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 2014 to 2024

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
2021
2022
2023
2024

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How to cite this document

College of Family Physicians of Canada. *Capturing Learner Trends from the Triple C Competency-Based Curriculum 2014 to 2024: Results of the T1 (entry) Family Medicine Longitudinal Survey: Aggregate findings across Family Medicine Residency Programs*. Mississauga, ON: College of Family Physicians of Canada; 2025

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)[1]. 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[2]. 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 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 and by 2017 all 17 of Canada's family medicine residency programs agreed to implement the survey with their learners (Table 1) by cohort. A cohort is considered a group of learners that begin and end training from one residency program.

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]

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[1]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.

[2]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.

Table 1. FM Longitudinal Survey Learner Cohort: Trajectory

Cohort Year	Entry into Residency (T1 entry)	Exit from Residency (T2 exit)	Three years post exit from residency (T3 in Practice)
1	2013	2015	2018
2	2014	2016	2019
3	2015	2017	2020
4	2016	2018	2021
5	2017	2019	2022
6	2018	2020	2023
7	2019	2021	2024
8	2020	2022	2025*
9	2021	2023	2026*
10	2022	2024	2027*
11	2023	2025*	2028*
12	2024	2026*	2029*

*Expected

Family Medicine Longitudinal Survey Methodology

The Family Medicine Longitudinal Survey was designed to be a longitudinal, cross-sectional survey administered at three time points: 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 Triple C - Data Oversight Committee (DOC) oversee ongoing program evaluation activity, data use and storage issues for the Family Medicine Longitudinal Survey. These committees were struck in 2015.

Participation in the FMLS is voluntary and results represent only respondents who chose to participate. Results may be subject to selection bias. Depending on response rate and program size, reports may include results from a small number of respondents. Caution should be applied when interpreting or drawing conclusions from the data.

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 changes in outcomes can be tracked over time whilst in family medicine training.

T2 (exit) survey

The T2 (exit) survey is administered to graduating residents within the three months prior to exit from the FM residency program. The T2 survey requests information about graduates' intentions for practice, as well as their confidence in their skills and knowledge upon completion of their residency program. It 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 emails to members fitting the eligibility criteria. Starting in 2021, the Collège des Médecins du Québec (CMQ) partnered with the CFPC to enhance responses from practising family physicians registered in Quebec.

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 is collected and compiled by the CFPC from the members directly. Upon receipt, all survey data is de-identified before entry into a national database and stored after all individually identifying characteristics are removed. Each individual institution keeps the raw data it collects from its residents, as per the Research Ethics Board requirements at the home institution.

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
- NOSM University
- 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

The CFPC and the participating universities entered into a Data Sharing Agreement (DSA) in 2014 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 Data Oversight Committee (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. For information on how to request FMLS data please visit the EERU website.

Ethical considerations

Ethics approval was obtained from each participating residency program's local ethics boards to implement the survey as part of 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 College of Family Physicians of Canada. 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 2014–2024. For reference purposes, Appendix 1 contains the latest T1 (entry) questionnaire administered to residents.

The T1 (entry) results provided in this report can be used as one source of evidence to help guide improvements in family medicine residency education in Canada.

Table 2: Response rates for 17 family medicine programs by cohort year

Cohort Year	T1 Entry Survey Year	Response Rate
2014	2014	67.7%
2015	2015	70.2%
2016	2016	66.9%
2017	2017	68.2%
2018	2018	69.1%
2019	2019	70.6%
2020	2020	62.5%
2021	2021	62.3%
2022	2022	65.5%
2023	2023	66.7%
2024	2024	65.6%

Methodological notes

Please note that the number of programs vary for each question. This variation is due to administration errors made by some of the programs and/or lack of participation in the survey for specific cohorts.

Only valid responses to questions are included within this report: respondents who selected Don't Know, Other, Prefer Not to Answer, or who did not respond, are excluded from the question. The data is weighted to ensure that the original program size is represented accurately, independent of the response rate.

Occasionally, we may include additional question(s) in the survey for a single year, which are not carried over to subsequent years. These questions and their results are not reported, but they are available upon request at eeru@cfpc.ca.

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.
- In 2015, one program was excluded from the results for Q21a–o due to the use of incorrect language.
- One program was excluded for question 21 in the 2016 cohort for incorrect question text
- 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 visit the EERU website.

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

DISCLAIMER: While the CFPC is committed to engaging in ongoing quality assurance mechanisms, 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. The CFPC cannot be liable for omissions or inaccuracies that may emerge in this dataset.

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

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Appendix 1

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 2014 to 2024

Results of the T1 (entry) Family Medicine Longitudinal Survey

Aggregate Findings Across Family Medicine Residency Programs in Canada

Prepared by: Education Evaluation and Research Unit (EERU)

The College of Family Physicians of Canada

Date: March 2025

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.

Survey Year	Single	Married	Common-law	Divorced	Widowed	Count	Programs
2014	52.6%	29.5%	16.7%	1.2%	0.0%	893	16
2015	59.3%	26.1%	12.9%	1.7%	0.0%	921	16
2016	58.5%	26.9%	13.5%	1.0%	0.0%	904	16
2017	55.9%	29.4%	13.8%	0.9%	0.0%	1022	17
2018	63.2%	22.9%	13.3%	0.7%	0.1%	1057	17
2019	57.7%	27.1%	14.1%	1.1%	0.0%	999	16
2020	59.4%	21.9%	17.1%	1.2%	0.4%	953	17
2021	55.2%	25.7%	18.1%	0.8%	0.2%	914	17
2022	55.5%	26.2%	17.1%	1.0%	0.2%	977	17
2023	52.3%	33.1%	13.3%	1.2%	0.1%	1031	17
2024	49.5%	31.9%	17.9%	0.7%	0.1%	1065	17

6. Do you have children?

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

Survey Year	Yes/ Expecting	No	Count	Programs
2014	16.5%	83.5%	897	16
2015	14.0%	86.0%	927	16
2016	15.6%	84.4%	896	16
2017	16.6%	83.4%	1023	17
2018	12.5%	87.5%	1066	17
2019	15.3%	84.7%	1002	16
2020	13.1%	86.9%	958	17
2021	15.4%	84.6%	916	17
2022	16.0%	84.0%	985	17
2023	19.3%	80.7%	1043	17
2024	19.2%	80.8%	1067	17

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.

Survey Year	Female	Male	Non-binary	Count	Programs
2014	63.2%	36.8%	0.0%	903	16
2015	62.6%	37.4%	0.0%	927	16
2016	63.1%	36.9%	0.0%	892	16
2017	65.0%	35.0%	0.0%	1021	17
2018	61.2%	38.5%	0.3%	1070	17
2019	60.7%	38.9%	0.3%	1009	16
2020	63.7%	36.2%	0.1%	953	17
2021	63.5%	35.7%	0.8%	912	17
2022	61.3%	38.6%	0.1%	995	17
2023	63.5%	35.9%	0.6%	1050	17
2024	65.8%	33.9%	0.3%	1069	17

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.

Survey Year	Inner city	Urban/ suburban	Small town	Rural	Remote/ isolated	Mixture of enviroments	Count	Programs
2014	5.1%	56.1%	16.7%	14.3%	1.8%	5.9%	908	16
2015	4.4%	56.8%	18.3%	12.4%	1.6%	6.5%	939	16
2016	6.8%	58.2%	15.9%	11.3%	1.6%	6.2%	911	16
2017	5.7%	61.2%	16.9%	9.6%	0.8%	5.8%	1027	17
2018	5.8%	62.2%	16.1%	7.7%	0.9%	7.3%	1077	17
2019	5.7%	60.7%	15.6%	10.1%	1.4%	6.5%	1021	16
2020	8.0%	57.6%	13.0%	11.7%	1.9%	7.7%	974	17
2021	7.5%	58.5%	13.5%	9.8%	1.5%	9.1%	926	17
2022	6.7%	58.4%	14.9%	9.8%	1.3%	8.9%	1007	17
2023	8.9%	57.0%	14.9%	10.0%	1.4%	7.8%	1063	17
2024	6.4%	57.1%	15.7%	11.3%	1.4%	8.2%	1084	17

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.

Survey Year	Less than 1 year	1 year	2 years	3 years	4 years	5 years	6 years or more	Count	Programs
2014	82.5%	5.6%	2.8%	0.9%	1.6%	0.3%	6.3%	904	16
2015	79.8%	8.3%	2.6%	1.4%	0.7%	0.4%	6.7%	939	16
2016	76.1%	12.1%	2.6%	1.2%	1.4%	0.7%	5.9%	911	16
2017	74.1%	5.1%	9.9%	1.1%	2.2%	1.4%	6.3%	1034	17
2018	81.6%	4.3%	2.1%	1.4%	1.8%	1.9%	6.9%	1081	17
2019	83.3%	5.0%	1.5%	1.4%	0.6%	1.0%	7.1%	1020	16
2020	79.5%	5.8%	2.6%	2.4%	1.9%	1.2%	6.5%	975	17
2021	78.8%	8.1%	1.7%	2.4%	1.5%	1.1%	6.3%	926	17
2022	77.1%	5.9%	2.5%	2.2%	2.3%	1.7%	8.2%	1004	17
2023	73.5%	4.4%	2.3%	2.1%	1.9%	1.4%	14.4%	1061	17
2024	72.5%	5.0%	2.3%	1.6%	2.4%	1.7%	14.4%	1084	17

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.

Survey Year	Yes	No	Count	Programs
2014	7.8%	92.2%	908	16
2015	10.5%	89.5%	939	16
2016	6.8%	93.2%	908	16
2017	9.1%	90.9%	1024	17
2018	6.3%	93.7%	1075	17
2019	5.0%	95.0%	1013	16
2020	8.3%	91.7%	975	17
2021	6.5%	93.5%	927	17
2022	7.0%	93.0%	1009	17
2023	7.1%	92.9%	1061	17
2024	8.0%	92.0%	1084	17

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.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
included extensive experiences within family medicine setting(s).	2014	2.3%	18.3%	18.5%	41.7%	19.2%	901	3.57	1.06	16
	2015	2.4%	14.1%	18.2%	43.4%	21.9%	933	3.69	1.04	16
	2016	2.6%	17.2%	18.0%	38.2%	23.9%	906	3.64	1.10	16
	2017	2.2%	14.4%	17.5%	42.0%	24.0%	1034	3.71	1.05	17
	2018	1.3%	13.5%	18.7%	42.9%	23.6%	1080	3.74	1.01	17
	2019	2.0%	16.8%	15.9%	42.1%	23.2%	1019	3.68	1.07	16
	2020	3.2%	15.1%	14.4%	40.7%	26.6%	965	3.72	1.11	17
	2021	2.4%	19.4%	16.4%	36.1%	25.6%	913	3.63	1.13	17
	2022	3.0%	17.9%	15.8%	40.9%	22.5%	1004	3.62	1.10	17
	2023	2.5%	17.2%	17.2%	39.8%	23.3%	1062	3.64	1.09	17
	2024	1.9%	16.0%	17.9%	39.1%	25.1%	1081	3.69	1.07	17
promoted family medicine as a positive career choice.	2014	0.9%	7.1%	10.9%	40.2%	40.9%	900	4.13	0.93	16
	2015	1.4%	5.5%	10.2%	41.0%	41.9%	932	4.17	0.92	16
	2016	2.1%	6.7%	12.4%	42.1%	36.7%	907	4.05	0.97	16
	2017	1.3%	6.4%	14.1%	41.4%	36.9%	1030	4.06	0.94	17
	2018	1.9%	7.9%	15.3%	40.9%	34.1%	1080	3.97	0.99	17
	2019	1.2%	8.9%	14.7%	37.8%	37.4%	1019	4.01	0.99	16
	2020	1.5%	8.7%	15.7%	36.9%	37.1%	962	3.99	1.01	17
	2021	2.2%	11.0%	15.4%	37.8%	33.6%	901	3.90	1.06	17
	2022	2.1%	12.1%	19.4%	38.2%	28.1%	1006	3.78	1.05	17
	2023	2.8%	12.1%	18.8%	41.0%	25.2%	1059	3.74	1.05	17
	2024	2.9%	11.9%	15.0%	42.8%	27.4%	1080	3.80	1.06	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
exposed me to strong family medicine role models.	2014	1.2%	8.5%	13.0%	38.4%	38.9%	899	4.05	0.98	16
	2015	0.5%	8.5%	12.1%	38.6%	40.4%	933	4.10	0.95	16
	2016	1.3%	7.9%	10.0%	40.4%	40.4%	901	4.11	0.96	16
	2017	1.4%	6.9%	14.4%	39.6%	37.7%	1030	4.05	0.96	17
	2018	1.9%	6.2%	13.7%	41.2%	37.0%	1073	4.05	0.96	17
	2019	0.8%	7.7%	12.0%	39.5%	39.9%	1011	4.10	0.94	16
	2020	1.6%	10.3%	13.5%	34.0%	40.6%	966	4.02	1.05	17
	2021	2.1%	11.1%	14.6%	36.0%	36.1%	901	3.93	1.07	17
	2022	2.2%	8.9%	14.2%	41.9%	32.8%	1004	3.94	1.01	17
	2023	2.2%	11.3%	15.4%	36.1%	35.0%	1060	3.90	1.07	17
	2024	2.4%	9.3%	15.2%	38.0%	35.1%	1078	3.94	1.04	17
exposed me to the concept of continuity of care.	2014	1.1%	6.6%	12.8%	50.1%	29.4%	899	4.00	0.89	16
	2015	0.4%	6.9%	14.3%	43.7%	34.7%	932	4.05	0.89	16
	2016	0.7%	4.8%	9.9%	50.5%	34.1%	898	4.12	0.83	16
	2017	1.2%	5.7%	10.9%	50.1%	32.0%	1028	4.06	0.88	17
	2018	0.9%	4.4%	12.4%	50.0%	32.2%	1077	4.08	0.84	17
	2019	0.5%	7.1%	11.2%	46.6%	34.6%	1016	4.08	0.88	16
	2020	1.6%	6.8%	10.6%	42.6%	38.4%	963	4.10	0.95	17
	2021	0.8%	6.1%	12.7%	43.6%	36.8%	899	4.09	0.90	17
	2022	1.3%	7.1%	11.1%	48.0%	32.3%	999	4.03	0.92	17
	2023	1.5%	6.4%	15.2%	44.6%	32.4%	1059	4.00	0.93	17
	2024	1.2%	5.4%	10.9%	47.4%	35.0%	1073	4.10	0.88	17
exposed me to the concept of comprehensive care.	2014	0.8%	3.6%	10.9%	53.6%	31.2%	893	4.11	0.79	16
	2015	0.3%	3.7%	11.1%	48.9%	36.0%	930	4.17	0.79	16
	2016	0.6%	2.4%	11.1%	51.1%	34.8%	897	4.17	0.76	16
	2017	0.9%	2.9%	11.1%	54.2%	30.9%	1027	4.11	0.78	17
	2018	0.7%	2.2%	11.6%	51.8%	33.7%	1076	4.16	0.76	17
	2019	0.3%	3.7%	10.8%	46.3%	38.9%	1010	4.20	0.80	16
	2020	1.1%	3.4%	9.4%	47.6%	38.5%	956	4.19	0.82	17
	2021	0.5%	4.2%	10.4%	49.3%	35.6%	897	4.15	0.81	17
	2022	1.3%	3.8%	10.2%	49.7%	34.9%	1001	4.13	0.84	17
	2023	0.9%	3.6%	11.1%	47.5%	37.0%	1053	4.16	0.82	17
	2024	0.6%	3.2%	7.8%	49.1%	39.2%	1076	4.23	0.78	17
exposed me to patients who had complex and/or ambiguous health issues.	2014	0.3%	3.3%	5.2%	44.6%	46.7%	901	4.34	0.75	16
	2015	0.2%	1.6%	7.7%	43.8%	46.7%	928	4.35	0.71	16
	2016	0.3%	1.4%	6.6%	46.5%	45.2%	896	4.35	0.69	16
	2017	0.8%	1.7%	6.5%	47.6%	43.5%	1030	4.31	0.73	17
	2018	0.3%	1.4%	8.4%	48.5%	41.4%	1069	4.29	0.71	17
	2019	0.4%	1.7%	6.9%	42.4%	48.6%	1008	4.37	0.72	16
	2020	0.2%	2.6%	5.9%	44.1%	47.2%	960	4.36	0.73	17
	2021	0.5%	2.0%	7.6%	42.6%	47.4%	896	4.35	0.74	17
	2022	0.7%	3.4%	6.7%	42.8%	46.4%	999	4.31	0.80	17
	2023	0.7%	3.3%	6.9%	39.5%	49.6%	1051	4.34	0.80	17
	2024	0.4%	1.9%	6.8%	42.6%	48.4%	1075	4.37	0.73	17

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.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I am proud to become a family physician.	2014	0.3%	1.1%	5.0%	25.6%	68.0%	900	4.60	0.66	16
	2015	0.2%	1.2%	4.3%	28.1%	66.3%	928	4.59	0.65	16
	2016	0.2%	1.5%	7.4%	27.1%	63.8%	905	4.53	0.71	16
	2017	0.3%	1.3%	8.5%	30.5%	59.4%	1030	4.47	0.73	17
	2018	0.4%	1.8%	7.3%	28.9%	61.5%	1077	4.49	0.75	17
	2019	0.3%	1.2%	8.3%	30.5%	59.8%	1015	4.48	0.72	16
	2020	0.1%	2.5%	7.1%	26.9%	63.3%	966	4.51	0.75	17
	2021	1.1%	2.3%	8.1%	25.3%	63.2%	907	4.47	0.83	17
	2022	0.5%	1.6%	7.9%	31.2%	58.7%	996	4.46	0.75	17
	2023	0.4%	2.4%	7.5%	29.3%	60.5%	1059	4.47	0.77	17
	2024	0.6%	1.6%	7.7%	29.5%	60.6%	1076	4.48	0.75	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
Patients recognize the value of family medicine.	2014	0.3%	2.3%	11.7%	49.3%	36.4%	895	4.19	0.75	16
	2015	0.1%	3.8%	10.6%	49.5%	36.0%	924	4.18	0.77	16
	2016	0.3%	4.4%	12.3%	52.1%	31.0%	902	4.09	0.79	16
	2017	0.6%	4.7%	12.9%	55.2%	26.6%	1027	4.02	0.80	17
	2018	0.8%	4.3%	12.3%	53.3%	29.4%	1070	4.06	0.81	17
	2019	0.4%	5.8%	14.0%	52.7%	27.2%	1008	4.00	0.82	16
	2020	0.7%	6.5%	12.8%	51.1%	29.0%	949	4.01	0.86	17
	2021	0.1%	5.9%	12.0%	52.2%	29.8%	902	4.06	0.81	17
	2022	0.7%	9.0%	15.6%	43.6%	31.1%	986	3.95	0.94	17
	2023	1.3%	7.7%	11.4%	43.2%	36.4%	1052	4.06	0.95	17
	2024	0.4%	7.2%	12.7%	44.0%	35.7%	1075	4.08	0.89	17
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	2014	1.1%	5.0%	20.7%	47.1%	26.2%	887	3.92	0.87	16
	2015	0.2%	6.8%	18.1%	48.7%	26.1%	917	3.94	0.86	16
	2016	0.7%	6.8%	20.0%	50.3%	22.3%	892	3.87	0.86	16
	2017	1.2%	6.8%	20.9%	51.3%	19.8%	1008	3.82	0.87	17
	2018	0.7%	7.2%	18.5%	50.6%	23.0%	1061	3.88	0.87	17
	2019	0.7%	7.3%	20.5%	50.6%	21.0%	1001	3.84	0.86	16
	2020	1.3%	6.2%	22.6%	47.9%	22.1%	927	3.83	0.88	17
	2021	0.7%	7.2%	18.6%	50.8%	22.7%	890	3.88	0.87	17
	2022	1.6%	9.6%	21.8%	42.7%	24.3%	977	3.79	0.97	17
	2023	1.6%	8.0%	20.7%	46.0%	23.7%	1043	3.82	0.94	17
	2024	0.8%	8.6%	21.8%	45.1%	23.8%	1064	3.83	0.92	17
I have found that other medical specialists have little respect for the expertise of family physicians.	2014	2.1%	25.4%	34.1%	28.4%	10.1%	888	3.19	1.00	16
	2015	1.0%	27.4%	34.1%	28.8%	8.8%	926	3.17	0.96	16
	2016	1.5%	24.0%	35.2%	31.0%	8.3%	904	3.20	0.95	16
	2017	1.8%	23.5%	35.3%	31.7%	7.8%	1020	3.20	0.95	17
	2018	1.7%	21.8%	33.2%	34.6%	8.7%	1063	3.27	0.95	17
	2019	0.7%	22.0%	32.6%	34.0%	10.7%	1012	3.32	0.96	16
	2020	1.6%	22.6%	31.3%	33.1%	11.3%	948	3.30	0.99	17
	2021	1.8%	20.0%	30.3%	37.2%	10.7%	902	3.35	0.97	17
	2022	1.2%	21.9%	28.9%	35.6%	12.4%	989	3.36	1.00	17
	2023	1.5%	19.8%	30.0%	34.2%	14.4%	1047	3.40	1.01	17
	2024	1.5%	20.0%	27.6%	38.5%	12.4%	1066	3.40	0.99	17
Family physicians make a valuable contribution that is different from other specialists.	2014	0.2%	0.3%	1.9%	32.9%	64.8%	893	4.62	0.56	16
	2015	0.1%	0.4%	2.4%	30.9%	66.2%	929	4.63	0.56	16
	2016	0.1%	0.2%	1.4%	35.4%	62.8%	901	4.61	0.54	16
	2017	0.2%	0.4%	1.9%	39.1%	58.5%	1030	4.55	0.57	17
	2018	0.3%	0.3%	2.9%	32.6%	63.9%	1076	4.59	0.60	17
	2019	0.1%	0.4%	2.3%	33.7%	63.5%	1011	4.60	0.56	16
	2020	0.3%	0.6%	2.7%	28.7%	67.7%	959	4.63	0.60	17
	2021	0.0%	0.3%	2.5%	31.2%	66.0%	899	4.63	0.55	17
	2022	0.2%	0.1%	1.9%	30.9%	66.8%	990	4.64	0.55	17
	2023	0.2%	0.2%	3.2%	25.7%	70.7%	1049	4.67	0.56	17
	2024	0.2%	0.2%	2.6%	29.6%	67.5%	1069	4.64	0.57	17
I would prefer to be in another medical specialty.	2014	50.4%	34.3%	9.9%	3.2%	2.2%	885	1.73	0.92	16
	2015	49.3%	33.3%	11.0%	4.8%	1.5%	924	1.76	0.94	16
	2016	42.4%	36.1%	10.9%	5.0%	5.6%	894	1.95	1.11	16
	2017	41.1%	37.2%	14.8%	4.3%	2.6%	1016	1.90	0.98	17
	2018	43.5%	34.8%	13.3%	5.3%	3.1%	1056	1.90	1.03	17
	2019	44.2%	36.5%	11.5%	5.7%	2.2%	990	1.85	0.98	16
	2020	42.1%	36.9%	11.4%	5.7%	3.9%	955	1.92	1.05	17
	2021	42.8%	34.3%	11.1%	7.8%	4.1%	888	1.96	1.10	17
	2022	40.5%	35.2%	13.9%	7.4%	3.0%	981	1.97	1.05	17
	2023	40.5%	34.2%	14.6%	7.0%	3.8%	1040	1.99	1.08	17
	2024	39.2%	38.6%	14.2%	5.3%	2.7%	1066	1.94	0.99	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
Government perceives family medicine as essential to the health care system. (ENGLISH)	2014	0.9%	4.8%	14.0%	52.5%	27.8%	623	4.02	0.83	13
	2015	2.4%	11.2%	22.5%	40.9%	23.0%	637	3.71	1.02	13
	2016	2.5%	11.2%	22.4%	44.0%	19.9%	648	3.68	1.00	13
	2017	2.6%	11.3%	21.5%	45.2%	19.4%	762	3.67	1.00	14
	2018	2.2%	9.6%	22.6%	44.0%	21.6%	804	3.73	0.98	14
	2019	2.8%	15.0%	23.8%	41.5%	16.9%	734	3.55	1.03	13
	2020	3.7%	17.0%	20.4%	43.5%	15.4%	648	3.50	1.06	13
	2021	5.1%	14.3%	24.6%	41.0%	14.9%	611	3.46	1.07	13
	2022	9.2%	22.8%	25.7%	29.0%	13.3%	692	3.14	1.18	13
	2023	5.8%	19.5%	22.9%	31.8%	20.0%	750	3.41	1.18	13
	2024	8.3%	21.7%	26.7%	26.1%	17.2%	749	3.22	1.20	13
Government perceives family medicine as essential to the health care system in Canada (FRENCH)	2014	0.5%	9.0%	12.7%	45.5%	32.3%	268	4.00	0.93	4
	2015	4.1%	13.0%	23.5%	38.1%	21.2%	282	3.59	1.09	4
	2016	4.0%	20.1%	21.3%	35.0%	19.6%	248	3.46	1.13	5
	2017	2.5%	14.3%	20.3%	44.3%	18.6%	242	3.62	1.02	4
	2018	2.5%	12.3%	17.3%	38.7%	29.2%	247	3.80	1.07	3
	2019	1.0%	8.3%	18.9%	47.4%	24.5%	273	3.86	0.91	3
	2020	0.3%	8.6%	18.8%	44.6%	27.6%	249	3.91	0.91	4
	2021	1.6%	12.1%	24.7%	37.3%	24.3%	222	3.71	1.02	4
	2022	5.7%	16.1%	22.8%	36.6%	18.7%	233	3.47	1.14	4
	2023	0.9%	13.1%	23.6%	41.0%	21.3%	226	3.69	0.98	4
	2024	3.8%	22.9%	20.5%	32.8%	19.9%	240	3.42	1.15	4

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.

	Survey Year	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%	9.7%	19.4%	60.2%	10.0%	900	3.69	0.81	16
	2015	0.9%	11.8%	16.9%	60.0%	10.4%	931	3.67	0.85	16
	2016	0.9%	11.3%	16.3%	59.2%	12.3%	909	3.71	0.86	16
	2017	1.3%	9.0%	17.2%	61.2%	11.1%	1033	3.72	0.83	17
	2018	1.1%	10.3%	20.0%	56.3%	12.3%	1077	3.68	0.86	17
	2019	1.7%	10.0%	16.8%	61.0%	10.5%	1020	3.69	0.85	16
	2020	0.9%	10.6%	18.6%	60.6%	9.4%	969	3.67	0.82	17
	2021	2.7%	12.2%	16.1%	55.7%	13.4%	909	3.65	0.95	17
	2022	1.3%	10.1%	18.6%	56.7%	13.4%	1000	3.71	0.87	17
	2023	1.0%	11.1%	17.6%	55.7%	14.6%	1062	3.72	0.88	17
	2024	1.2%	12.7%	16.5%	58.0%	11.6%	1079	3.66	0.88	17
I can identify my own learning needs.	2014	0.1%	1.2%	11.2%	73.4%	14.1%	899	4.00	0.56	16
	2015	0.0%	2.3%	9.7%	73.9%	14.1%	931	4.00	0.58	16
	2016	0.0%	2.1%	9.9%	73.3%	14.7%	909	4.01	0.57	16
	2017	0.1%	1.3%	9.5%	74.7%	14.4%	1034	4.02	0.55	17
	2018	0.0%	1.5%	13.4%	70.7%	14.4%	1075	3.98	0.58	17
	2019	0.1%	1.0%	11.3%	74.0%	13.7%	1019	4.00	0.54	16
	2020	0.1%	1.9%	13.1%	71.2%	13.8%	968	3.97	0.59	17
	2021	0.0%	1.7%	12.5%	70.2%	15.5%	909	4.00	0.59	17
	2022	0.0%	1.4%	12.7%	70.9%	15.0%	998	4.00	0.58	17
	2023	0.3%	1.6%	9.2%	71.7%	17.1%	1059	4.04	0.59	17
	2024	0.0%	1.2%	10.6%	69.5%	18.7%	1078	4.06	0.58	17
In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.	2014	1.2%	25.7%	30.9%	34.2%	8.1%	899	3.22	0.96	16
	2015	1.0%	23.7%	34.7%	31.9%	8.7%	931	3.23	0.94	16
	2016	1.4%	29.0%	28.4%	33.6%	7.5%	904	3.17	0.98	16
	2017	2.5%	24.9%	32.7%	33.2%	6.8%	1032	3.17	0.96	17
	2018	1.5%	25.1%	31.8%	33.0%	8.5%	1075	3.22	0.97	17
	2019	0.6%	26.6%	31.9%	32.6%	8.2%	1020	3.21	0.95	16
	2020	1.1%	25.4%	34.3%	30.4%	8.8%	961	3.20	0.96	17
	2021	2.8%	26.6%	25.6%	33.8%	11.2%	908	3.24	1.05	17
	2022	1.2%	21.7%	30.9%	36.5%	9.6%	1000	3.32	0.96	17
	2023	2.3%	22.7%	29.5%	34.8%	10.7%	1061	3.29	1.01	17
	2024	1.1%	25.3%	27.1%	35.1%	11.3%	1075	3.30	1.01	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.	2014	0.1%	3.5%	28.6%	62.0%	5.9%	899	3.70	0.63	16
	2015	0.2%	6.4%	29.1%	56.3%	8.0%	931	3.66	0.72	16
	2016	0.1%	4.7%	25.2%	62.8%	7.2%	908	3.72	0.67	16
	2017	0.4%	3.7%	25.6%	64.1%	6.2%	1033	3.72	0.65	17
	2018	0.0%	4.7%	26.7%	61.2%	7.4%	1075	3.71	0.67	17
	2019	0.1%	3.7%	22.5%	67.9%	5.8%	1019	3.75	0.62	16
	2020	0.1%	4.0%	23.5%	65.8%	6.5%	966	3.75	0.64	17
	2021	0.0%	3.3%	22.6%	65.2%	8.8%	907	3.80	0.64	17
	2022	0.4%	3.2%	22.9%	64.3%	9.3%	998	3.79	0.66	17
	2023	0.1%	4.9%	22.6%	63.7%	8.8%	1062	3.76	0.68	17
	2024	0.0%	2.6%	21.2%	64.7%	11.4%	1075	3.85	0.64	17
I can problem solve effectively when faced with complex or ambiguous patient presentations.	2014	0.4%	6.8%	36.7%	52.9%	3.2%	900	3.52	0.69	16
	2015	0.4%	6.7%	35.2%	52.0%	5.8%	931	3.56	0.72	16
	2016	0.0%	7.0%	38.3%	51.3%	3.4%	906	3.51	0.68	16
	2017	0.6%	7.8%	35.5%	52.8%	3.2%	1030	3.50	0.71	17
	2018	0.1%	7.4%	37.9%	50.5%	4.2%	1074	3.51	0.70	17
	2019	0.3%	5.4%	38.0%	52.1%	4.3%	1020	3.55	0.68	16
	2020	0.1%	7.4%	37.8%	51.3%	3.4%	965	3.50	0.69	17
	2021	0.2%	5.1%	35.2%	55.2%	4.3%	908	3.58	0.67	17
	2022	0.4%	8.2%	33.0%	52.5%	5.9%	998	3.55	0.74	17
	2023	0.3%	6.9%	31.4%	56.1%	5.4%	1059	3.59	0.71	17
	2024	0.5%	6.2%	34.6%	53.3%	5.5%	1076	3.57	0.71	17

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.

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Solo practice	2014	37.6%	34.8%	12.6%	13.2%	1.7%	865	2.07	1.09	16
	2015	34.2%	37.9%	12.4%	13.2%	2.2%	902	2.11	1.09	16
	2016	34.3%	32.3%	12.1%	17.8%	3.5%	866	2.24	1.20	16
	2017	29.3%	36.9%	13.1%	17.9%	2.8%	991	2.28	1.15	17
	2018	29.5%	30.3%	13.0%	20.4%	6.8%	1046	2.45	1.29	17
	2019	34.3%	34.3%	11.4%	14.8%	5.2%	969	2.22	1.21	16
	2020	29.2%	36.7%	15.0%	14.6%	4.5%	919	2.28	1.16	17
	2021	30.9%	36.7%	11.7%	16.5%	4.2%	865	2.26	1.18	17
	2022	29.8%	31.7%	13.4%	19.0%	6.0%	936	2.40	1.26	17
	2023	29.9%	31.1%	13.5%	20.0%	5.6%	1002	2.40	1.25	17
	2024	30.4%	33.7%	11.7%	17.9%	6.3%	1034	2.36	1.26	17
Group physician practice	2014	0.2%	0.4%	4.0%	36.1%	59.2%	880	4.54	0.62	16
	2015	0.4%	1.8%	3.5%	38.2%	56.1%	913	4.48	0.69	16
	2016	0.6%	4.1%	4.5%	34.6%	56.2%	891	4.42	0.81	16
	2017	0.7%	1.2%	3.0%	39.5%	55.5%	1006	4.48	0.69	17
	2018	1.1%	2.2%	4.8%	37.9%	54.0%	1053	4.41	0.78	17
	2019	0.3%	0.8%	4.0%	39.2%	55.6%	988	4.49	0.64	16
	2020	0.8%	1.4%	5.6%	38.3%	53.9%	938	4.43	0.73	17
	2021	1.3%	2.2%	5.5%	41.1%	49.9%	877	4.36	0.79	17
	2022	0.8%	2.7%	4.9%	39.5%	52.1%	955	4.39	0.77	17
	2023	1.1%	1.5%	4.6%	35.3%	57.4%	1029	4.46	0.75	17
	2024	0.7%	2.1%	5.0%	37.4%	54.7%	1054	4.43	0.75	17
Interprofessional team-based practice	2014	0.3%	2.2%	9.0%	40.6%	47.9%	868	4.34	0.76	16
	2015	1.1%	1.3%	7.5%	40.7%	49.4%	904	4.36	0.77	16
	2016	0.6%	3.7%	6.6%	38.0%	51.0%	878	4.35	0.81	16
	2017	0.6%	1.6%	6.1%	41.4%	50.3%	1000	4.39	0.73	17
	2018	0.9%	2.8%	4.9%	39.2%	52.3%	1049	4.39	0.78	17
	2019	0.4%	1.5%	5.8%	38.2%	54.0%	982	4.44	0.71	16
	2020	0.2%	1.1%	7.2%	38.8%	52.6%	924	4.43	0.69	17
	2021	0.6%	1.4%	4.8%	40.3%	52.9%	869	4.44	0.70	17
	2022	0.8%	1.5%	9.1%	36.4%	52.2%	946	4.38	0.78	17
	2023	0.9%	2.0%	6.2%	35.7%	55.1%	1023	4.42	0.78	17
	2024	0.6%	1.4%	5.4%	35.1%	57.5%	1045	4.47	0.72	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Practice that includes teaching health profession learners	2014	1.2%	4.5%	11.1%	42.5%	40.6%	860	4.17	0.88	16
	2015	0.8%	4.6%	12.2%	44.6%	37.7%	884	4.14	0.86	16
	2016	1.5%	4.2%	12.8%	38.3%	43.1%	876	4.17	0.92	16
	2017	1.2%	3.6%	12.9%	41.8%	40.5%	975	4.17	0.87	17
	2018	2.0%	6.0%	13.6%	40.5%	37.9%	1044	4.06	0.96	17
	2019	1.2%	2.8%	12.9%	39.7%	43.4%	969	4.21	0.86	16
	2020	0.8%	3.9%	12.6%	42.1%	40.7%	920	4.18	0.85	17
	2021	2.2%	4.8%	13.0%	36.7%	43.3%	867	4.14	0.97	17
	2022	1.4%	4.2%	13.6%	42.1%	38.6%	946	4.12	0.90	17
	2023	0.8%	4.8%	11.8%	38.7%	43.9%	1017	4.20	0.89	17
	2024	0.8%	4.9%	12.1%	40.4%	41.8%	1032	4.17	0.88	17

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.

	Survey Year	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	7.3%	18.4%	13.9%	35.9%	24.5%	879	3.52	1.24	16
	2015	8.1%	19.8%	14.3%	32.0%	25.8%	905	3.48	1.28	16
	2016	7.4%	18.2%	10.0%	33.6%	30.7%	890	3.62	1.29	16
	2017	6.5%	17.2%	11.5%	39.9%	24.9%	993	3.59	1.21	17
	2018	5.3%	15.7%	11.6%	36.8%	30.5%	1045	3.71	1.20	17
	2019	7.9%	17.6%	12.0%	35.3%	27.2%	987	3.56	1.27	16
	2020	7.6%	18.4%	13.2%	33.0%	27.7%	941	3.55	1.28	17
	2021	8.4%	19.7%	10.6%	32.7%	28.6%	874	3.53	1.31	17
	2022	8.9%	15.4%	11.7%	33.9%	30.1%	968	3.61	1.30	17
	2023	7.0%	17.7%	10.7%	33.8%	30.8%	1031	3.64	1.27	17
	2024	5.6%	11.5%	11.4%	36.7%	34.8%	1062	3.83	1.18	17
Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).	2014	1.5%	6.7%	10.7%	42.6%	38.6%	876	4.10	0.94	16
	2015	1.0%	6.3%	9.7%	46.1%	36.9%	906	4.12	0.89	16
	2016	2.8%	9.6%	11.1%	35.6%	40.9%	887	4.02	1.07	16
	2017	3.1%	9.4%	9.6%	45.7%	32.2%	994	3.95	1.03	17
	2018	2.2%	8.2%	10.7%	44.6%	34.3%	1050	4.01	0.99	17
	2019	2.9%	7.5%	9.8%	40.7%	39.1%	998	4.06	1.02	16
	2020	2.0%	7.9%	9.9%	41.2%	39.0%	931	4.07	0.99	17
	2021	2.9%	8.9%	9.0%	40.1%	39.2%	884	4.04	1.05	17
	2022	3.3%	9.1%	12.8%	37.9%	37.0%	963	3.96	1.08	17
	2023	3.3%	10.9%	11.5%	39.2%	35.0%	1036	3.92	1.09	17
	2024	3.7%	7.5%	12.0%	40.1%	36.6%	1059	3.98	1.06	17
Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)	2014	1.2%	5.2%	9.4%	41.2%	42.9%	872	4.19	0.90	16
	2015	0.6%	5.7%	11.3%	38.9%	43.5%	892	4.19	0.89	16
	2016	1.6%	5.5%	9.3%	37.8%	45.7%	885	4.21	0.93	16
	2017	1.8%	5.3%	10.8%	41.5%	40.6%	994	4.14	0.93	17
	2018	1.7%	6.0%	10.6%	40.0%	41.7%	1050	4.14	0.95	17
	2019	1.6%	7.3%	10.2%	37.4%	43.4%	998	4.14	0.98	16
	2020	0.9%	4.6%	10.4%	39.1%	44.9%	946	4.22	0.88	17
	2021	1.2%	6.0%	11.4%	38.1%	43.3%	866	4.16	0.93	17
	2022	1.2%	6.8%	11.0%	37.7%	43.3%	968	4.15	0.95	17
	2023	2.3%	5.7%	10.6%	36.8%	44.5%	1024	4.15	0.98	17
	2024	1.1%	5.7%	12.7%	37.0%	43.6%	1048	4.16	0.93	17
I plan to focus only on specific clinical areas (such as sports medicine, maternity care, emergency medicine, palliative care, hospital medicine etc.)	2014	14.4%	27.4%	18.1%	22.0%	18.1%	867	3.02	1.34	16
	2015	14.2%	28.2%	17.5%	21.5%	18.6%	892	3.02	1.35	16
	2016	14.1%	27.2%	17.5%	23.4%	17.7%	878	3.03	1.33	16
	2017	14.2%	25.4%	18.5%	23.2%	18.7%	975	3.07	1.34	17
	2018	14.2%	22.9%	20.1%	24.4%	18.4%	1025	3.10	1.33	17
	2019	12.8%	25.3%	17.8%	24.4%	19.7%	968	3.13	1.34	16
	2020	14.5%	23.2%	16.9%	21.7%	23.7%	921	3.17	1.40	17
	2021	12.3%	26.1%	17.2%	22.4%	22.0%	855	3.16	1.35	17
	2022	11.7%	26.6%	14.7%	23.2%	23.7%	956	3.21	1.37	17
	2023	14.9%	22.8%	16.9%	23.8%	21.5%	1019	3.14	1.38	17
	2024	14.4%	25.5%	17.1%	21.1%	22.0%	1043	3.11	1.38	17

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.

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Count	Mean	Standard Deviation	Programs
	2014	2.2%	10.7%	19.0%	47.7%	20.5%	896	3.74	0.97	16
	2015	2.9%	12.2%	20.0%	47.2%	17.7%	922	3.65	1.00	16
	2016	3.6%	15.0%	18.5%	41.8%	21.2%	910	3.62	1.08	16
	2017	3.9%	12.0%	19.4%	44.7%	20.1%	1011	3.65	1.05	17
	2018	2.8%	13.6%	23.3%	43.7%	16.6%	1063	3.58	1.01	17
	2019	5.8%	12.5%	24.5%	40.4%	16.8%	1008	3.50	1.09	16
	2020	2.4%	11.0%	26.5%	41.2%	18.9%	963	3.63	0.99	17
	2021	6.0%	11.8%	25.5%	40.2%	16.6%	892	3.50	1.09	17
	2022	5.2%	18.9%	20.2%	40.1%	15.6%	990	3.42	1.12	17
	2023	4.8%	14.5%	21.1%	40.6%	19.0%	1055	3.55	1.10	17
	2024	6.0%	13.7%	21.4%	39.0%	20.0%	1078	3.53	1.13	17

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.

	Survey Year	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	38.3%	4.3%	14.6%	35.6%	7.1%	92	13		
	2015	31.8%	2.5%	17.5%	38.9%	9.2%	133	16		
	2016	31.6%	8.5%	13.3%	39.5%	7.1%	153	16		
	2017	29.2%	7.3%	17.7%	39.7%	6.0%	145	16		
	2018	32.6%	4.7%	12.4%	47.1%	3.2%	174	16		
	2019	38.0%	3.5%	11.7%	45.0%	1.8%	180	16		
	2020	26.3%	7.0%	18.1%	44.6%	4.0%	128	17		
	2021	20.1%	7.0%	11.3%	51.4%	10.2%	164	17		
	2022	26.4%	12.5%	13.5%	43.5%	4.1%	236	17		
	2023	27.0%	8.2%	19.3%	39.3%	6.2%	185	17		
	2024	35.5%	6.3%	11.7%	41.6%	4.9%	211	17		

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.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
	2014	0.8%	10.1%	29.2%	51.8%	8.1%	894	3.56	0.81	16
	2015	0.8%	10.1%	33.3%	48.1%	7.7%	927	3.52	0.81	16
	2016	1.1%	11.9%	32.5%	45.4%	9.2%	907	3.50	0.86	16
	2017	1.1%	11.5%	30.6%	48.5%	8.4%	1024	3.52	0.84	17
	2018	0.9%	11.4%	32.3%	47.4%	8.0%	1069	3.50	0.83	17
	2019	0.9%	11.6%	33.8%	47.5%	6.2%	996	3.47	0.81	16
	2020	1.6%	11.6%	31.0%	48.6%	7.3%	963	3.48	0.85	17
	2021	1.1%	9.7%	32.8%	46.4%	9.9%	897	3.54	0.84	17
	2022	1.3%	9.4%	30.6%	50.2%	8.5%	989	3.55	0.83	17
	2023	0.8%	9.2%	32.9%	47.1%	10.1%	1054	3.56	0.82	17
	2024	1.6%	8.9%	33.1%	47.3%	9.2%	1076	3.54	0.84	17

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.

	Survey Year	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%	844	3.03	0.67	15
	2017	1.2%	16.2%	72.1%	10.5%	0.1%	960	2.92	0.56	16
	2018	1.0%	16.1%	68.2%	14.5%	0.1%	1002	2.97	0.59	16
	2019	1.9%	15.3%	70.4%	12.0%	0.3%	1006	2.94	0.60	16
	2020	1.4%	17.9%	69.8%	10.8%	0.1%	964	2.90	0.58	17
	2021	1.9%	13.6%	68.6%	15.6%	0.3%	901	2.99	0.62	17
	2022	1.8%	13.8%	68.7%	15.5%	0.3%	986	2.99	0.61	17
	2023	1.3%	14.8%	67.4%	15.9%	0.6%	1045	3.00	0.62	17
	2024	0.9%	13.8%	70.4%	14.7%	0.2%	1056	3.00	0.58	17
Intrapartum care	2016	0.9%	29.3%	52.1%	17.1%	0.6%	845	2.87	0.71	15
	2017	1.0%	30.2%	55.7%	12.2%	0.9%	959	2.82	0.68	16
	2018	1.3%	31.3%	54.9%	12.3%	0.2%	1003	2.79	0.67	16
	2019	1.5%	33.9%	53.6%	10.4%	0.5%	1007	2.75	0.68	16
	2020	1.9%	34.1%	50.6%	12.3%	1.1%	967	2.76	0.73	17
	2021	2.2%	36.1%	46.5%	13.7%	1.5%	900	2.76	0.77	17
	2022	2.1%	33.0%	52.7%	11.5%	0.6%	987	2.76	0.70	17
	2023	2.0%	33.5%	53.0%	10.1%	1.4%	1047	2.75	0.71	17
	2024	1.9%	35.3%	51.3%	10.4%	1.1%	1056	2.73	0.71	17
Mental health care	2016	0.3%	22.3%	53.2%	22.2%	2.0%	843	3.03	0.73	15
	2017	0.5%	17.4%	66.3%	15.1%	0.6%	960	2.98	0.61	16
	2018	0.0%	18.4%	64.9%	15.8%	0.9%	1003	2.99	0.62	16
	2019	0.0%	17.9%	63.2%	18.3%	0.6%	1007	3.02	0.62	16
	2020	0.3%	16.8%	64.0%	18.1%	0.8%	965	3.02	0.63	17
	2021	0.4%	17.1%	63.3%	18.0%	1.2%	901	3.03	0.64	17
	2022	0.2%	19.1%	62.6%	16.8%	1.4%	986	3.00	0.65	17
	2023	0.5%	22.4%	58.4%	17.2%	1.6%	1047	2.97	0.69	17
	2024	0.4%	22.4%	59.8%	16.8%	0.7%	1055	2.95	0.66	17
Chronic disease management	2016	0.3%	14.1%	59.5%	24.2%	1.8%	841	3.13	0.67	15
	2017	0.4%	17.4%	63.4%	18.6%	0.1%	958	3.01	0.62	16
	2018	0.2%	15.1%	61.7%	22.0%	1.1%	1004	3.09	0.64	16
	2019	0.3%	15.5%	62.0%	21.2%	1.1%	1006	3.07	0.64	16
	2020	0.2%	15.6%	65.8%	17.8%	0.7%	962	3.03	0.61	17
	2021	0.5%	15.3%	64.8%	18.2%	1.2%	899	3.04	0.63	17
	2022	0.4%	16.0%	61.6%	19.9%	2.1%	984	3.07	0.67	17
	2023	0.1%	14.0%	60.3%	23.7%	1.9%	1046	3.13	0.66	17
	2024	0.4%	11.7%	62.5%	23.8%	1.6%	1057	3.15	0.64	17
Palliative Care/End of life	2016	10.1%	51.7%	28.4%	9.0%	0.8%	844	2.39	0.82	15
	2017	8.1%	53.6%	33.3%	4.9%	0.1%	960	2.35	0.70	16
	2018	9.6%	54.7%	29.9%	5.8%	0.0%	1002	2.32	0.72	16
	2019	8.1%	53.8%	29.7%	7.4%	0.9%	1005	2.39	0.78	16
	2020	13.1%	49.8%	32.3%	4.7%	0.2%	966	2.29	0.76	17
	2021	9.6%	55.3%	29.2%	5.7%	0.2%	900	2.32	0.73	17
	2022	10.9%	52.3%	29.2%	7.4%	0.2%	985	2.34	0.77	17
	2023	11.7%	49.4%	31.4%	7.5%	0.0%	1044	2.35	0.78	17
	2024	12.5%	53.0%	27.4%	7.1%	0.1%	1051	2.29	0.78	17
Office-based clinical procedures	2016	2.3%	34.1%	48.2%	13.8%	1.6%	844	2.78	0.77	15
	2017	2.4%	40.6%	46.1%	10.5%	0.5%	960	2.66	0.71	16
	2018	3.1%	38.2%	46.7%	11.5%	0.5%	1002	2.68	0.73	16
	2019	2.5%	39.8%	46.9%	10.1%	0.7%	1004	2.67	0.72	16
	2020	4.9%	43.5%	41.2%	10.1%	0.3%	957	2.57	0.75	17
	2021	2.6%	43.2%	45.7%	7.7%	0.7%	900	2.61	0.70	17
	2022	2.6%	44.6%	41.3%	10.5%	1.0%	983	2.63	0.75	17
	2023	3.2%	41.3%	41.5%	13.4%	0.6%	1037	2.67	0.77	17
	2024	3.1%	37.9%	45.3%	12.7%	0.9%	1055	2.70	0.76	17

	Survey Year	No exposure	Minimal exposure	Adequate exposure	More than adequate exposure	Too much exposure	Count	Mean	Standard Deviation	Programs
In-hospital clinical procedures	2016	6.0%	57.0%	26.4%	8.7%	1.9%	842	2.44	0.81	15
	2017	8.5%	59.4%	26.2%	5.3%	0.5%	960	2.30	0.72	16
	2018	9.3%	61.8%	22.4%	6.5%	0.1%	1004	2.26	0.72	16
	2019	8.8%	59.3%	25.8%	5.4%	0.7%	1008	2.30	0.73	16
	2020	13.2%	57.1%	24.2%	5.2%	0.3%	962	2.22	0.75	17
	2021	13.3%	60.4%	21.2%	4.8%	0.3%	901	2.18	0.73	17
	2022	15.3%	55.5%	22.8%	5.8%	0.5%	986	2.21	0.79	17
	2023	12.2%	56.0%	23.3%	7.2%	1.3%	1046	2.29	0.82	17
	2024	13.8%	56.1%	22.9%	6.1%	1.1%	1054	2.25	0.81	17
Practice setting – Emergency departments	2016	1.6%	12.6%	54.4%	28.9%	2.5%	842	3.18	0.74	15
	2017	0.9%	14.0%	64.5%	19.6%	1.1%	961	3.06	0.64	16
	2018	1.5%	13.1%	65.2%	19.5%	0.6%	1003	3.04	0.64	16
	2019	1.6%	12.3%	63.3%	22.0%	0.8%	1008	3.08	0.66	16
	2020	3.6%	13.2%	62.3%	20.8%	0.1%	965	3.01	0.70	17
	2021	5.8%	13.9%	58.3%	21.4%	0.7%	902	2.97	0.78	17
	2022	2.5%	16.0%	57.9%	22.7%	0.9%	988	3.03	0.72	17
	2023	2.4%	13.7%	59.1%	23.7%	1.0%	1045	3.07	0.71	17
	2024	2.9%	14.7%	58.6%	21.8%	2.0%	1056	3.05	0.75	17
Practice setting – In-hospital	2016	0.5%	7.3%	51.7%	35.5%	5.0%	845	3.37	0.71	15
	2017	0.6%	9.1%	64.6%	23.0%	2.8%	958	3.18	0.65	16
	2018	1.6%	6.7%	60.6%	29.2%	1.9%	1000	3.23	0.67	16
	2019	0.9%	8.2%	56.8%	31.7%	2.4%	1008	3.27	0.68	16
	2020	0.9%	11.3%	61.6%	24.9%	1.3%	965	3.14	0.66	17
	2021	1.5%	9.6%	60.0%	25.8%	3.1%	901	3.20	0.71	17
	2022	1.8%	7.2%	57.7%	30.5%	2.8%	986	3.25	0.71	17
	2023	1.1%	9.4%	55.8%	28.9%	4.8%	1046	3.27	0.74	17
	2024	1.4%	8.1%	58.4%	27.5%	4.5%	1056	3.26	0.73	17
Practice setting – Care in the home	2016	25.4%	54.1%	16.9%	3.4%	0.3%	844	1.99	0.77	15
	2017	25.6%	52.5%	18.5%	3.0%	0.3%	958	2.00	0.77	16
	2018	27.3%	49.9%	19.0%	3.3%	0.5%	1001	2.00	0.80	16
	2019	28.2%	50.6%	18.0%	3.0%	0.2%	1006	1.96	0.77	16
	2020	29.6%	49.5%	18.1%	2.6%	0.2%	964	1.94	0.77	17
	2021	31.8%	46.5%	19.0%	2.3%	0.3%	900	1.93	0.79	17
	2022	33.3%	46.4%	17.4%	2.7%	0.2%	987	1.90	0.79	17
	2023	35.9%	43.3%	18.2%	2.5%	0.1%	1046	1.88	0.80	17
	2024	33.2%	43.1%	20.5%	2.9%	0.2%	1054	1.94	0.82	17
Practice setting – Long-term care facilities	2016	17.2%	49.3%	27.0%	5.7%	0.7%	841	2.23	0.83	15
	2017	17.7%	52.6%	25.3%	3.8%	0.6%	961	2.17	0.78	16
	2018	18.1%	50.2%	27.0%	4.1%	0.6%	999	2.19	0.80	16
	2019	21.3%	48.2%	25.7%	4.6%	0.2%	1008	2.14	0.81	16
	2020	23.7%	49.0%	24.0%	2.8%	0.5%	965	2.08	0.79	17
	2021	28.9%	45.9%	21.9%	3.3%	0.1%	899	2.00	0.80	17
	2022	25.7%	48.2%	22.2%	3.7%	0.2%	987	2.04	0.80	17
	2023	30.1%	43.0%	23.4%	3.4%	0.1%	1045	2.00	0.82	17
	2024	25.4%	45.9%	24.9%	3.5%	0.3%	1055	2.08	0.82	17
Marginalized disadvantaged and vulnerable populations	2016	8.7%	46.3%	32.3%	11.6%	1.1%	841	2.50	0.85	15
	2017	10.5%	42.0%	38.3%	8.7%	0.5%	961	2.47	0.82	16
	2018	8.0%	40.6%	39.8%	10.7%	1.0%	1000	2.56	0.82	16
	2019	8.1%	36.6%	42.4%	11.4%	1.4%	1007	2.61	0.85	16
	2020	9.3%	41.1%	39.2%	10.1%	0.3%	967	2.51	0.81	17
	2021	10.1%	40.8%	39.1%	8.8%	1.2%	901	2.50	0.84	17
	2022	9.1%	40.7%	39.2%	9.9%	1.0%	988	2.53	0.83	17
	2023	8.0%	37.8%	39.1%	13.5%	1.6%	1047	2.63	0.87	17
	2024	6.2%	32.9%	45.7%	13.6%	1.6%	1056	2.71	0.83	17
Rural populations	2016	9.5%	28.2%	42.1%	19.4%	0.9%	843	2.74	0.91	15
	2017	12.1%	30.4%	44.5%	12.5%	0.4%	960	2.59	0.87	16
	2018	8.9%	28.6%	47.1%	14.7%	0.7%	1003	2.70	0.85	16
	2019	9.9%	29.1%	43.7%	15.9%	1.4%	1007	2.70	0.90	16
	2020	11.2%	30.6%	45.0%	12.8%	0.4%	965	2.61	0.86	17
	2021	12.3%	34.5%	39.8%	12.7%	0.7%	901	2.55	0.89	17
	2022	12.9%	29.1%	39.8%	16.7%	1.5%	985	2.65	0.95	17
	2023	12.6%	30.2%	39.5%	16.9%	0.8%	1047	2.63	0.93	17
	2024	9.4%	27.4%	44.6%	17.1%	1.5%	1055	2.74	0.90	17

	Survey Year	No exposure	Minimal exposure	Adequate exposure	More than adequate exposure	Too much exposure	Count	Mean	Standard Deviation	Programs
Elderly populations	2016	0.8%	10.0%	49.9%	34.6%	4.7%	844	3.32	0.75	15
	2017	0.4%	10.5%	59.6%	27.5%	2.1%	959	3.20	0.66	16
	2018	0.8%	9.2%	60.3%	27.6%	2.1%	1002	3.21	0.66	16
	2019	0.1%	7.1%	55.2%	34.7%	3.0%	1008	3.33	0.66	16
	2020	0.9%	9.2%	58.9%	29.0%	2.1%	966	3.22	0.67	17
	2021	1.3%	10.6%	57.6%	28.5%	2.1%	901	3.20	0.70	17
	2022	0.3%	10.3%	56.5%	30.6%	2.3%	987	3.24	0.68	17
	2023	0.8%	9.4%	52.0%	34.1%	3.7%	1045	3.31	0.72	17
	2024	0.5%	7.4%	58.4%	30.4%	3.3%	1056	3.28	0.67	17
Indigenous populations	2016	26.8%	44.9%	21.5%	6.4%	0.5%	841	2.09	0.88	15
	2017	26.0%	46.8%	22.2%	4.5%	0.5%	958	2.07	0.84	16
	2018	23.6%	48.6%	22.0%	5.2%	0.6%	1001	2.11	0.84	16
	2019	20.4%	48.0%	24.8%	6.4%	0.4%	1007	2.18	0.84	16
	2020	24.8%	46.3%	23.3%	5.6%	0.0%	965	2.10	0.83	17
	2021	22.5%	51.9%	20.3%	5.0%	0.3%	901	2.09	0.81	17
	2022	26.0%	47.4%	20.7%	5.6%	0.3%	987	2.07	0.85	17
	2023	22.2%	49.2%	22.4%	5.9%	0.4%	1045	2.13	0.84	17
	2024	19.5%	47.1%	28.0%	4.8%	0.6%	1057	2.20	0.83	17

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.

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Care across the life cycle	2014	1.4%	2.9%	7.4%	39.7%	48.6%	892	4.31	0.84	16
	2015	0.8%	3.2%	8.1%	40.1%	47.8%	880	4.31	0.82	15
	2016	1.5%	4.4%	7.3%	40.4%	46.5%	906	4.26	0.89	16
	2017	1.0%	3.1%	9.7%	39.7%	46.4%	1022	4.27	0.84	17
	2018	1.5%	2.0%	10.0%	42.0%	44.4%	1068	4.26	0.83	17
	2019	1.5%	2.9%	9.7%	41.6%	44.4%	998	4.25	0.85	16
	2020	1.1%	3.4%	10.8%	40.5%	44.2%	965	4.23	0.85	17
	2021	1.6%	3.1%	11.8%	41.0%	42.4%	898	4.19	0.88	17
	2022	1.4%	3.7%	11.3%	40.6%	43.0%	987	4.20	0.88	17
	2023	1.7%	4.3%	10.1%	38.0%	45.9%	1043	4.22	0.91	17
	2024	1.3%	2.5%	10.9%	40.3%	45.0%	1051	4.25	0.84	17
Intrapartum care	2014	11.4%	17.3%	18.2%	29.5%	23.5%	889	3.36	1.32	16
	2015	10.6%	19.4%	16.4%	34.3%	19.3%	880	3.32	1.28	15
	2016	10.8%	17.6%	17.3%	30.8%	23.6%	904	3.39	1.31	16
	2017	10.9%	17.4%	17.9%	31.0%	22.8%	1021	3.37	1.30	17
	2018	10.9%	18.0%	17.8%	32.2%	21.1%	1068	3.35	1.29	17
	2019	13.7%	18.6%	18.8%	28.9%	20.0%	1000	3.23	1.33	16
	2020	11.0%	18.5%	20.6%	29.3%	20.5%	962	3.30	1.29	17
	2021	14.6%	17.9%	20.2%	27.2%	20.0%	895	3.20	1.34	17
	2022	15.8%	15.7%	21.1%	28.3%	19.1%	987	3.19	1.34	17
	2023	14.2%	18.2%	17.8%	28.9%	20.9%	1043	3.24	1.35	17
	2024	13.2%	18.9%	18.4%	26.9%	22.6%	1052	3.27	1.35	17
Mental health care	2014	2.1%	6.8%	16.5%	42.1%	32.5%	891	3.96	0.98	16
	2015	2.2%	6.1%	16.9%	43.3%	31.4%	880	3.96	0.96	15
	2016	2.1%	6.9%	12.4%	41.6%	36.9%	904	4.04	0.98	16
	2017	2.7%	4.5%	13.8%	41.9%	37.1%	1022	4.06	0.96	17
	2018	2.2%	4.3%	14.3%	40.5%	38.7%	1069	4.09	0.94	17
	2019	1.8%	5.7%	14.9%	37.9%	39.6%	997	4.08	0.96	16
	2020	0.9%	4.3%	14.4%	36.8%	43.6%	964	4.18	0.90	17
	2021	2.1%	5.1%	15.8%	41.4%	35.6%	896	4.03	0.95	17
	2022	2.3%	6.0%	16.7%	38.0%	37.1%	986	4.02	0.99	17
	2023	2.6%	4.7%	15.7%	40.2%	36.8%	1041	4.04	0.97	17
	2024	1.7%	5.1%	15.6%	40.1%	37.6%	1052	4.07	0.94	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Chronic disease management	2014	1.1%	2.5%	11.2%	41.8%	43.4%	891	4.24	0.83	16
	2015	0.7%	3.2%	10.9%	40.4%	44.8%	876	4.25	0.83	15
	2016	1.4%	3.0%	9.7%	39.7%	46.2%	904	4.26	0.86	16
	2017	1.2%	2.1%	11.5%	37.7%	47.5%	1021	4.28	0.84	17
	2018	1.0%	2.4%	11.4%	40.0%	45.2%	1068	4.26	0.83	17
	2019	1.1%	1.8%	9.3%	40.1%	47.6%	999	4.31	0.80	16
	2020	0.7%	2.8%	9.8%	38.0%	48.6%	963	4.31	0.82	17
	2021	1.5%	2.6%	11.8%	42.2%	42.0%	893	4.21	0.85	17
	2022	1.3%	3.9%	13.3%	38.5%	43.1%	988	4.18	0.89	17
	2023	1.0%	2.8%	10.5%	38.2%	47.4%	1037	4.28	0.84	17
	2024	1.3%	2.8%	11.0%	39.5%	45.5%	1048	4.25	0.86	17
Palliative Care/End of life	2014	5.0%	13.7%	25.2%	36.1%	20.1%	892	3.52	1.11	16
	2015	4.6%	15.7%	23.9%	35.9%	19.9%	879	3.51	1.11	15
	2016	5.8%	15.0%	23.7%	35.4%	20.1%	905	3.49	1.14	16
	2017	5.4%	12.8%	26.6%	35.8%	19.3%	1020	3.51	1.10	17
	2018	5.3%	12.4%	24.4%	37.6%	20.2%	1066	3.55	1.10	17
	2019	5.8%	12.6%	25.9%	37.9%	17.8%	998	3.49	1.10	16
	2020	6.2%	16.0%	23.0%	38.9%	15.9%	963	3.42	1.12	17
	2021	6.4%	13.1%	27.1%	35.9%	17.5%	899	3.45	1.12	17
	2022	4.9%	17.0%	28.1%	36.2%	13.9%	987	3.37	1.07	17
	2023	7.6%	16.3%	26.6%	33.5%	15.9%	1042	3.34	1.15	17
	2024	7.3%	16.5%	27.2%	34.9%	14.0%	1050	3.32	1.13	17
Office-based clinical procedures	2014	1.0%	2.8%	8.5%	43.3%	44.4%	885	4.27	0.81	16
	2015	1.0%	1.8%	12.6%	42.7%	41.9%	878	4.22	0.81	15
	2016	0.6%	3.8%	9.4%	42.1%	44.1%	901	4.25	0.82	16
	2017	1.4%	2.1%	12.7%	42.4%	41.4%	1015	4.20	0.84	17
	2018	1.1%	3.2%	10.1%	43.0%	42.5%	1067	4.23	0.84	17
	2019	1.1%	3.7%	10.9%	39.4%	44.9%	999	4.23	0.87	16
	2020	1.1%	3.2%	11.1%	42.9%	41.7%	961	4.21	0.84	17
	2021	0.4%	3.5%	11.4%	47.3%	37.4%	896	4.18	0.79	17
	2022	0.9%	3.3%	14.1%	38.3%	43.5%	984	4.20	0.86	17
	2023	1.1%	2.9%	10.3%	39.1%	46.7%	1042	4.27	0.84	17
	2024	0.8%	2.5%	12.2%	42.0%	42.5%	1051	4.23	0.81	17
In-hospital clinical procedures	2014	9.3%	17.6%	21.4%	32.6%	19.2%	892	3.35	1.23	16
	2015	10.7%	20.7%	22.0%	28.9%	17.7%	878	3.22	1.26	15
	2016	12.7%	20.7%	19.6%	28.7%	18.3%	899	3.19	1.30	16
	2017	13.6%	20.6%	22.9%	28.1%	14.8%	1021	3.10	1.27	17
	2018	11.4%	23.9%	22.9%	25.4%	16.4%	1065	3.11	1.26	17
	2019	12.1%	22.1%	19.9%	29.6%	16.4%	996	3.16	1.28	16
	2020	11.9%	20.7%	21.5%	29.1%	16.9%	965	3.18	1.27	17
	2021	15.8%	20.5%	22.2%	25.9%	15.7%	899	3.05	1.31	17
	2022	14.3%	21.0%	20.4%	25.9%	18.4%	988	3.13	1.33	17
	2023	14.8%	19.1%	22.3%	26.8%	16.9%	1042	3.12	1.31	17
	2024	12.9%	21.7%	23.0%	28.1%	14.3%	1052	3.09	1.26	17
Practice setting – Emergency departments	2014	6.9%	14.7%	20.1%	32.0%	26.3%	892	3.56	1.22	16
	2015	7.9%	16.6%	20.9%	30.9%	23.7%	881	3.46	1.24	15
	2016	9.1%	17.3%	20.5%	29.0%	24.1%	905	3.42	1.27	16
	2017	8.9%	19.1%	19.8%	29.4%	22.9%	1022	3.38	1.27	17
	2018	9.3%	20.1%	20.7%	28.1%	21.8%	1066	3.33	1.27	17
	2019	7.4%	19.9%	20.5%	28.2%	24.0%	999	3.42	1.25	16
	2020	8.1%	19.1%	18.8%	29.2%	24.8%	966	3.44	1.27	17
	2021	11.9%	17.4%	20.4%	29.5%	20.8%	898	3.30	1.30	17
	2022	10.2%	21.7%	18.5%	26.2%	23.5%	990	3.31	1.32	17
	2023	11.4%	17.8%	18.7%	28.9%	23.3%	1044	3.35	1.32	17
	2024	10.4%	17.8%	20.9%	29.2%	21.8%	1053	3.34	1.28	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Practice setting – In-hospital	2014	4.5%	13.3%	17.6%	40.9%	23.7%	892	3.66	1.11	16
	2015	4.8%	11.7%	19.8%	41.1%	22.6%	878	3.65	1.10	15
	2016	8.7%	14.8%	20.5%	36.2%	19.9%	905	3.44	1.21	16
	2017	6.6%	15.3%	21.4%	39.4%	17.4%	1019	3.46	1.14	17
	2018	5.3%	14.8%	22.6%	36.6%	20.6%	1068	3.52	1.13	17
	2019	5.7%	13.4%	20.2%	38.4%	22.2%	999	3.58	1.14	16
	2020	6.1%	15.6%	18.8%	39.6%	20.0%	963	3.52	1.15	17
	2021	9.3%	13.3%	21.4%	35.6%	20.4%	895	3.44	1.22	17
	2022	8.3%	16.3%	20.1%	35.6%	19.6%	985	3.42	1.21	17
	2023	10.0%	13.7%	21.6%	35.4%	19.3%	1042	3.40	1.23	17
	2024	7.6%	14.3%	22.1%	38.1%	17.9%	1048	3.44	1.16	17
Practice setting – Care in the home	2014	10.4%	22.7%	28.3%	30.7%	7.8%	890	3.03	1.12	16
	2015	11.1%	21.7%	28.6%	29.7%	8.9%	880	3.03	1.15	15
	2016	10.5%	23.7%	30.6%	28.2%	7.0%	905	2.97	1.10	16
	2017	9.5%	21.9%	28.9%	31.1%	8.5%	1022	3.07	1.12	17
	2018	10.8%	19.4%	29.5%	29.0%	11.3%	1069	3.11	1.16	17
	2019	11.9%	23.8%	27.0%	27.9%	9.4%	998	2.99	1.17	16
	2020	12.7%	23.6%	28.3%	27.6%	7.7%	964	2.94	1.15	17
	2021	12.5%	21.6%	30.5%	26.2%	9.2%	896	2.98	1.16	17
	2022	14.3%	25.3%	29.0%	24.3%	7.2%	989	2.85	1.15	17
	2023	15.6%	24.7%	28.7%	25.1%	5.9%	1041	2.81	1.15	17
	2024	15.4%	25.6%	28.5%	23.6%	6.9%	1052	2.81	1.16	17
Practice setting – Long-term care facilities	2014	10.2%	26.2%	30.0%	25.9%	7.6%	890	2.95	1.11	16
	2015	12.4%	24.9%	28.2%	27.1%	7.5%	881	2.92	1.14	15
	2016	14.0%	23.7%	28.7%	26.7%	7.0%	904	2.89	1.15	16
	2017	13.0%	24.9%	28.1%	26.4%	7.6%	1022	2.91	1.15	17
	2018	11.9%	23.7%	31.9%	23.2%	9.4%	1068	2.94	1.15	17
	2019	15.8%	25.3%	26.2%	25.8%	7.0%	998	2.83	1.18	16
	2020	13.8%	27.5%	28.0%	23.5%	7.2%	966	2.83	1.15	17
	2021	14.1%	26.8%	27.8%	24.6%	6.7%	899	2.83	1.15	17
	2022	17.5%	28.1%	26.7%	21.4%	6.2%	988	2.71	1.17	17
	2023	18.0%	26.2%	28.5%	20.7%	6.6%	1041	2.72	1.17	17
	2024	17.6%	25.7%	27.3%	23.1%	6.2%	1053	2.75	1.17	17
Marginalized, disadvantaged and vulnerable populations	2014	5.9%	14.0%	29.2%	35.6%	15.4%	890	3.41	1.09	16
	2015	5.6%	13.8%	28.8%	34.2%	17.6%	879	3.44	1.10	15
	2016	5.5%	13.9%	30.9%	30.7%	19.0%	904	3.44	1.11	16
	2017	4.5%	11.3%	30.2%	34.4%	19.6%	1021	3.53	1.07	17
	2018	3.1%	9.9%	26.6%	35.8%	24.5%	1066	3.69	1.05	17
	2019	5.2%	12.4%	29.0%	34.0%	19.5%	999	3.50	1.10	16
	2020	3.0%	11.3%	25.1%	36.4%	24.3%	964	3.68	1.05	17
	2021	5.1%	10.9%	23.8%	36.5%	23.7%	898	3.63	1.11	17
	2022	3.9%	9.4%	25.0%	36.4%	25.2%	990	3.70	1.07	17
	2023	4.5%	8.6%	24.7%	38.0%	24.3%	1041	3.69	1.07	17
	2024	4.2%	8.4%	23.2%	38.8%	25.3%	1053	3.73	1.06	17
Rural populations	2014	6.7%	14.4%	23.3%	34.4%	21.3%	892	3.49	1.17	16
	2015	6.8%	15.0%	26.3%	31.2%	20.7%	879	3.44	1.17	15
	2016	7.0%	14.9%	25.6%	31.9%	20.6%	903	3.44	1.17	16
	2017	6.8%	17.2%	28.2%	30.2%	17.6%	1020	3.35	1.15	17
	2018	5.5%	14.1%	24.3%	33.3%	22.9%	1067	3.54	1.15	17
	2019	6.8%	16.1%	25.6%	33.0%	18.5%	998	3.40	1.16	16
	2020	6.6%	15.2%	28.1%	29.8%	20.3%	966	3.42	1.16	17
	2021	8.8%	14.8%	23.4%	30.3%	22.7%	899	3.43	1.23	17
	2022	8.1%	13.2%	27.3%	31.8%	19.6%	987	3.42	1.18	17
	2023	7.5%	12.1%	26.4%	33.0%	21.1%	1042	3.48	1.17	17
	2024	7.1%	12.9%	27.0%	29.7%	23.3%	1051	3.49	1.18	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Elderly populations	2014	1.7%	2.1%	12.6%	43.4%	40.1%	886	4.18	0.86	16
	2015	1.8%	3.4%	13.8%	43.7%	37.2%	877	4.11	0.89	15
	2016	2.1%	5.1%	16.4%	37.9%	38.4%	904	4.05	0.97	16
	2017	2.2%	4.1%	16.0%	41.0%	36.7%	1022	4.06	0.94	17
	2018	1.6%	5.8%	16.3%	39.3%	37.0%	1069	4.04	0.95	17
	2019	2.1%	3.8%	15.2%	40.9%	37.9%	999	4.09	0.93	16
	2020	2.7%	4.3%	14.6%	41.0%	37.5%	962	4.06	0.97	17
	2021	1.8%	5.2%	16.2%	42.3%	34.5%	899	4.02	0.94	17
	2022	1.7%	4.0%	19.3%	38.4%	36.6%	987	4.04	0.93	17
	2023	2.2%	4.3%	17.2%	40.8%	35.5%	1042	4.03	0.95	17
	2024	2.3%	4.1%	17.5%	39.6%	36.5%	1052	4.04	0.96	17
Indigenous populations	2014	6.9%	18.1%	36.8%	27.1%	11.1%	889	3.18	1.07	16
	2015	7.6%	17.3%	33.1%	30.0%	12.1%	879	3.22	1.10	15
	2016	7.6%	16.7%	36.3%	26.5%	12.9%	903	3.20	1.10	16
	2017	5.6%	18.0%	35.8%	28.4%	12.2%	1022	3.24	1.06	17
	2018	6.2%	15.9%	31.6%	31.4%	14.9%	1066	3.33	1.10	17
	2019	5.8%	15.6%	34.8%	31.5%	12.4%	998	3.29	1.05	16
	2020	4.6%	13.8%	34.3%	33.0%	14.3%	966	3.39	1.04	17
	2021	4.0%	11.5%	33.0%	34.5%	17.0%	899	3.49	1.03	17
	2022	4.4%	9.4%	35.6%	33.0%	17.5%	984	3.50	1.03	17
	2023	3.7%	10.3%	34.3%	36.0%	15.7%	1040	3.50	1.00	17
	2024	4.1%	8.7%	32.4%	36.3%	18.5%	1049	3.56	1.02	17

Family Medicine Longitudinal Survey
Time 1 (Entry) 2024

Questions 1-4 are used to generate a Unique Identifier. These are not available for request.

Demographics

5. What is your marital status?

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

6. Do you have children?

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

7. What is your gender?

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

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

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

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?

a. University of British Columbia
b. University of Calgary
c. University of Alberta
d. University of Saskatchewan
e. University of Manitoba
f. Western University
g. McMaster University
h. University of Toronto

i. NOSM University
j. University of Ottawa
k. Queen's University
l. Université de Sherbrooke
m. Université de Montréal
n. McGill University
o. Université Laval
p. Dalhousie University
q. Memorial University
r. Outside Canada

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

a. Yes
b. No

About Your Medical Education to Date

12. To what extent do you agree or disagree with the following statements? My medical education prior to this residency program…(Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't Know)

a. ...included extensive experiences within family medicine setting(s).
b. ...promoted family medicine as a positive career choice.
c. ...exposed me to strong family medicine role models.
d. ...exposed me to the concept of continuity of care.
e. ...exposed me to the concept of comprehensive care.
f. ...exposed me to patients who had complex and/or ambiguous health issues.

Perceptions about Family Medicine

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

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

Problem Solving and Learning

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

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

Practice Exposure and Intentions

15. After completing your residency, how likely are you to practice in the following organizational models? (Select One: Very unlikely, Somewhat unlikely, Neutral, Somewhat likely, Highly likely, Don't know)

a. Solo practice
b. Group physician practice
c. Interprofessional team-based practice
d. Practice that includes teaching health profession learners

16. After completing your residency, how likely are you to practice in the following family medicine practice types? (Select One: Very unlikely, Somewhat unlikely, Neutral, Somewhat likely, Highly likely, Don't know)

a. Comprehensive care delivered in one clinical setting. (e.g., office –based)
b. Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).
c. Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)
d. I plan to focus only on specific clinical areas (such as sports medicine, maternity care, emergency medicine, palliative care, hospital medicine etc.)
e. 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? (Select One: Very unlikely, Somewhat unlikely, Neutral, Somewhat likely, Highly likely)

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

a. I may eventually practice that way, but not at the start

b. I'm not interested in that type of practice
c. I plan to focus my practice in a specific area
d. I intend to do locum practice(s)
e. 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." (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

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. (Select One: No exposure, Minimal exposure, Adequate Exposure, More than adequate exposure, Too much exposure)

a. Care across the life cycle
b. Intrapartum care
c. Mental health care
d. Chronic disease management
e. Palliative Care/End of life
f. Office-based clinical procedures
g. In-hospital clinical procedures (e.g., chest tube insertion, adult lumbar puncture, nasogastric tube insertion)
h. Practice setting – Emergency departments
i. Practice setting – In-hospital
j. Practice setting – Care in the home
k. Practice setting – Long-term care facilities
l. Marginalized, disadvantaged and vulnerable populations
m. Rural populations
n. Elderly populations
o. Indigenous Populations

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. (Select One: Very unlikely, Somewhat unlikely, Neutral, Somewhat likely, Highly likely)

a. Care across the life cycle
b. Intrapartum care
c. Mental health care
d. Chronic disease management

e. Palliative Care/End of life
f. Office-based clinical procedures
g. In-hospital clinical procedures (e.g., chest tube insertion, adult lumbar puncture, nasogastric tube insertion)
h. Practice setting – Emergency departments
i. Practice setting – In-hospital
j. Practice setting – Care in the home
k. Practice setting – Long-term care facilities
l. Marginalized, disadvantaged and vulnerable populations
m. Rural populations
n. Elderly populations
o. Indigenous Populations

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.