

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2021

Results of the T2 (exit) Family Medicine
Longitudinal Survey

Aggregate Findings across Family Medicine
Residency Programs in Canada



2015

2016

2017

2018

2019

2020

2021

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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 T2 (exit) surveys administered to family medicine residents exiting their residency training program in 2015-2021. For reference purposes, Appendix 1 contains the questionnaire administered to T2 residents in 2021 only.

The T2 (exit) 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 2015-2021 are included in this report. Two programs were excluded, representing 1101 (11.2%) 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
2015	15	632	1164	54.3%
2016	15	777	1256	61.9%
2017	15	767	1227	62.5%
2018	15	756	1220	62.0%
2019	15	723	1279	56.5%
2020	15	656	1277	51.4%
2021	15	595	1329	44.8%

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 2015 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	2018
Q7	Female Male	Female Male Non-binary	2018
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	2018
Q20/Q21	Aboriginal populations/ First Nations, Inuit and Métis	Indigenous populations	2018

Additionally some survey administration errors were identified as follows:

- One program used incorrect language for Q11a, Q11e, Q21i and is excluded from those results for all years
- Due to a formatting issue with the local online tool, the top category for Q11, Q12, Q14, Q15, Q16, and Q21 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years
- Three programs did not update their response categories for Q20; data are excluded for those programs from those results for all years.
- The 2020 and 2021 surveys were 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 T1 (entry) trends report that is being released concurrently.

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

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Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2021

Results of the T2 (exit) 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		
	2015	40.7%	37.6%	19.7%	1.5%	0.4%	614	15		
	2016	37.6%	39.4%	22.0%	0.9%	0.2%	762	15		
	2017	42.6%	36.1%	19.8%	1.5%	0.0%	747	15		
	2018	42.7%	33.6%	22.2%	1.2%	0.3%	736	15		
	2019	45.4%	32.4%	21.4%	0.7%	0.0%	698	15		
	2020	46.1%	30.8%	22.2%	0.9%	0.0%	637	15		
	2021	40.6%	30.1%	28.8%	0.5%	0.0%	581	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					
	2015	24.8%	75.2%	613	15					
	2016	23.3%	76.7%	766	15					
	2017	24.1%	75.9%	749	15					
	2018	23.1%	76.9%	745	15					
	2019	21.0%	79.0%	700	15					
	2020	18.5%	81.5%	640	15					
	2021	21.2%	78.8%	584	15					

7. What is your gender?

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

		Female	Male	Non-binary	Count	Programs				
	2015	67.3%	32.7%	NA	613	15				
	2016	62.1%	37.9%	NA	761	15				
	2017	62.3%	37.7%	NA	752	15				
	2018	59.7%	40.2%	0.1%	744	15				
	2019	62.4%	37.6%	0.0%	709	15				
	2020	61.8%	38.2%	0.0%	641	15				
	2021	62.3%	37.2%	0.5%	583	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	
	2015	5.0%	55.4%	16.3%	14.0%	2.4%	6.9%	630	15	
	2016	4.9%	56.7%	18.4%	12.5%	1.7%	5.9%	775	15	
	2017	5.0%	58.4%	16.0%	13.2%	1.3%	6.0%	764	15	
	2018	6.4%	55.8%	13.5%	14.1%	2.1%	8.1%	755	15	
	2019	4.9%	57.0%	18.2%	11.8%	1.9%	6.2%	721	15	
	2020	4.5%	57.1%	19.2%	8.6%	2.0%	8.5%	654	15	
	2021	3.9%	59.0%	14.8%	13.0%	2.1%	7.2%	593	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
	2015	0.5%	0.3%	77.4%	9.3%	0.9%	1.3%	10.5%	629	15
	2016	0.0%	1.7%	79.3%	7.9%	2.8%	0.7%	7.6%	775	15
	2017	0.0%	0.2%	78.4%	9.3%	3.1%	0.6%	8.4%	764	15
	2018	0.0%	0.0%	78.8%	8.7%	2.7%	0.9%	8.9%	750	15
	2019	0.1%	1.0%	75.2%	9.8%	2.5%	1.3%	10.1%	720	15
	2020	0.1%	1.2%	75.0%	8.6%	3.6%	2.9%	8.6%	654	15
	2021	0.3%	5.9%	72.5%	12.5%	2.2%	1.1%	5.5%	592	15

B. About Your Residency

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

Due to a formatting issue with the local online tool, the top category for Q11 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. One program used incorrect language for Q11a, Q11e and is excluded from those results for all years. 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
My residency program was situated primarily within FM settings.	2015	0.3%	4.8%	8.9%	46.8%	39.2%	499	4.20	0.81	13
	2016	0.1%	3.6%	7.2%	46.9%	42.1%	606	4.27	0.76	13
	2017	0.3%	2.2%	6.6%	50.4%	40.5%	636	4.29	0.71	13
	2018	0.0%	3.6%	4.9%	44.0%	47.5%	612	4.35	0.74	13
	2019	0.6%	3.5%	9.4%	46.0%	40.6%	563	4.23	0.80	13
	2020	0.8%	5.3%	11.5%	40.8%	41.6%	491	4.17	0.89	13
	2021	0.6%	3.4%	7.8%	47.5%	40.7%	426	4.24	0.79	13
In my residency program, I was exposed to a variety of different FM settings	2015	0.6%	5.0%	8.0%	50.4%	36.0%	519	4.16	0.82	14
	2016	0.5%	3.1%	8.5%	48.7%	39.2%	662	4.23	0.77	14
	2017	0.6%	4.1%	8.0%	49.4%	38.0%	671	4.20	0.80	14
	2018	0.6%	3.4%	9.1%	45.8%	41.2%	641	4.24	0.80	14
	2019	0.5%	3.7%	7.8%	42.5%	45.5%	602	4.29	0.80	14
	2020	0.2%	3.9%	10.1%	46.1%	39.7%	541	4.21	0.79	14
	2021	0.3%	3.5%	6.2%	47.4%	42.6%	462	4.28	0.76	14
My residency experiences were relevant to FM practice, even when in settings outside of FM.	2015	1.2%	2.9%	7.4%	54.3%	34.2%	519	4.18	0.78	14
	2016	0.3%	2.1%	7.2%	53.8%	36.6%	657	4.24	0.70	14
	2017	0.4%	2.1%	9.3%	47.9%	40.3%	671	4.26	0.74	14
	2018	0.6%	1.5%	6.3%	49.4%	42.2%	639	4.31	0.71	14
	2019	1.1%	2.3%	7.1%	45.9%	43.5%	601	4.29	0.79	14
	2020	0.5%	2.2%	7.4%	46.5%	43.4%	541	4.30	0.74	14
	2021	0.5%	2.7%	7.6%	43.8%	45.4%	462	4.31	0.77	14
My preceptors in other medical specialties valued FM.	2015	0.7%	6.0%	19.7%	49.5%	24.2%	518	3.91	0.85	14
	2016	0.5%	3.5%	21.3%	49.7%	25.0%	658	3.95	0.80	14
	2017	0.8%	4.7%	18.5%	50.6%	25.4%	670	3.95	0.84	14
	2018	1.3%	8.1%	17.7%	49.5%	23.4%	640	3.86	0.91	14
	2019	1.8%	6.6%	18.0%	49.4%	24.3%	599	3.88	0.91	14
	2020	1.2%	7.2%	17.2%	46.0%	28.4%	539	3.93	0.92	14
	2021	0.8%	5.7%	15.6%	49.3%	28.6%	460	3.99	0.86	14
My residency program exposed me to strong FM role models.	2015	0.3%	2.6%	7.7%	36.3%	53.0%	495	4.39	0.77	13
	2016	0.1%	0.9%	2.9%	35.0%	61.0%	599	4.56	0.62	13
	2017	0.2%	1.0%	4.7%	35.2%	58.9%	631	4.52	0.66	13
	2018	0.4%	1.1%	5.0%	31.6%	61.9%	608	4.54	0.68	13
	2019	0.9%	1.9%	3.8%	30.4%	63.0%	559	4.53	0.74	13
	2020	1.2%	2.2%	5.1%	32.5%	58.9%	488	4.46	0.79	13
	2021	0.9%	0.8%	3.2%	26.7%	68.4%	425	4.61	0.68	13
In my residency program, I have had an opportunity to develop relationships with a group of patients who I followed over the long term.	2015	0.9%	5.2%	12.8%	39.9%	41.2%	517	4.15	0.90	14
	2016	1.3%	4.9%	11.8%	43.3%	38.7%	659	4.13	0.90	14
	2017	0.5%	6.4%	9.3%	42.1%	41.8%	664	4.18	0.88	14
	2018	1.0%	6.1%	10.5%	42.3%	40.2%	640	4.15	0.90	14
	2019	2.0%	7.1%	10.4%	43.8%	36.7%	600	4.06	0.96	14
	2020	2.0%	8.4%	12.8%	42.1%	34.7%	534	3.99	1.00	14
	2021	1.0%	6.4%	8.3%	41.1%	43.3%	459	4.19	0.91	14
I feel/felt responsibility for a group of patients.	2015	0.5%	7.0%	10.9%	37.4%	44.3%	515	4.18	0.92	14
	2016	1.5%	5.1%	10.9%	42.3%	40.1%	659	4.14	0.91	14
	2017	0.9%	7.8%	11.2%	36.8%	43.3%	662	4.14	0.96	14
	2018	1.4%	4.9%	9.5%	42.9%	41.2%	635	4.18	0.90	14
	2019	1.5%	5.3%	11.1%	42.7%	39.3%	599	4.13	0.92	14
	2020	1.3%	6.8%	14.5%	38.6%	38.8%	535	4.07	0.96	14
	2021	1.0%	3.3%	11.9%	33.6%	50.2%	461	4.29	0.87	14

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

Due to a formatting issue with the local online tool, the top category for Q11 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. One program used incorrect language for Q11a, Q11e and is excluded from those results for all years. 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
In my residency program, I had an identified person (or few persons) guiding my development as a family physician by overseeing my learning and progress.	2015	1.1%	2.5%	7.3%	42.2%	47.0%	514	4.32	0.80	14
	2016	0.3%	1.7%	8.2%	40.3%	49.7%	657	4.37	0.73	14
	2017	0.2%	2.5%	5.9%	38.2%	53.2%	667	4.42	0.73	14
	2018	1.0%	2.0%	6.5%	40.1%	50.4%	639	4.37	0.78	14
	2019	2.1%	3.9%	5.3%	40.3%	48.5%	598	4.29	0.89	14
	2020	1.6%	2.3%	7.0%	35.7%	53.4%	537	4.37	0.84	14
In my residency program, I was provided experiences that exposed me to patients who had complex and/or ambiguous health issues.	2021	0.4%	3.9%	5.2%	33.7%	56.8%	460	4.43	0.80	14
	2015	0.6%	0.4%	1.5%	36.9%	60.6%	517	4.56	0.61	14
	2016	0.1%	0.0%	2.7%	34.0%	63.1%	654	4.60	0.56	14
	2017	0.1%	0.2%	2.2%	33.4%	64.1%	663	4.61	0.55	14
	2018	0.1%	1.3%	2.2%	32.5%	63.9%	641	4.59	0.62	14
	2019	0.1%	0.1%	1.7%	31.0%	67.2%	598	4.65	0.53	14
In my residency program, I understood what the program expected of me, in order to graduate.	2020	0.4%	0.4%	0.9%	33.2%	65.1%	532	4.62	0.57	14
	2021	0.3%	0.3%	0.3%	27.3%	71.7%	460	4.70	0.53	14
	2015	1.0%	2.3%	8.5%	46.5%	41.7%	517	4.25	0.79	14
	2016	0.4%	2.4%	6.4%	51.2%	39.5%	654	4.27	0.72	14
	2017	0.6%	1.3%	7.7%	48.6%	41.8%	670	4.30	0.71	14
	2018	0.8%	2.3%	5.3%	47.5%	44.0%	640	4.32	0.75	14
In my residency program, there were many informal opportunities given to me for feedback on my performance.	2019	1.3%	2.8%	5.0%	49.6%	41.3%	600	4.27	0.79	14
	2020	1.0%	2.5%	5.4%	44.5%	46.5%	541	4.33	0.78	14
	2021	0.2%	3.3%	7.4%	42.4%	46.8%	460	4.32	0.77	14
	2015	0.4%	3.7%	8.3%	47.2%	40.4%	512	4.24	0.79	14
	2016	0.8%	2.5%	8.1%	49.8%	38.8%	656	4.23	0.76	14
	2017	0.5%	2.5%	7.6%	52.2%	37.1%	667	4.23	0.74	14
In my residency program, I contributed to tailoring my learning when learning needs were identified.	2018	0.5%	1.4%	9.1%	44.6%	44.4%	642	4.31	0.73	14
	2019	1.7%	2.5%	8.5%	45.4%	41.9%	595	4.23	0.84	14
	2020	0.4%	3.1%	10.4%	44.6%	41.5%	539	4.24	0.79	14
	2021	0.7%	2.7%	5.9%	41.7%	49.0%	463	4.36	0.77	14
	2015	0.8%	4.7%	6.6%	48.9%	38.9%	517	4.20	0.82	14
	2016	1.1%	2.4%	7.4%	48.6%	40.6%	654	4.25	0.78	14
Throughout my program I was actively aware of my progress.	2017	0.2%	3.8%	8.9%	50.5%	36.7%	658	4.20	0.77	14
	2018	0.1%	0.9%	8.2%	46.7%	44.1%	636	4.34	0.67	14
	2019	2.2%	3.6%	8.0%	48.8%	37.5%	597	4.16	0.88	14
	2020	1.4%	3.8%	6.8%	45.9%	42.2%	538	4.24	0.84	14
	2021	0.8%	1.4%	10.7%	42.4%	44.6%	460	4.29	0.78	14
	2015	1.0%	1.8%	5.7%	54.5%	36.9%	516	4.25	0.73	14
	2016	0.5%	2.1%	8.8%	54.4%	34.1%	660	4.20	0.72	14
	2017	0.3%	2.4%	8.9%	52.4%	36.0%	665	4.22	0.73	14
	2018	0.5%	1.2%	7.7%	53.7%	36.9%	642	4.25	0.69	14
	2019	1.6%	2.9%	7.6%	52.6%	35.2%	600	4.17	0.81	14
	2020	0.8%	3.5%	7.5%	46.8%	41.3%	539	4.24	0.80	14
	2021	1.1%	2.8%	7.3%	45.5%	43.2%	453	4.27	0.81	14

12. To what extent do you agree or disagree with the following statements? My residency training prepared me to...

Due to a formatting issue with the local online tool, the top category for Q12 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. 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
Care for the full range of health problems that may be encountered in family medicine.	2015	0.6%	2.9%	6.3%	67.7%	22.6%	522	4.09	0.67	14
	2016	0.0%	1.8%	6.2%	66.3%	25.7%	664	4.16	0.61	14
	2017	0.1%	2.0%	5.9%	64.3%	27.8%	673	4.18	0.63	14
	2018	0.2%	1.4%	6.9%	65.8%	25.7%	643	4.15	0.62	14
	2019	0.6%	2.8%	5.5%	63.8%	27.3%	602	4.14	0.69	14
	2020	0.3%	2.5%	7.5%	59.4%	30.3%	543	4.17	0.69	14
	2021	0.3%	1.5%	4.8%	62.7%	30.7%	463	4.22	0.63	14
Care for patients at all life stages.	2015	0.6%	2.2%	6.2%	59.6%	31.5%	522	4.19	0.69	14
	2016	0.0%	1.3%	4.3%	59.1%	35.3%	664	4.28	0.61	14
	2017	0.0%	1.2%	5.3%	58.5%	34.9%	673	4.27	0.62	14
	2018	0.1%	1.4%	4.4%	61.1%	33.0%	643	4.26	0.61	14
	2019	0.3%	1.1%	4.9%	57.9%	35.8%	601	4.28	0.63	14
	2020	0.1%	1.7%	6.4%	56.1%	35.7%	542	4.26	0.66	14
	2021	0.6%	1.3%	4.2%	58.7%	35.2%	460	4.27	0.65	14
Care for patients in a range of clinical settings	2015	0.4%	1.3%	7.6%	60.2%	30.4%	520	4.19	0.66	14
	2016	0.0%	0.6%	6.2%	57.9%	35.2%	663	4.28	0.60	14
	2017	0.2%	2.6%	5.1%	55.8%	36.3%	672	4.25	0.69	14
	2018	0.1%	1.2%	5.5%	58.6%	34.6%	639	4.26	0.62	14
	2019	0.5%	2.3%	5.3%	57.5%	34.4%	602	4.23	0.70	14
	2020	0.4%	1.7%	4.9%	54.8%	38.2%	539	4.29	0.67	14
	2021	0.5%	1.5%	6.4%	53.8%	37.8%	464	4.27	0.69	14
Care for a range of populations	2015	1.0%	6.3%	19.7%	56.7%	16.3%	522	3.81	0.82	14
	2016	0.5%	3.0%	16.6%	56.4%	23.5%	664	3.99	0.75	14
	2017	0.3%	4.9%	14.9%	57.5%	22.5%	672	3.97	0.77	14
	2018	0.5%	5.6%	14.5%	59.3%	20.1%	643	3.93	0.78	14
	2019	0.6%	5.1%	17.2%	53.4%	23.7%	601	3.94	0.82	14
	2020	0.6%	3.1%	16.9%	52.0%	27.4%	543	4.03	0.79	14
	2021	0.2%	3.0%	13.1%	54.4%	29.2%	464	4.09	0.75	14
Provide care across the spectrum of clinical responsibilities, from prevention to palliation.	2015	0.3%	1.4%	5.3%	65.6%	27.3%	520	4.18	0.62	14
	2016	0.0%	0.8%	5.9%	59.1%	34.2%	661	4.27	0.60	14
	2017	0.0%	1.3%	5.5%	56.7%	36.6%	672	4.28	0.63	14
	2018	0.1%	0.4%	7.0%	57.7%	34.8%	643	4.27	0.61	14
	2019	0.3%	1.8%	4.6%	59.2%	34.2%	602	4.25	0.65	14
	2020	0.5%	0.6%	4.5%	55.6%	38.8%	543	4.31	0.64	14
	2021	0.2%	1.4%	3.8%	56.1%	38.5%	464	4.31	0.64	14
Provide continuous care to the same group of patients over the long term.	2015	1.1%	3.6%	10.8%	56.7%	27.7%	522	4.06	0.79	14
	2016	0.5%	3.2%	11.0%	55.7%	29.7%	664	4.11	0.75	14
	2017	0.4%	4.7%	9.9%	51.2%	33.8%	672	4.13	0.80	14
	2018	0.3%	2.6%	11.9%	56.5%	28.8%	643	4.11	0.72	14
	2019	1.5%	5.7%	11.2%	55.6%	25.9%	602	3.99	0.86	14
	2020	0.9%	4.9%	9.4%	54.2%	30.6%	542	4.09	0.82	14
	2021	1.0%	2.2%	10.2%	52.5%	34.0%	463	4.16	0.77	14
Use electronic medical and health records.	2015	3.1%	5.4%	5.9%	45.3%	40.2%	522	4.14	0.97	14
	2016	0.7%	1.6%	3.9%	47.1%	46.7%	660	4.37	0.70	14
	2017	1.0%	0.6%	2.5%	44.9%	51.0%	672	4.44	0.67	14
	2018	0.7%	1.6%	2.9%	46.5%	48.4%	643	4.40	0.69	14
	2019	0.2%	0.3%	2.8%	47.6%	49.1%	602	4.45	0.59	14
	2020	0.3%	1.1%	2.1%	42.6%	53.9%	542	4.49	0.63	14
	2021	0.5%	0.3%	2.5%	46.1%	50.7%	463	4.46	0.61	14

12. To what extent do you agree or disagree with the following statements? My residency training prepared me to...

Due to a formatting issue with the local online tool, the top category for Q12 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. 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
Work as part of a team with other types of health professionals.	2015	0.7%	1.2%	4.0%	54.6%	39.6%	522	4.31	0.67	14
	2016	0.1%	0.1%	2.6%	53.3%	43.9%	660	4.41	0.56	14
	2017	0.2%	0.4%	2.0%	51.9%	45.5%	670	4.42	0.58	14
	2018	0.3%	0.7%	4.4%	54.2%	40.4%	643	4.34	0.62	14
	2019	0.3%	1.0%	3.4%	54.3%	41.0%	602	4.35	0.63	14
	2020	0.2%	0.3%	2.9%	47.4%	49.2%	543	4.45	0.59	14
	2021	0.2%	0.5%	2.8%	50.3%	46.2%	464	4.42	0.60	14
Evaluate and improve the quality of your patient care.	2015	0.7%	2.9%	9.2%	61.4%	25.9%	522	4.09	0.72	14
	2016	0.0%	1.1%	8.6%	65.8%	24.5%	662	4.14	0.60	14
	2017	0.0%	0.7%	9.0%	59.5%	30.7%	671	4.20	0.62	14
	2018	0.6%	1.3%	8.8%	65.4%	23.9%	641	4.11	0.65	14
	2019	1.5%	2.2%	9.4%	59.6%	27.2%	602	4.09	0.76	14
	2020	0.6%	0.9%	8.1%	57.0%	33.5%	540	4.22	0.67	14
	2021	0.2%	0.8%	10.3%	57.4%	31.2%	463	4.19	0.66	14
Teach medical students, residents and other health profession learners.	2015	2.5%	9.4%	27.3%	48.4%	12.4%	522	3.59	0.91	14
	2016	1.7%	13.2%	22.7%	49.2%	13.2%	663	3.59	0.94	14
	2017	3.0%	9.1%	22.7%	51.5%	13.8%	673	3.64	0.93	14
	2018	1.9%	10.8%	23.7%	50.9%	12.7%	643	3.62	0.91	14
	2019	1.3%	11.6%	22.9%	49.5%	14.6%	602	3.64	0.91	14
	2020	1.8%	12.3%	24.6%	46.6%	14.8%	541	3.60	0.94	14
	2021	1.1%	7.4%	17.6%	58.2%	15.8%	464	3.80	0.83	14

C. Perceptions about Family Medicine

13. 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 am proud to become a family physician.	2015	0.0%	0.4%	3.2%	27.0%	69.4%	623	4.65	0.56	15
	2016	0.3%	1.1%	4.3%	27.8%	66.5%	762	4.59	0.66	15
	2017	0.2%	1.1%	4.2%	27.0%	67.5%	763	4.61	0.64	15
	2018	0.3%	0.8%	5.4%	25.5%	68.1%	754	4.60	0.65	15
	2019	0.1%	1.1%	4.7%	27.4%	66.7%	713	4.59	0.65	15
	2020	0.1%	1.0%	6.5%	24.1%	68.3%	650	4.59	0.67	15
	2021	0.9%	0.9%	4.6%	22.5%	71.1%	586	4.62	0.70	15
Patients recognize the value of family medicine.	2015	0.0%	4.3%	11.3%	45.7%	38.7%	623	4.19	0.80	15
	2016	0.5%	4.1%	13.0%	48.7%	33.7%	763	4.11	0.82	15
	2017	0.2%	4.5%	12.9%	49.0%	33.4%	763	4.11	0.81	15
	2018	0.7%	5.1%	12.8%	50.5%	30.9%	751	4.06	0.83	15
	2019	1.1%	5.6%	14.1%	45.7%	33.4%	713	4.05	0.89	15
	2020	0.8%	4.1%	11.9%	48.4%	34.8%	647	4.13	0.83	15
	2021	1.1%	3.1%	11.5%	48.7%	35.5%	585	4.15	0.82	15
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	2015	0.2%	6.5%	14.5%	47.5%	31.3%	622	4.03	0.86	15
	2016	0.6%	4.4%	15.3%	53.9%	25.8%	754	4.00	0.80	15
	2017	0.5%	5.5%	13.4%	53.0%	27.6%	757	4.02	0.82	15
	2018	0.9%	4.8%	17.0%	48.2%	29.2%	746	4.00	0.86	15
	2019	0.7%	5.3%	16.3%	48.8%	28.9%	711	4.00	0.85	15
	2020	0.7%	3.9%	17.2%	47.5%	30.7%	645	4.04	0.83	15
	2021	0.3%	4.2%	13.5%	51.8%	30.2%	581	4.07	0.79	15
I have found that other medical specialists have little respect for the expertise of family physicians.	2015	5.0%	35.1%	33.0%	18.8%	8.1%	621	2.90	1.03	15
	2016	5.1%	40.6%	27.9%	19.6%	6.8%	765	2.82	1.02	15
	2017	3.4%	40.6%	29.6%	20.4%	5.9%	759	2.85	0.98	15
	2018	3.1%	35.4%	29.7%	24.3%	7.4%	751	2.97	1.01	15
	2019	2.7%	38.2%	30.4%	22.1%	6.6%	714	2.92	0.99	15
	2020	3.3%	38.9%	32.0%	20.8%	5.0%	649	2.85	0.95	15
	2021	6.1%	40.4%	28.5%	20.4%	4.7%	585	2.77	0.99	15
Family physicians make a valuable contribution that is different from other specialists.	2015	0.1%	0.5%	1.9%	32.2%	65.3%	617	4.62	0.56	15
	2016	0.1%	0.3%	1.2%	34.6%	63.7%	765	4.61	0.54	15
	2017	0.0%	0.7%	1.9%	32.0%	65.4%	763	4.62	0.56	15
	2018	0.1%	0.5%	1.7%	33.1%	64.6%	748	4.62	0.56	15
	2019	0.0%	0.6%	1.3%	33.3%	64.8%	708	4.62	0.54	15
	2020	0.0%	0.0%	2.0%	29.8%	68.2%	644	4.66	0.51	15
	2021	0.2%	0.3%	2.8%	26.5%	70.3%	583	4.66	0.56	15
I would prefer to be in another medical specialty.	2015	44.7%	36.7%	12.4%	4.2%	2.0%	611	1.82	0.94	15
	2016	46.2%	36.4%	10.1%	3.8%	3.5%	759	1.82	1.00	15
	2017	46.9%	35.5%	10.9%	3.9%	2.8%	754	1.80	0.97	15
	2018	44.3%	35.2%	12.0%	4.6%	3.9%	741	1.89	1.04	15
	2019	44.0%	35.8%	11.6%	4.3%	4.3%	702	1.89	1.05	15
	2020	38.9%	37.9%	13.5%	6.1%	3.7%	647	1.98	1.05	15
	2021	48.0%	34.1%	10.0%	5.3%	2.7%	583	1.81	1.00	15
Government perceives family medicine as essential to the health care system.	2015	8.0%	18.7%	26.6%	33.5%	13.2%	612	3.25	1.14	15
	2016	10.5%	20.5%	25.8%	31.9%	11.3%	756	3.13	1.18	15
	2017	8.7%	18.9%	26.0%	33.3%	13.2%	746	3.23	1.16	15
	2018	6.1%	17.8%	30.8%	34.0%	11.3%	738	3.27	1.07	15
	2019	6.2%	17.8%	28.3%	34.7%	13.0%	710	3.30	1.10	15
	2020	8.6%	15.8%	26.7%	34.6%	14.2%	639	3.30	1.15	15
	2021	6.3%	21.8%	24.0%	35.1%	12.7%	580	3.26	1.13	15

D. Problem Solving and Learning

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

Due to a formatting issue with the local online tool, the top category for Q14 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. 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.	2015	1.6%	15.7%	16.4%	57.9%	8.4%	517	3.56	0.91	14
	2016	0.9%	16.8%	20.9%	54.8%	6.6%	662	3.49	0.88	14
	2017	1.0%	15.7%	22.4%	54.3%	6.6%	670	3.50	0.87	14
	2018	2.2%	15.6%	20.9%	52.6%	8.6%	644	3.50	0.93	14
	2019	1.3%	14.0%	20.5%	55.6%	8.6%	596	3.56	0.88	14
	2020	1.9%	16.6%	19.1%	57.0%	5.4%	535	3.48	0.90	14
I can identify my own learning needs.	2021	2.3%	14.6%	21.8%	53.2%	8.1%	458	3.50	0.92	14
	2015	0.3%	0.1%	3.8%	68.0%	27.7%	514	4.23	0.55	14
	2016	0.0%	0.2%	3.5%	71.4%	24.9%	662	4.21	0.50	14
	2017	0.0%	0.5%	2.8%	68.3%	28.5%	669	4.25	0.52	14
	2018	0.1%	0.0%	3.4%	69.2%	27.2%	643	4.23	0.51	14
	2019	0.0%	0.4%	3.1%	68.6%	27.9%	596	4.24	0.52	14
In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.	2020	0.2%	0.1%	3.9%	67.4%	28.4%	535	4.24	0.54	14
	2021	0.0%	0.1%	2.4%	70.9%	26.6%	458	4.24	0.49	14
	2015	1.8%	39.3%	31.3%	22.3%	5.4%	517	2.90	0.95	14
	2016	2.9%	38.1%	30.9%	24.0%	4.2%	662	2.89	0.94	14
	2017	2.6%	38.9%	32.9%	22.2%	3.4%	670	2.85	0.91	14
	2018	3.5%	37.2%	32.6%	20.8%	5.9%	644	2.88	0.97	14
I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.	2019	2.5%	36.7%	34.2%	21.2%	5.4%	596	2.90	0.94	14
	2020	4.6%	35.4%	30.2%	24.0%	5.8%	535	2.91	1.00	14
	2021	2.3%	42.6%	31.3%	19.6%	4.2%	458	2.81	0.92	14
	2015	0.3%	1.2%	13.5%	73.6%	11.4%	516	3.95	0.57	14
	2016	0.1%	0.8%	9.9%	75.8%	13.4%	661	4.02	0.52	14
	2017	0.0%	1.1%	11.3%	75.6%	12.0%	669	3.98	0.53	14
I can problem solve effectively when faced with complex or ambiguous patient presentations.	2018	0.3%	1.0%	10.0%	72.9%	15.8%	644	4.03	0.57	14
	2019	0.6%	2.3%	9.1%	73.0%	15.1%	595	4.00	0.62	14
	2020	0.1%	0.4%	10.2%	69.7%	19.6%	535	4.08	0.56	14
	2021	0.3%	0.8%	8.8%	75.6%	14.5%	458	4.03	0.54	14
	2015	0.3%	1.3%	13.3%	76.2%	8.9%	518	3.92	0.54	14
	2016	0.3%	0.5%	12.8%	75.7%	10.8%	661	3.96	0.53	14
	2017	0.3%	0.4%	12.4%	74.1%	12.9%	670	3.99	0.54	14
	2018	0.1%	0.4%	10.8%	76.2%	12.6%	643	4.01	0.51	14
	2019	0.1%	0.6%	9.8%	78.3%	11.2%	596	4.00	0.50	14
	2020	0.1%	0.7%	9.5%	74.7%	15.1%	535	4.04	0.53	14
	2021	0.0%	0.5%	8.1%	73.9%	17.5%	457	4.08	0.52	14

E. Practice Exposure and Intentions

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

Due to a formatting issue with the local online tool, the top category for Q15 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. 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	2015	59.6%	24.5%	4.9%	7.6%	3.4%	505	1.71	1.08	14
	2016	66.9%	19.8%	3.8%	7.9%	1.6%	648	1.57	0.99	14
	2017	60.0%	23.6%	7.9%	5.8%	2.8%	650	1.68	1.03	14
	2018	67.6%	18.3%	6.0%	5.7%	2.5%	632	1.57	1.00	14
	2019	60.0%	21.6%	6.9%	7.9%	3.6%	579	1.73	1.11	14
	2020	63.5%	20.6%	8.1%	5.2%	2.7%	519	1.63	1.01	14
	2021	56.4%	21.4%	8.3%	9.8%	4.1%	440	1.84	1.18	14
Group physician practice	2015	0.5%	2.8%	2.5%	21.0%	73.2%	509	4.64	0.71	14
	2016	1.8%	2.0%	2.5%	20.2%	73.4%	647	4.61	0.79	14
	2017	0.6%	1.3%	2.4%	19.3%	76.3%	656	4.69	0.65	14
	2018	1.4%	1.8%	2.9%	18.0%	75.9%	632	4.65	0.75	14
	2019	1.9%	2.0%	4.2%	22.3%	69.6%	585	4.56	0.83	14
	2020	2.0%	1.9%	7.6%	20.4%	68.1%	527	4.51	0.87	14
	2021	1.3%	0.9%	3.4%	24.2%	70.2%	443	4.61	0.72	14
Interprofessional team-based practice	2015	1.0%	4.8%	5.3%	35.9%	53.1%	503	4.35	0.86	14
	2016	2.1%	3.2%	6.6%	36.7%	51.4%	643	4.32	0.89	14
	2017	1.4%	2.1%	6.8%	33.7%	56.0%	652	4.41	0.82	14
	2018	1.3%	0.9%	7.6%	33.5%	56.7%	622	4.44	0.78	14
	2019	1.8%	2.3%	7.4%	31.7%	56.9%	581	4.40	0.86	14
	2020	0.5%	2.5%	6.6%	36.0%	54.4%	521	4.41	0.76	14
	2021	1.4%	1.8%	4.0%	28.9%	63.9%	441	4.52	0.78	14
Practice that includes teaching health profession learners	2015	0.7%	4.8%	11.3%	37.9%	45.3%	498	4.22	0.88	14
	2016	1.9%	4.8%	10.3%	39.1%	43.9%	643	4.18	0.93	14
	2017	1.5%	3.3%	12.6%	41.0%	41.6%	640	4.18	0.88	14
	2018	1.5%	2.8%	14.7%	37.4%	43.5%	622	4.19	0.89	14
	2019	1.2%	4.3%	10.6%	35.9%	47.9%	581	4.25	0.90	14
	2020	0.9%	5.5%	15.8%	36.0%	41.8%	517	4.12	0.93	14
	2021	2.1%	3.5%	12.2%	33.2%	48.9%	439	4.23	0.94	14

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

Due to a formatting issue with the local online tool, the top category for Q16 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. 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)	2015	13.1%	17.5%	8.5%	24.2%	36.7%	507	3.54	1.46	14
	2016	13.9%	19.7%	7.9%	25.6%	32.9%	655	3.44	1.46	14
	2017	12.0%	14.7%	8.1%	27.3%	37.9%	655	3.64	1.42	14
	2018	15.5%	17.4%	6.5%	22.9%	37.6%	635	3.50	1.51	14
	2019	14.2%	14.5%	6.0%	24.2%	41.1%	589	3.63	1.48	14
	2020	14.7%	18.8%	11.5%	22.6%	32.4%	525	3.39	1.47	14
	2021	11.4%	18.9%	10.7%	22.8%	36.2%	450	3.54	1.43	14
Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).	2015	5.1%	8.5%	7.8%	33.0%	45.6%	508	4.06	1.15	14
	2016	3.8%	9.2%	10.2%	32.0%	44.8%	653	4.05	1.12	14
	2017	5.7%	10.9%	8.0%	28.6%	46.8%	660	4.00	1.22	14
	2018	5.6%	11.7%	10.3%	24.7%	47.6%	637	3.97	1.25	14
	2019	6.9%	11.0%	9.4%	30.7%	42.1%	591	3.90	1.25	14
	2020	4.9%	8.4%	11.8%	28.2%	46.7%	530	4.03	1.17	14
	2021	5.2%	9.2%	11.3%	30.5%	43.8%	451	3.98	1.18	14
Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)	2015	3.4%	10.6%	10.4%	33.4%	42.2%	498	4.00	1.12	14
	2016	6.2%	11.9%	14.4%	28.0%	39.5%	645	3.83	1.24	14
	2017	4.8%	10.5%	13.4%	33.6%	37.7%	658	3.89	1.16	14
	2018	6.1%	11.5%	12.1%	27.9%	42.3%	632	3.89	1.24	14
	2019	8.1%	14.0%	9.0%	25.7%	43.2%	590	3.82	1.34	14
	2020	6.8%	12.2%	11.7%	24.8%	44.6%	524	3.88	1.28	14
	2021	3.4%	9.8%	13.0%	32.8%	40.9%	447	3.98	1.11	14
I plan to focus only on specific clinical areas (such as sports medicine, maternity care, emergency medicine, palliative care, hospital medicine etc.)	2015	28.2%	28.2%	11.5%	15.5%	16.5%	505	2.64	1.45	14
	2016	31.4%	26.5%	10.6%	13.6%	17.9%	649	2.60	1.49	14
	2017	28.6%	26.6%	14.4%	14.8%	15.6%	650	2.62	1.43	14
	2018	34.1%	19.5%	12.0%	17.2%	17.2%	632	2.64	1.51	14
	2019	30.2%	25.7%	9.6%	15.2%	19.2%	583	2.67	1.51	14
	2020	26.6%	22.7%	13.9%	14.6%	22.2%	522	2.83	1.52	14
	2021	29.9%	20.6%	12.0%	16.4%	21.2%	442	2.78	1.54	14

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

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
	2015	7.2%	17.0%	10.4%	28.3%	37.0%	622	3.71	1.31	15
	2016	7.9%	19.0%	8.2%	27.2%	37.6%	750	3.68	1.35	15
	2017	6.2%	14.1%	11.8%	27.8%	40.1%	761	3.81	1.27	15
	2018	9.2%	11.9%	12.5%	26.5%	39.9%	754	3.76	1.33	15
	2019	7.7%	16.9%	11.3%	29.7%	34.4%	715	3.66	1.31	15
	2020	11.4%	16.8%	15.4%	26.0%	30.5%	645	3.47	1.37	15
	2021	9.9%	15.4%	11.9%	28.2%	34.7%	582	3.62	1.35	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		
	2015	43.2%	2.4%	12.3%	36.9%	5.3%	149	15		
	2016	25.0%	5.1%	19.2%	44.5%	6.1%	197	15		
	2017	37.3%	5.5%	16.4%	36.1%	4.7%	138	15		
	2018	27.4%	3.6%	22.6%	39.1%	7.4%	156	15		
	2019	24.3%	3.9%	29.2%	37.9%	4.6%	163	15		
	2020	27.5%	7.8%	19.4%	42.4%	2.8%	181	15		
	2021	32.1%	10.6%	27.3%	27.9%	2.1%	146	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
	2015	0.6%	0.5%	7.9%	63.9%	27.0%	621	4.16	0.63	15
	2016	0.3%	0.9%	6.9%	62.9%	29.1%	764	4.20	0.62	15
	2017	0.1%	1.4%	5.9%	60.4%	32.2%	757	4.23	0.63	15
	2018	0.1%	1.1%	7.3%	57.9%	33.7%	752	4.24	0.64	15
	2019	0.5%	1.9%	5.7%	66.0%	26.0%	716	4.15	0.64	15
	2020	0.1%	1.2%	7.8%	62.5%	28.4%	647	4.18	0.62	15
	2021	0.2%	1.0%	4.0%	61.0%	33.8%	581	4.27	0.60	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 2018; thus results are reported from that year forward. Three programs did not update their response categories for Q20; data are excluded for those programs from those results for all years. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. 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	2018	0.0%	2.0%	55.0%	41.1%	1.9%	591	3.43	0.57	12
	2019	0.3%	1.5%	64.7%	33.4%	0.1%	550	3.32	0.52	12
	2020	0.1%	2.1%	63.8%	33.7%	0.2%	454	3.32	0.52	12
	2021	0.1%	2.6%	56.6%	40.4%	0.3%	390	3.38	0.55	12
Intrapartum care	2018	0.1%	14.8%	56.8%	24.1%	4.3%	592	3.18	0.73	12
	2019	0.4%	13.9%	63.9%	18.9%	2.9%	550	3.10	0.67	12
	2020	0.0%	17.5%	56.2%	21.6%	4.7%	454	3.14	0.75	12
	2021	0.4%	16.1%	55.5%	22.4%	5.6%	395	3.17	0.77	12
Mental health care	2018	0.0%	4.2%	50.6%	39.4%	5.8%	590	3.47	0.67	12
	2019	0.0%	2.5%	57.0%	33.8%	6.6%	550	3.45	0.66	12
	2020	0.0%	4.3%	51.7%	38.4%	5.6%	454	3.45	0.67	12
	2021	0.0%	1.7%	45.0%	47.2%	6.1%	393	3.58	0.63	12
Chronic disease management	2018	0.0%	2.0%	43.4%	49.7%	4.9%	591	3.57	0.62	12
	2019	0.0%	2.7%	50.9%	42.5%	3.9%	550	3.48	0.62	12
	2020	0.0%	2.1%	54.5%	40.9%	2.5%	454	3.44	0.58	12
	2021	0.0%	1.6%	40.7%	54.8%	2.9%	395	3.59	0.58	12
Palliative Care/End of life	2018	0.0%	17.4%	60.2%	21.9%	0.5%	592	3.06	0.64	12
	2019	0.7%	22.1%	62.9%	13.8%	0.5%	549	2.91	0.63	12
	2020	0.1%	20.5%	67.2%	12.1%	0.0%	454	2.91	0.57	12
	2021	0.5%	17.3%	59.3%	22.9%	0.0%	395	3.05	0.65	12
Office-based clinical procedures	2018	0.3%	15.7%	55.3%	27.1%	1.6%	592	3.14	0.70	12
	2019	0.1%	21.8%	58.6%	18.7%	0.8%	550	2.98	0.66	12
	2020	0.0%	20.3%	63.1%	16.3%	0.3%	454	2.97	0.62	12
	2021	0.1%	18.8%	56.1%	24.0%	1.0%	395	3.07	0.68	12
In-hospital clinical procedures	2018	7.8%	56.5%	26.7%	8.6%	0.4%	592	2.37	0.76	12
	2019	11.9%	59.8%	23.5%	4.7%	0.0%	550	2.21	0.71	12
	2020	9.5%	58.1%	27.0%	5.3%	0.0%	454	2.28	0.71	12
	2021	8.5%	58.4%	25.2%	7.9%	0.0%	395	2.32	0.74	12
Practice setting – Emergency departments	2018	0.2%	5.5%	55.1%	36.5%	2.7%	592	3.36	0.64	12
	2019	0.1%	5.5%	66.0%	26.6%	1.7%	549	3.24	0.58	12
	2020	0.0%	6.1%	68.3%	24.9%	0.7%	454	3.20	0.55	12
	2021	0.0%	3.1%	63.4%	32.2%	1.3%	395	3.32	0.55	12
Practice setting – In-hospital	2018	0.2%	1.8%	57.8%	36.3%	4.0%	586	3.42	0.61	12
	2019	0.0%	4.3%	63.0%	30.7%	2.0%	549	3.31	0.58	12
	2020	0.0%	2.9%	68.3%	27.6%	1.2%	453	3.27	0.53	12
	2021	0.0%	3.7%	60.2%	34.2%	1.9%	394	3.34	0.58	12
Practice setting – Care in the home	2018	8.3%	37.2%	40.7%	11.7%	2.1%	591	2.62	0.87	12
	2019	9.9%	43.0%	37.1%	8.6%	1.3%	550	2.48	0.84	12
	2020	10.8%	47.7%	34.8%	6.0%	0.6%	454	2.38	0.78	12
	2021	13.3%	44.0%	34.4%	7.4%	1.0%	395	2.39	0.84	12
Practice setting – Long-term care facilities	2018	8.3%	29.6%	42.9%	17.5%	1.7%	592	2.75	0.90	12
	2019	8.4%	30.2%	48.6%	10.1%	2.7%	550	2.68	0.87	12
	2020	6.0%	39.0%	45.0%	8.1%	1.8%	454	2.61	0.80	12
	2021	7.9%	37.8%	39.6%	12.5%	2.3%	394	2.63	0.88	12

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 2018; thus results are reported from that year forward. Three programs did not update their response categories for Q20; data are excluded for those programs from those results for all years. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. 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	2018	4.5%	30.1%	44.5%	19.7%	1.2%	589	2.83	0.83	12
	2019	4.2%	31.2%	51.4%	11.7%	1.6%	550	2.75	0.77	12
	2020	3.6%	35.0%	46.0%	14.8%	0.7%	453	2.74	0.78	12
	2021	2.2%	23.7%	51.3%	21.4%	1.4%	394	2.96	0.77	12
Rural populations	2018	2.2%	12.7%	51.2%	31.7%	2.2%	591	3.19	0.76	12
	2019	1.8%	12.4%	57.0%	27.5%	1.3%	549	3.14	0.71	12
	2020	1.3%	12.6%	57.9%	28.0%	0.1%	451	3.13	0.67	12
	2021	1.1%	10.5%	58.4%	29.6%	0.5%	395	3.18	0.66	12
Elderly populations	2018	0.0%	0.9%	44.2%	48.5%	6.4%	587	3.60	0.62	12
	2019	0.0%	0.8%	47.0%	47.9%	4.3%	550	3.56	0.59	12
	2020	0.0%	1.3%	49.3%	45.8%	3.6%	453	3.52	0.59	12
	2021	0.0%	1.0%	46.2%	48.8%	4.0%	395	3.56	0.59	12
Indigenous populations	2018	15.7%	42.5%	28.0%	12.8%	1.0%	590	2.41	0.93	12
	2019	15.1%	41.1%	32.9%	10.4%	0.5%	550	2.40	0.88	12
	2020	16.1%	42.1%	31.4%	10.1%	0.3%	454	2.36	0.88	12
	2021	9.7%	37.7%	40.9%	10.6%	1.1%	395	2.56	0.85	12

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 in the first 3 years?

Due to a formatting issue with the local online tool, the top category for Q21 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. One program used incorrect language for Q21i and is excluded from those results for all years. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. 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	2015	1.7%	2.0%	6.3%	32.7%	57.2%	510	4.42	0.83	14
	2016	0.6%	3.1%	5.2%	30.3%	60.9%	659	4.48	0.78	14
	2017	1.1%	4.1%	4.6%	29.3%	61.0%	665	4.45	0.84	14
	2018	1.3%	3.3%	5.3%	30.3%	59.7%	640	4.44	0.84	14
	2019	2.1%	2.5%	5.0%	29.2%	61.2%	592	4.45	0.86	14
	2020	3.1%	3.1%	8.0%	28.4%	57.3%	527	4.34	0.97	14
	2021	1.5%	6.8%	7.0%	28.8%	55.9%	451	4.31	0.97	14
Intrapartum care	2015	26.9%	19.6%	9.5%	23.3%	20.7%	509	2.91	1.53	14
	2016	33.9%	19.0%	10.1%	16.0%	21.0%	658	2.71	1.57	14
	2017	31.8%	18.7%	9.8%	19.4%	20.3%	662	2.78	1.56	14
	2018	34.4%	18.9%	9.1%	18.7%	18.9%	639	2.69	1.55	14
	2019	36.4%	18.4%	10.2%	16.1%	18.9%	592	2.63	1.56	14
	2020	34.1%	19.8%	13.4%	12.9%	19.8%	529	2.64	1.54	14
	2021	33.9%	18.4%	15.9%	18.4%	13.4%	452	2.59	1.45	14
Mental health care	2015	2.7%	2.8%	9.1%	39.4%	46.0%	510	4.23	0.92	14
	2016	1.7%	2.7%	7.9%	34.1%	53.6%	658	4.35	0.87	14
	2017	1.4%	2.8%	7.7%	32.9%	55.2%	662	4.38	0.85	14
	2018	0.7%	3.3%	7.6%	34.1%	54.2%	640	4.38	0.82	14
	2019	0.9%	2.2%	7.1%	33.4%	56.3%	591	4.42	0.79	14
	2020	1.8%	4.6%	8.7%	32.2%	52.7%	528	4.29	0.94	14
	2021	0.7%	1.6%	8.2%	28.6%	60.8%	452	4.47	0.77	14
Chronic disease management	2015	0.9%	1.0%	5.1%	30.9%	62.1%	510	4.52	0.72	14
	2016	0.9%	2.0%	4.3%	26.5%	66.3%	654	4.55	0.75	14
	2017	1.2%	2.1%	3.7%	29.4%	63.5%	661	4.52	0.77	14
	2018	1.4%	1.5%	3.8%	29.8%	63.5%	639	4.52	0.77	14
	2019	1.9%	2.2%	5.5%	26.3%	64.1%	589	4.49	0.85	14
	2020	2.3%	2.5%	9.0%	23.6%	62.6%	527	4.42	0.92	14
	2021	1.2%	1.9%	8.6%	25.9%	62.4%	450	4.46	0.82	14
Palliative Care/End of life	2015	4.0%	11.6%	15.6%	41.2%	27.6%	510	3.77	1.10	14
	2016	3.1%	10.8%	18.5%	41.2%	26.3%	657	3.77	1.05	14
	2017	5.4%	13.5%	16.3%	37.0%	27.7%	663	3.68	1.17	14
	2018	5.3%	10.4%	16.3%	35.3%	32.6%	640	3.80	1.16	14
	2019	5.6%	13.7%	18.0%	34.7%	28.0%	592	3.66	1.18	14
	2020	6.7%	12.5%	16.6%	37.4%	26.8%	529	3.65	1.19	14
	2021	4.4%	8.8%	19.6%	35.7%	31.4%	451	3.81	1.11	14
Office-based clinical procedures	2015	1.9%	2.5%	7.8%	43.9%	43.9%	505	4.25	0.85	14
	2016	1.7%	3.7%	9.5%	38.9%	46.2%	658	4.24	0.89	14
	2017	1.9%	5.7%	8.8%	36.7%	46.9%	658	4.21	0.95	14
	2018	1.7%	3.4%	9.6%	42.3%	43.0%	639	4.22	0.88	14
	2019	2.2%	5.2%	12.4%	39.3%	40.9%	590	4.11	0.96	14
	2020	2.4%	4.7%	13.2%	34.6%	45.1%	529	4.15	0.98	14
	2021	2.4%	4.9%	9.7%	39.3%	43.6%	452	4.17	0.96	14
In-hospital clinical procedures	2015	26.1%	17.8%	11.5%	24.2%	20.4%	508	2.95	1.51	14
	2016	28.0%	20.0%	11.3%	20.6%	20.2%	659	2.85	1.52	14
	2017	29.1%	20.1%	12.0%	21.1%	17.6%	662	2.78	1.50	14
	2018	30.5%	14.4%	12.1%	21.8%	21.2%	640	2.89	1.56	14
	2019	34.7%	17.9%	11.4%	16.9%	19.0%	592	2.68	1.55	14
	2020	34.4%	15.1%	10.4%	18.6%	21.5%	528	2.78	1.59	14
	2021	30.7%	22.3%	8.7%	21.6%	16.8%	451	2.72	1.50	14
Practice setting – Emergency departments	2015	21.6%	19.3%	9.8%	23.1%	26.2%	510	3.13	1.52	14
	2016	26.3%	18.0%	10.2%	18.5%	27.0%	659	3.02	1.58	14
	2017	25.6%	22.4%	11.6%	15.6%	24.8%	663	2.91	1.55	14
	2018	32.3%	18.3%	8.3%	12.2%	28.9%	640	2.87	1.66	14
	2019	32.5%	18.3%	8.4%	16.6%	24.3%	592	2.82	1.61	14
	2020	29.1%	17.4%	11.6%	15.4%	26.5%	528	2.93	1.60	14
	2021	32.6%	18.7%	7.9%	18.2%	22.6%	452	2.80	1.59	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 in the first 3 years?

Due to a formatting issue with the local online tool, the top category for Q21 did not appear visible to respondents at one program. Data are excluded for one program from those results for all years. One program used incorrect language for Q21i and is excluded from those results for all years. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. 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	2015	11.4%	13.5%	11.0%	30.5%	33.6%	486	3.61	1.37	13
	2016	11.4%	11.9%	13.4%	30.6%	32.8%	601	3.61	1.35	13
	2017	12.3%	15.3%	12.1%	27.8%	32.5%	622	3.53	1.40	13
	2018	17.0%	11.1%	11.2%	24.6%	36.0%	605	3.52	1.49	13
	2019	13.5%	15.2%	14.9%	28.1%	28.3%	552	3.43	1.39	13
	2020	12.7%	11.0%	14.4%	26.8%	35.1%	478	3.61	1.39	13
	2021	13.4%	10.4%	13.4%	25.8%	37.0%	416	3.63	1.41	13
Practice setting – Care in the home	2015	14.5%	20.6%	19.8%	30.1%	15.0%	508	3.10	1.30	14
	2016	16.0%	18.6%	21.1%	30.2%	14.1%	659	3.08	1.30	14
	2017	14.6%	18.8%	21.0%	31.5%	14.1%	661	3.12	1.28	14
	2018	17.2%	18.5%	20.3%	28.3%	15.7%	640	3.07	1.33	14
	2019	14.9%	19.2%	25.9%	27.3%	12.7%	592	3.04	1.25	14
	2020	22.2%	20.0%	22.4%	26.4%	9.1%	527	2.80	1.29	14
	2021	19.4%	20.8%	18.9%	27.8%	13.0%	452	2.94	1.34	14
Practice setting – Long-term care facilities	2015	19.5%	21.5%	16.8%	25.6%	16.6%	507	2.98	1.39	14
	2016	18.4%	21.4%	18.8%	28.3%	13.1%	658	2.96	1.33	14
	2017	14.2%	21.7%	22.1%	30.2%	11.8%	663	3.04	1.25	14
	2018	19.3%	17.2%	19.8%	28.8%	14.8%	640	3.03	1.35	14
	2019	18.3%	18.6%	24.1%	26.8%	12.2%	592	2.96	1.29	14
	2020	21.0%	23.4%	23.0%	22.3%	10.3%	525	2.77	1.29	14
	2021	22.9%	18.0%	21.5%	26.2%	11.5%	452	2.85	1.34	14
Marginalized, disadvantaged and vulnerable populations	2015	8.6%	12.3%	21.3%	35.7%	22.0%	510	3.50	1.21	14
	2016	9.9%	11.4%	24.0%	37.0%	17.6%	658	3.41	1.19	14
	2017	6.1%	13.1%	25.4%	31.8%	23.6%	661	3.54	1.16	14
	2018	7.3%	9.6%	22.6%	37.6%	22.9%	640	3.59	1.15	14
	2019	4.6%	8.8%	25.8%	40.5%	20.3%	590	3.63	1.05	14
	2020	6.9%	10.3%	25.8%	33.5%	23.5%	526	3.56	1.16	14
	2021	5.1%	5.1%	19.7%	37.8%	32.3%	452	3.87	1.08	14
Rural populations	2015	8.5%	12.1%	17.0%	33.6%	28.8%	510	3.62	1.25	14
	2016	10.3%	15.5%	17.9%	26.4%	29.9%	660	3.50	1.33	14
	2017	8.2%	17.4%	16.7%	30.4%	27.3%	663	3.51	1.28	14
	2018	12.2%	14.9%	19.6%	25.3%	28.0%	640	3.42	1.35	14
	2019	12.4%	15.9%	21.0%	26.3%	24.3%	592	3.34	1.33	14
	2020	9.9%	15.3%	18.7%	28.1%	28.0%	525	3.49	1.31	14
	2021	6.0%	17.2%	18.7%	30.2%	28.0%	452	3.57	1.23	14
Elderly populations	2015	1.6%	2.7%	5.8%	34.7%	55.2%	509	4.39	0.85	14
	2016	2.1%	2.7%	6.3%	30.5%	58.4%	660	4.40	0.88	14
	2017	1.3%	2.4%	3.9%	30.5%	61.8%	661	4.49	0.79	14
	2018	1.0%	0.7%	6.7%	33.0%	58.5%	638	4.47	0.74	14
	2019	1.0%	1.8%	6.2%	31.8%	59.2%	590	4.46	0.78	14
	2020	2.4%	1.7%	7.4%	31.1%	57.3%	528	4.39	0.89	14
	2021	2.8%	0.7%	6.3%	31.8%	58.4%	451	4.42	0.87	14
Indigenous populations	2015	11.1%	18.9%	23.6%	27.5%	18.9%	508	3.24	1.27	14
	2016	10.6%	19.4%	26.4%	27.0%	16.6%	659	3.20	1.23	14
	2017	9.1%	16.9%	27.0%	27.1%	20.0%	663	3.32	1.23	14
	2018	9.1%	14.4%	27.6%	31.1%	17.8%	639	3.34	1.19	14
	2019	8.2%	16.2%	27.9%	32.2%	15.6%	592	3.31	1.16	14
	2020	9.4%	16.2%	30.4%	28.4%	15.6%	527	3.25	1.18	14
	2021	5.3%	9.2%	26.8%	31.7%	26.9%	452	3.66	1.13	14

22. To what extent do you agree or disagree with the following statement: "I am confident to begin the practice of comprehensive family medicine in any community in Canada."

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
	2015	1.0%	5.4%	18.9%	56.8%	17.8%	616	3.85	0.81	15
	2016	1.0%	4.3%	14.3%	58.9%	21.5%	764	3.96	0.78	15
	2017	0.7%	5.7%	14.4%	57.4%	21.9%	756	3.94	0.80	15
	2018	0.7%	6.1%	14.8%	56.0%	22.4%	753	3.93	0.82	15
	2019	1.3%	6.8%	16.5%	57.6%	17.9%	710	3.84	0.84	15
	2020	0.1%	7.1%	16.0%	56.5%	20.3%	638	3.90	0.80	15
	2021	0.7%	5.5%	13.7%	57.1%	23.1%	581	3.96	0.80	15

Family Medicine Longitudinal Survey

Time 2 (Exit) 2021

****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 assured.

***1a. Enter the year you STARTED your residency program (Enter 4 -digit year; for example, 2012)**

***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.)**

***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.**

3. In what year were you born? (Enter 4 -digit birth year; for example, 1985)

4. What is the name of your clinical teaching site? (The clinical teaching site is the site to which you are matched or assigned by your FM 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)**

***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

About Your Residency

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).**

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.

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
My residency program was situated primarily within family medicine settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
In my residency program, I was exposed to a variety of different family medicine settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My residency experiences were relevant to family medicine practice, even when in settings outside of family medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My preceptors in other medical specialties valued family medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My residency program 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"/>
In my residency program, I have had an opportunity to develop relationships with a group of patients who I followed over the long term.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel/felt responsibility for a group of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my residency program, I had an identified person (or few persons) guiding my development as a family physician by overseeing my learning and progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my residency program, I was provided experiences that 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"/>
In my residency program, I understood what the program expected of me, in order to graduate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my residency program, there were many informal opportunities given to me for feedback on my performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my residency program, I contributed to tailoring my learning when learning needs were identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Throughout my program I was actively aware of my progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

My residency training prepared me to...

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

Important Terms

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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.

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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.

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

***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).**

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.

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, emergency medicine, palliative care, hospital medicine etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

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"/>

	No Exposure	Minimal Exposure	Adequate exposure	More than adequate exposure	Too much exposure
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"/>

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 in the first 3 years?

	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"/>

	Very Unlikely	Somewhat Unlikely	Neutral	Somewhat Likely	Highly Likely
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. To what extent do you agree or disagree with the following statement:

"I am confident to begin the practice of comprehensive family medicine in any community in Canada."

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

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

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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.