.0%	40.4%	6.1%	146	15		
	2018	32.4%	5.6%	12.4%	47.9%	1.7%	148	15		
	2019	38.1%	3.6%	12.1%	45.2%	1.1%	149	15		
	2020	25.1%	6.7%	20.8%	43.6%	3.7%	96	15		

19. To what extent do you agree or disagree with the following statement: "I am confident in my current ability to provide comprehensive care to the same group of patients over time."

For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
	2014	0.6%	9.9%	28.6%	52.4%	8.4%	847	3.58	0.80	15
	2015	0.9%	10.3%	33.1%	49.3%	6.4%	849	3.50	0.80	15
	2016	1.1%	12.2%	32.0%	45.5%	9.1%	881	3.49	0.86	15
	2017	0.9%	11.8%	29.6%	49.6%	8.1%	867	3.52	0.84	15
	2018	1.0%	12.3%	33.0%	46.0%	7.6%	875	3.47	0.84	15
	2019	0.9%	11.9%	31.9%	49.3%	6.0%	844	3.48	0.82	15
	2020	1.8%	11.8%	30.9%	48.3%	7.3%	769	3.47	0.86	15

20. How much exposure have you had to the following domains, practice settings, and specific populations in your medical education to date?

The response categories for this question were updated in 2016; results are reported from that year forward. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2017.
For the purposes of analysis, "No exposure" to "Too much exposure" were coded from 1 to 5, respectively.
Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		No exposure	Minimal exposure	Adequate exposure	More than adequate exposure	Too much exposure	Count	Mean	Standard Deviation	Programs
Care across the life cycle	2016	1.2%	16.1%	62.6%	18.8%	1.4%	876	3.03	0.67	15
	2017	1.2%	15.8%	72.6%	10.2%	0.1%	865	2.92	0.55	15
	2018	1.1%	16.6%	67.8%	14.5%	0.1%	877	2.96	0.60	15
	2019	2.1%	15.8%	69.6%	12.2%	0.3%	854	2.93	0.61	15
	2020	1.6%	18.9%	70.0%	9.4%	0.1%	769	2.87	0.58	15
Intrapartum care	2016	0.9%	29.3%	52.1%	17.1%	0.6%	877	2.87	0.71	15
	2017	0.6%	29.4%	56.3%	12.6%	1.0%	865	2.84	0.68	15
	2018	1.1%	30.3%	55.8%	12.6%	0.2%	878	2.80	0.67	15
	2019	1.6%	33.2%	54.2%	10.4%	0.6%	854	2.75	0.68	15
	2020	1.5%	34.8%	51.4%	11.5%	0.8%	771	2.75	0.70	15
Mental health care	2016	0.3%	22.3%	53.2%	22.2%	2.0%	875	3.03	0.73	15
	2017	0.5%	17.0%	67.3%	14.6%	0.7%	866	2.98	0.60	15
	2018	0.0%	18.5%	65.8%	15.1%	0.5%	878	2.98	0.60	15
	2019	0.0%	17.3%	63.6%	18.5%	0.6%	855	3.02	0.62	15
	2020	0.1%	17.7%	64.2%	17.4%	0.6%	770	3.01	0.61	15
Chronic disease management	2016	0.3%	14.1%	59.5%	24.2%	1.8%	873	3.13	0.67	15
	2017	0.2%	17.2%	63.3%	19.2%	0.2%	863	3.02	0.61	15
	2018	0.2%	15.5%	61.6%	21.7%	1.0%	878	3.08	0.64	15
	2019	0.2%	15.9%	61.8%	21.1%	0.9%	854	3.07	0.64	15
	2020	0.2%	16.3%	65.8%	17.0%	0.7%	767	3.02	0.61	15
Palliative Care/End of life	2016	10.1%	51.7%	28.4%	9.0%	0.8%	876	2.39	0.82	15
	2017	8.0%	54.4%	33.0%	4.5%	0.1%	865	2.34	0.69	15
	2018	9.6%	56.6%	28.6%	5.3%	0.0%	877	2.30	0.71	15
	2019	8.3%	53.7%	28.9%	8.0%	1.1%	853	2.40	0.79	15
	2020	13.3%	50.3%	32.1%	4.2%	0.2%	770	2.28	0.75	15
Office-based clinical procedures	2016	2.3%	34.1%	48.2%	13.8%	1.6%	876	2.78	0.77	15
	2017	2.4%	37.1%	48.7%	11.3%	0.5%	865	2.70	0.72	15
	2018	2.4%	36.7%	48.1%	12.2%	0.6%	877	2.72	0.73	15
	2019	2.6%	37.0%	48.6%	11.0%	0.7%	852	2.70	0.73	15
	2020	4.1%	41.5%	43.1%	10.9%	0.4%	762	2.62	0.75	15
In-hospital clinical procedures	2016	6.0%	57.0%	26.4%	8.7%	1.9%	874	2.44	0.81	15
	2017	7.0%	59.4%	27.4%	5.6%	0.6%	866	2.33	0.72	15
	2018	7.4%	62.3%	23.5%	6.7%	0.1%	878	2.30	0.71	15
	2019	7.5%	58.9%	26.9%	5.8%	0.8%	855	2.34	0.73	15
	2020	11.6%	57.4%	25.1%	5.6%	0.4%	768	2.26	0.75	15
Practice setting – Emergency departments	2016	1.6%	12.6%	54.4%	28.9%	2.5%	874	3.18	0.74	15
	2017	0.3%	13.3%	64.1%	21.2%	1.1%	866	3.10	0.63	15
	2018	0.8%	13.0%	65.2%	20.3%	0.7%	878	3.07	0.62	15
	2019	1.2%	12.2%	63.3%	22.6%	0.8%	855	3.09	0.65	15
	2020	2.9%	13.2%	62.2%	21.6%	0.2%	770	3.03	0.69	15
Practice setting – In-hospital	2016	0.5%	7.3%	51.7%	35.5%	5.0%	877	3.37	0.71	15
	2017	0.2%	8.0%	64.9%	24.1%	2.7%	863	3.21	0.63	15
	2018	1.4%	6.2%	60.4%	30.2%	1.8%	875	3.25	0.65	15
	2019	0.8%	8.0%	56.0%	32.8%	2.5%	855	3.28	0.68	15
	2020	0.6%	11.6%	61.5%	24.9%	1.4%	769	3.15	0.65	15
Practice setting – Care in the home	2016	25.4%	54.1%	16.9%	3.4%	0.3%	876	1.99	0.77	15
	2017	24.9%	52.9%	18.7%	3.1%	0.4%	864	2.01	0.77	15
	2018	27.6%	50.1%	18.7%	3.2%	0.4%	876	1.99	0.79	15
	2019	29.0%	50.3%	17.5%	3.0%	0.2%	854	1.95	0.77	15
	2020	29.8%	48.9%	18.6%	2.5%	0.2%	769	1.94	0.77	15
Practice setting – Long-term care facilities	2016	17.2%	49.3%	27.0%	5.7%	0.7%	873	2.23	0.83	15
	2017	16.8%	52.8%	25.7%	4.1%	0.6%	866	2.19	0.78	15
	2018	17.0%	51.4%	27.2%	3.9%	0.5%	874	2.19	0.78	15
	2019	21.0%	48.2%	25.7%	4.7%	0.3%	855	2.15	0.81	15
	2020	22.0%	50.5%	24.3%	2.6%	0.5%	770	2.09	0.78	15

20. How much exposure have you had to the following domains, practice settings, and specific populations in your medical education to date?

The response categories for this question were updated in 2016; results are reported from that year forward. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2017. For the purposes of analysis, "No exposure" to "Too much exposure" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		No exposure	Minimal exposure	Adequate exposure	More than adequate exposure	Too much exposure	Count	Mean	Standard Deviation	Programs
Marginalized disadvantaged and vulnerable populations	2016	8.7%	46.3%	32.3%	11.6%	1.1%	873	2.50	0.85	15
	2017	10.5%	41.9%	38.9%	8.1%	0.6%	866	2.46	0.81	15
	2018	7.8%	41.0%	40.3%	10.1%	0.8%	875	2.55	0.81	15
	2019	8.9%	35.8%	42.7%	11.3%	1.3%	855	2.60	0.85	15
	2020	9.3%	43.0%	38.2%	9.4%	0.2%	771	2.48	0.80	15
Rural populations	2016	9.5%	28.2%	42.1%	19.4%	0.9%	875	2.74	0.91	15
	2017	11.3%	29.2%	45.7%	13.4%	0.5%	866	2.63	0.87	15
	2018	7.4%	27.5%	49.4%	15.0%	0.7%	877	2.74	0.83	15
	2019	8.1%	26.9%	46.5%	17.0%	1.5%	854	2.77	0.88	15
	2020	10.2%	29.5%	46.4%	13.5%	0.4%	770	2.64	0.85	15
Elderly populations	2016	0.8%	10.0%	49.9%	34.6%	4.7%	876	3.32	0.75	15
	2017	0.1%	9.8%	60.0%	28.0%	2.0%	864	3.22	0.64	15
	2018	0.7%	8.7%	61.3%	27.4%	1.9%	876	3.21	0.65	15
	2019	0.1%	6.7%	55.2%	35.2%	2.7%	855	3.34	0.65	15
	2020	0.4%	9.2%	58.9%	29.2%	2.3%	770	3.24	0.66	15
Indigenous populations	2016	26.8%	44.9%	21.5%	6.4%	0.5%	873	2.09	0.88	15
	2017	24.8%	46.6%	22.9%	5.2%	0.5%	864	2.10	0.85	15
	2018	22.6%	48.0%	23.5%	5.2%	0.7%	875	2.13	0.85	15
	2019	18.8%	47.2%	26.4%	7.1%	0.4%	854	2.23	0.85	15
	2020	24.7%	45.8%	24.1%	5.5%	0.0%	770	2.10	0.83	15

21. In your future practice as a family physician, how likely are you to provide care in each of the following domains, practice settings, and specific populations?

One program used incorrect language for Q21a–o and is excluded from these results for all years.

The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2017.

For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Care across the life cycle	2014	1.1%	2.3%	6.9%	41.4%	48.4%	828	4.34	0.79	14
	2015	0.8%	3.2%	7.6%	39.5%	48.9%	834	4.32	0.82	14
	2016	1.7%	4.7%	7.5%	40.4%	45.7%	838	4.24	0.91	14
	2017	0.9%	2.9%	9.0%	39.4%	47.8%	816	4.30	0.82	14
	2018	1.2%	1.9%	8.8%	43.6%	44.6%	841	4.28	0.80	14
	2019	1.6%	2.8%	9.8%	42.2%	43.6%	788	4.23	0.86	14
	2020	1.3%	4.0%	11.4%	39.0%	44.3%	709	4.21	0.89	14
Intrapartum care	2014	11.5%	17.7%	18.1%	28.9%	23.8%	825	3.36	1.32	14
	2015	10.4%	19.5%	16.6%	34.4%	19.0%	835	3.32	1.27	14
	2016	10.1%	17.9%	16.7%	31.7%	23.7%	836	3.41	1.30	14
	2017	10.6%	16.2%	17.6%	33.0%	22.6%	815	3.41	1.29	14
	2018	10.3%	17.8%	16.9%	32.5%	22.5%	841	3.39	1.29	14
	2019	13.8%	20.0%	18.5%	28.2%	19.5%	789	3.20	1.33	14
	2020	10.7%	17.6%	20.8%	29.4%	21.5%	706	3.33	1.28	14
Mental health care	2014	2.1%	6.8%	16.4%	41.5%	33.2%	827	3.97	0.98	14
	2015	2.3%	6.0%	16.2%	43.7%	31.7%	834	3.97	0.96	14
	2016	2.2%	6.7%	12.7%	42.3%	36.1%	836	4.03	0.98	14
	2017	2.3%	4.2%	13.4%	44.9%	35.2%	816	4.06	0.93	14
	2018	2.1%	5.0%	13.1%	41.0%	38.8%	842	4.09	0.95	14
	2019	1.8%	6.5%	14.9%	38.2%	38.7%	787	4.05	0.98	14
	2020	0.8%	4.9%	13.9%	35.3%	45.0%	709	4.19	0.91	14
Chronic disease management	2014	0.8%	2.0%	9.8%	43.6%	43.9%	827	4.28	0.78	14
	2015	0.8%	2.8%	10.4%	39.9%	46.1%	830	4.28	0.82	14
	2016	1.6%	3.4%	9.5%	40.1%	45.3%	837	4.24	0.88	14
	2017	0.7%	2.0%	10.1%	39.6%	47.6%	815	4.32	0.79	14
	2018	0.9%	2.6%	10.9%	40.1%	45.5%	841	4.27	0.82	14
	2019	1.1%	1.9%	9.5%	41.5%	45.9%	788	4.29	0.81	14
	2020	0.6%	3.0%	9.5%	36.7%	50.1%	708	4.33	0.82	14
Palliative Care/End of life	2014	4.0%	14.2%	25.0%	36.3%	20.5%	828	3.55	1.09	14
	2015	4.7%	15.4%	22.5%	37.0%	20.5%	833	3.53	1.12	14
	2016	6.1%	13.3%	23.3%	36.7%	20.7%	838	3.53	1.14	14
	2017	5.1%	12.0%	26.4%	37.0%	19.4%	813	3.54	1.09	14
	2018	4.7%	13.1%	23.4%	37.5%	21.2%	840	3.58	1.10	14
	2019	5.9%	12.7%	26.1%	38.1%	17.2%	787	3.48	1.10	14
	2020	6.4%	16.4%	22.6%	37.9%	16.7%	707	3.42	1.14	14
Office-based clinical procedures	2014	0.8%	2.7%	8.3%	43.5%	44.7%	821	4.29	0.79	14
	2015	1.1%	1.7%	12.0%	42.5%	42.7%	831	4.24	0.81	14
	2016	0.5%	4.1%	9.4%	42.4%	43.6%	833	4.25	0.83	14
	2017	1.3%	2.0%	12.5%	41.7%	42.5%	809	4.22	0.83	14
	2018	1.0%	3.5%	8.2%	43.2%	44.1%	840	4.26	0.83	14
	2019	1.1%	3.8%	10.5%	39.3%	45.3%	788	4.24	0.87	14
	2020	1.0%	3.1%	10.2%	43.3%	42.4%	708	4.23	0.83	14
In-hospital clinical procedures	2014	8.8%	18.2%	20.6%	32.7%	19.7%	828	3.36	1.23	14
	2015	10.9%	20.4%	21.9%	29.0%	17.8%	832	3.22	1.26	14
	2016	11.8%	20.2%	19.1%	30.8%	18.1%	832	3.23	1.29	14
	2017	11.8%	19.7%	24.0%	30.1%	14.4%	815	3.16	1.23	14
	2018	9.8%	24.0%	21.8%	26.0%	18.5%	838	3.19	1.26	14
	2019	11.0%	20.8%	19.8%	31.1%	17.3%	786	3.23	1.27	14
	2020	10.4%	20.1%	22.0%	29.0%	18.5%	709	3.25	1.26	14
Practice setting – Emergency departments	2014	6.5%	15.6%	19.2%	33.1%	25.6%	828	3.56	1.21	14
	2015	8.2%	16.3%	21.2%	30.8%	23.6%	835	3.45	1.24	14
	2016	8.0%	17.2%	20.2%	29.8%	24.8%	838	3.46	1.25	14
	2017	7.3%	18.5%	19.6%	31.0%	23.7%	816	3.45	1.24	14
	2018	8.1%	19.8%	20.2%	27.8%	24.1%	841	3.40	1.27	14
	2019	6.5%	19.3%	19.7%	29.3%	25.2%	788	3.47	1.24	14
	2020	7.1%	17.6%	19.6%	28.6%	27.0%	710	3.51	1.25	14

21. In your future practice as a family physician, how likely are you to provide care in each of the following domains, practice settings, and specific populations?

One program used incorrect language for Q21a–o and is excluded from these results for all years.

The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2017.

For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Practice setting – In-hospital	2014	4.1%	13.2%	16.1%	42.1%	24.5%	828	3.70	1.10	14
	2015	4.8%	11.7%	19.7%	41.4%	22.5%	831	3.65	1.09	14
	2016	8.1%	14.8%	19.3%	37.2%	20.6%	838	3.47	1.20	14
	2017	4.9%	13.0%	22.6%	41.5%	18.0%	813	3.55	1.08	14
	2018	4.3%	14.2%	22.1%	37.0%	22.4%	841	3.59	1.11	14
	2019	5.4%	11.9%	19.4%	39.9%	23.5%	788	3.64	1.12	14
	2020	5.0%	14.6%	18.5%	40.4%	21.4%	707	3.59	1.13	14
Practice setting – Care in the home	2014	10.2%	23.3%	27.7%	30.0%	8.9%	826	3.04	1.14	14
	2015	10.7%	20.6%	29.1%	30.5%	9.1%	834	3.07	1.14	14
	2016	11.1%	23.2%	30.8%	28.1%	6.8%	837	2.96	1.11	14
	2017	9.2%	21.2%	28.6%	31.9%	9.2%	816	3.11	1.12	14
	2018	10.1%	20.3%	28.8%	28.4%	12.4%	842	3.13	1.17	14
	2019	13.0%	23.4%	27.3%	26.7%	9.5%	788	2.96	1.18	14
	2020	13.0%	22.9%	27.5%	28.6%	8.0%	709	2.96	1.16	14
Practice setting – Long-term care facilities	2014	9.6%	26.4%	30.3%	25.7%	8.0%	826	2.96	1.11	14
	2015	11.7%	24.2%	28.7%	27.7%	7.7%	835	2.95	1.14	14
	2016	13.4%	23.7%	29.1%	26.9%	6.9%	836	2.90	1.14	14
	2017	12.4%	24.9%	28.3%	27.4%	7.0%	816	2.92	1.14	14
	2018	11.9%	24.2%	30.6%	22.8%	10.5%	841	2.96	1.17	14
	2019	16.6%	24.9%	26.8%	24.6%	7.2%	788	2.81	1.19	14
	2020	14.4%	25.6%	28.1%	24.0%	8.0%	709	2.86	1.17	14
Marginalized, disadvantaged and vulnerable populations	2014	5.5%	13.7%	29.9%	35.7%	15.2%	825	3.41	1.07	14
	2015	5.6%	14.2%	28.7%	34.1%	17.4%	833	3.44	1.10	14
	2016	5.8%	14.6%	31.6%	30.3%	17.6%	836	3.39	1.11	14
	2017	5.0%	11.7%	31.2%	34.1%	17.9%	816	3.48	1.07	14
	2018	3.3%	10.1%	26.0%	35.1%	25.6%	840	3.70	1.06	14
	2019	6.0%	12.5%	29.4%	32.8%	19.4%	788	3.47	1.12	14
	2020	3.0%	11.9%	24.4%	36.1%	24.6%	709	3.67	1.06	14
Rural populations	2014	7.0%	14.5%	23.2%	34.3%	21.0%	828	3.48	1.17	14
	2015	6.6%	14.7%	25.5%	31.6%	21.6%	833	3.47	1.17	14
	2016	7.3%	14.9%	25.8%	30.5%	21.5%	835	3.44	1.19	14
	2017	6.2%	15.6%	27.2%	32.1%	18.8%	814	3.42	1.14	14
	2018	5.5%	12.9%	23.0%	33.3%	25.2%	840	3.60	1.16	14
	2019	6.5%	14.6%	25.5%	33.9%	19.5%	788	3.45	1.15	14
	2020	5.8%	14.5%	28.2%	29.6%	21.9%	710	3.47	1.15	14
Elderly populations	2014	1.6%	2.1%	11.7%	45.2%	39.3%	822	4.18	0.84	14
	2015	1.7%	3.1%	13.0%	43.1%	39.1%	832	4.15	0.88	14
	2016	2.3%	5.5%	16.0%	39.1%	37.1%	837	4.03	0.98	14
	2017	1.9%	4.2%	15.6%	41.9%	36.5%	816	4.07	0.92	14
	2018	1.1%	5.5%	15.2%	40.1%	38.2%	842	4.09	0.92	14
	2019	2.4%	3.6%	14.9%	42.5%	36.7%	788	4.08	0.93	14
	2020	2.8%	4.5%	15.1%	37.8%	39.8%	708	4.07	0.99	14
Indigenous populations	2014	7.1%	17.5%	36.6%	27.0%	11.8%	824	3.19	1.08	14
	2015	7.5%	17.6%	33.0%	29.5%	12.4%	833	3.22	1.11	14
	2016	7.9%	17.0%	36.1%	26.1%	13.0%	835	3.19	1.11	14
	2017	5.1%	17.2%	36.3%	28.3%	13.1%	816	3.27	1.05	14
	2018	5.8%	15.9%	29.7%	31.8%	16.8%	839	3.38	1.11	14
	2019	6.2%	14.6%	33.5%	32.8%	12.9%	788	3.32	1.07	14
	2020	5.0%	13.1%	33.0%	32.7%	16.2%	709	3.42	1.06	14

**Family Medicine Longitudinal Survey
Time 1 (Entry) 2020**

****PROGRAM SPECIFIC CONSENT AND INTRODUCTION****

Insert your own program-specific preamble here. For example, your REB may require you to state consent, confidentiality information here. If done on a separate page, please delete this section.

Creating a Unique Identifier

In this section we collect information to create a unique identifier so you can maintain confidentiality. The unique identifier allows us to track your responses over time (e.g., Entry, Exit, once in practice) without recording your name.

Your unique identifier will be created at your home institution (residency program). The CFPC will have no way to connect data to specific individuals. Your confidentiality will be respected.

*1a. Enter the year you **STARTED** your residency program (Enter 4-digit year; for example, 2014)

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*1b. Please enter the **LAST 3 LETTERS** of your full legal **first name** as it appears on your passport/ birth certificate or other legal document. Please use your LEGAL name (not your nick name). For example if your name is William, but people call you “Bill,” you would still use “William” and therefore enter “IAM. If your first name is only 2 letters, please enter “X” as the last letter. Example, if your first name is Du you would enter “DUX.” (Your unique identifier will be created from a coded version of these three letters.)

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*2. Please enter the day on which you were born. Example, if you were born on January 13, you would enter 13; if you were born January 7, you would enter 07.

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3. In what year were you born? (Enter 4-digit birth year; for example, 1976)

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*4. What is your clinical teaching site? (The clinical teaching site is the site to which you are matched or assigned by your Residency Program). Please choose ONE from the site names listed below: **NOTE: PROGRAMS TO ADD COMPLETE LIST OF NAMES OF LOCAL CLINICAL TEACHING SITE OPTIONS OFFERED TO RESIDENTS**:

- ☐ Site XXX (Listings of local Clinical Teaching Sites to be added by Program Administrator)
- ☐ Site YYY
- ☐ Site zzz etc

Demographics

5. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Common-law
- ☐ Divorced/ Separated
- ☐ Widowed
- ☐ Prefer not to answer

6. Do you have children?

- ☐ Yes/Expecting
- ☐ No
- ☐ Prefer not to answer

7. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to answer

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

- ☐ Exclusively/ predominantly inner city
- ☐ Exclusively/ predominantly urban/suburban
- ☐ Exclusively/ predominantly small town
- ☐ Exclusively/ predominantly rural
- ☐ Exclusively/ predominantly remote/isolated
- ☐ Mixture of environments

*9. What year were you awarded your M.D. degree? (Enter 4-digit year; for example, 2010)

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*10. At which university were you awarded your M.D. degree?

- ☐ University of British Columbia
- ☐ University of Calgary
- ☐ University of Alberta
- ☐ University of Saskatchewan
- ☐ University of Manitoba
- ☐ Western University
- ☐ McMaster University
- ☐ University of Toronto
- ☐ Northern Ontario School of Medicine (NOSM)
- ☐ University of Ottawa
- ☐ Queen's University
- ☐ Université de Sherbrooke
- ☐ Université de Montréal
- ☐ McGill University
- ☐ Université Laval

- ☐ Dalhousie University
- ☐ Memorial University
- ☐ Outside Canada

11. Have you had any non-family medicine specialty residency training prior to starting this program?

- ☐ Yes
- ☐ No

About Your Medical Education to Date

Important Terms

***For the purposes of the survey, comprehensive care describes the type of care family physicians provide (either on their own or with a team) to a defined population of patients across the life-cycle in multiple clinical settings (eg. Office-based, hospital, in- home...) addressing a spectrum of clinical issues (from prevention to acute to chronic disease and palliative care).**

Continuity of care/continuing care describes the ongoing relationship between the individual family physician and individuals in a defined group/panel/roster of patients, longitudinally over time.

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; and

Family Physicians with focused practices: family doctors with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.

12. To what extent do you agree or disagree with the following statements?

My medical education prior to this residency program...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
...included extensive experiences within family medicine setting(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...promoted family medicine as a positive career choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...exposed me to strong family medicine role models.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...exposed me to the concept of continuity of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...exposed me to the concept of comprehensive care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...exposed me to patients who had complex and/or ambiguous health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perceptions about Family Medicine

Important Terms

***For the purposes of the survey, comprehensive care describes the type of care family physicians provide (either on their own or with a team) to a defined population of patients across the life-cycle in multiple clinical settings (eg. Office-based, hospital, in- home...) addressing a spectrum of clinical issues (from prevention to acute to chronic disease and palliative care).**

Continuity of care/continuing care describes the ongoing relationship between the individual family physician and individuals in a defined group/panel/roster of patients, longitudinally over time.

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; and

Family Physicians with focused practices: family doctors with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.

13. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
I am proud to become a family physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients recognize the value of family medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have found that other medical specialists have little respect for the expertise of family physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family physicians make a valuable contribution that is different from other specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer to be in another medical specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government perceives family medicine as essential to the health care system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problem Solving and Learning

14. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I sometimes feel overwhelmed when dealing with patients who present with complex or ambiguous health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can identify my own learning needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can problem solve effectively when faced with complex or ambiguous patient presentations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice Exposure and Intentions

Important Terms

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Family Physicians with Focused practices: family doctors with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.

15. After completing your residency, how likely are you to practice in the following organizational models?

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly likely	Don't Know
Solo practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group physician practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprofessional team-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice that includes teaching health profession learners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. After completing your residency, how likely are you to practice in the following family medicine practice types?

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly likely	Don't Know
Comprehensive care delivered in one clinical setting. (e.g., office –based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to focus only on specific clinical areas (such as sports medicine, maternity care,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

emergency medicine, palliative care, hospital medicine etc.)						
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Other, please specify:

17. In your first three years of practice, do you intend to commit to providing comprehensive care to the same group of patients?

Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If very unlikely or somewhat unlikely, what is your primary reason? (check one only)

- ☐ I may eventually practice that way, but not at the start
- ☐ I'm not interested in that type of practice
- ☐ I plan to focus my practice in a specific area
- ☐ I intend to do locum practice(s)
- ☐ I'd like to, but there are obstacles preventing me

19. To what extent do you agree or disagree with the following statement:

"I am confident in my current ability to provide comprehensive care to the same group of patients over time."

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Important Terms

***For the purposes of the survey, comprehensive care describes the type of care family physicians provide (either on their own or with a team) to a defined population of patients across the life-cycle in multiple clinical settings (e.g., Office-based, hospital, in- home...) addressing a spectrum of clinical issues (from prevention to acute to chronic disease and palliative care).**

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Family Physicians with Focused practices: family doctors with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.

Practice Exposure and Intentions

20. How much exposure have you had to the following domains, practice settings, and specific populations in your medical education to date?

*Note: This is not an exhaustive list of everything you may do in your practice but rather a selected set of domains of interest to the CFPC.

	No Exposure	Minimal exposure	Adequate Exposure	More than adequate exposure	Too much exposure
Care across the life cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrapartum care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care/End of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-hospital clinical procedures (e.g., chest tube insertion, adult lumbar puncture, nasogastric tube insertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Emergency departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – In-hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Care in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Long-term care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marginalized, disadvantaged and vulnerable populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indigenous populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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21. In your future practice as a family physician, how likely are you to provide care in each of the following domains, practice settings, and specific populations?

*Note: This is not an exhaustive list of everything you may do in your practice but rather a selected set of domains of interest to the CFPC.

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly likely
Care across the life cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrapartum care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care/End of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-hospital clinical procedures (e.g. chest tube insertion, adult lumbar puncture, nasogastric tube insertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Emergency departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – In-hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Care in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice setting – Long-term care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marginalized, disadvantaged and vulnerable populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please provide us with any comments you have on the survey. We welcome your feedback! Thank you.

On behalf of the CFPC, we wish to thank you for completing this survey. Your data will help us to evaluate the outcomes of family medicine residency education in Canada.