

# Capturing Learner Trends from the Triple C Competency Based Curriculum 2014 to 2022

Results of the T1 (entry) Family Medicine Longitudinal Survey

Aggregate Findings across Family Medicine Residency Programs in Canada





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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).<sup>1</sup> 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.<sup>2</sup> 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.<sup>2</sup>

<sup>&</sup>lt;sup>1</sup>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: <a href="https://www.cfpc.ca/uploadedFiles/Education/">https://www.cfpc.ca/uploadedFiles/Education/</a> PDFs/TripleC Report pt2.pdf. Accessed December 13, 2021. <a href="https://www.cfpc.ca/uploadedFiles/Education/">20andasan 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: <a href="https://www.cfpc.ca/uploadedFiles/Education/">https://www.cfpc.ca/uploadedFiles/Education/</a> 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*

<sup>\*</sup>Expected

# **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 to residency; Time 2 (T2) at exit from residency; and 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.

# T2 (exit) survey

The T2 (exit) survey is administered by the residency program 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. Starting 2021 the Collège des Médecins du Québec (CMQ) partnered with the CFPC in an effort to enhance responses from practising family physicians registered 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 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. For information on how to request FMLS data please visit the EERU website.

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

#### **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 CFPC.

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

# This report

This report provides aggregate results, without interpretation, of the T1 (entry) surveys administered to family medicine residents entering their residency training program in 2014–2022. For reference purposes, Appendix 1 contains the questionnaire administered to T1 (entry) residents in 2022 only.

The T1 (entry) results have contributed to the <u>Outcomes of Training</u> Project (OTP) report, (January 2022) using evidence informed data to help guide improvements in family medicine residency education.

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%

# **Methodological notes**

Please note that this iteration of the FMLS trends report integrates data from all 17 family medicine residency programs. In contrast, preceding FMLS trends reports incorporated a subset of 15 residency programs. The previous use of a subset of residency programs was done to increase inclusion comparability over time. The inclusion of all residency programs will increase the representativeness of FMLS results. This methodological change does not alter previous trends, however there are minor variations in statistical results between this report and previous reports. If you have any questions, please contact us at <a href="mailto:eeru@cfpc.ca">eeru@cfpc.ca</a>.

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.

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

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

Additionally, some survey administration errors were identified as follows:

- A discrepancy was noted for Q13g where the French version differed from the English version. This discrepancy applies to all T1 (entry) cohorts. Therefore, we have provided the results for both English and French versions of Q13g separately.
- One program used incorrect language for Q21a—o and is excluded from these results for all affected cohorts.
- 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, <u>please visit the EERU website</u>.

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 <u>T2 (exit) trends report</u>.

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

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Family Medicine Longitudinal Survey T1 (entry) 202221



Capturing Learner Trends from the Triple C Competency-Based Curriculum 2014 to 2022

Results of the T1 (entry) Family Medicine Longitudinal Survey

**Aggregate findings across Family Medicine Residency Programs** 

**Prepared by: Education Evaluation and Research Unit (EERU)** 

The College of Family Physicians of Canada

Date: October 2023

# A. Profile of Survey Respondents

Q5. What is your marital st	atus?											
Note: Percentages sum to 100 across rows. The data are weighted by residency program.												
				Common-								
		Single	Married	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				

6. Do you have children?								
Note: Percentages sum	to 100	across rows.	The data are	weighted by	residency pr	ogram.		
		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			

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: Pe	ercentages su	ım to 100 ac	ross rows. The	e data are w	eighted by re	sidency progra	ım.				
		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						

3. Select the ONE stateme	nt whic	h best descril	oes the envir	onment in wh	nich you grev	v up PRIOR t	o university.				
Note: Percentages sum to 100 across rows. The data are weighted by residency program.											
			Urban/			Remote/	Mixture of				
		Inner city	suburban	Small town	Rural	isolated	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		

). 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						6 years or				
		year	1 year	2 years	3 years	4 years	5 years	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

# **B. About Your Medical Education to Date**

11. Have you had any non-	1. Have you had any non-family medicine specialty residency training prior to starting this program?											
Note: Percentages sum to 100 across rows. The data are weighted by residency program.												
		Yes	No	Count	Programs							
	2014	7.8%	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							

#### 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. Standard Strongly Strongly Disagree Neutral Count Deviation Programs Disagree Agree Agree Mean included extensive 2014 2.3% 18.3% 18.5% 41.7% 19.2% 901 3.57 1.06 16 experiences within family 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 medicine setting(s). 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 2014 40.9% 16 promoted family 0.9% 7.1% 10.9% 40.2% 900 4.13 0.93 2015 medicine as a positive 1.4% 5.5% 10.2% 41.0% 41.9% 932 4.17 0.92 16 2016 16 career choice. 2.1% 6.7% 12.4% 42.1% 36.7% 907 4.05 0.97 2017 4.06 17 1.3% 6.4% 14.1% 41.4% 36.9% 1030 0.94 2018 40.9% 34.1% 1080 3.97 0.99 17 1.9% 7.9% 15.3% 2019 37.4% 1019 4.01 0.99 16 1.2% 8.9% 14.7% 37.8% 2020 17 1.5% 8.7% 15.7% 36.9% 37.1% 962 3.99 1.01 2021 901 3.90 17 2.2% 11.0% 15.4% 37.8% 33.6% 1.06 2022 12.1% 38.2% 28.1% 1006 3.78 1.05 17 2.1% 19.4% 2014 exposed me to strong 899 4.05 0.98 16 1.2% 8.5% 13.0% 38.4% 38.9% 2015 933 16 0.5% 8.5% 12.1% 38.6% 40.4% 4.10 0.95 family medicine role 2016 1.3% 7.9% 10.0% 40.4% 40.4% 901 4.11 0.96 16 models. 2017 6.9% 37.7% 1030 4.05 0.96 17 1.4% 14.4% 39.6% 2018 1.9% 6.2% 41.2% 37.0% 1073 4.05 0.96 17 13.7% 2019 0.8% 7.7% 12.0% 39.5% 39.9% 1011 4.10 0.94 16 2020 1.6% 40.6% 966 4.02 1.05 17 10.3% 13.5% 34.0% 2021 17 2.1% 11.1% 14.6% 36.0% 36.1% 901 3.93 1.07 2022 2.2% 8.9% 14.2% 41.9% 32.8% 1004 3.94 1.01 17 2014 16 exposed me to the 1.1% 6.6% 12.8% 50.1% 29.4% 899 4.00 0.89 concept of continuity of 2015 0.4% 6.9% 43.7% 34.7% 932 4.05 0.89 16 14.3% 2016 0.7% 4.8% 9.9% 50.5% 34.1% 898 4.12 0.83 16 care. 2017 1.2% 5./% 10.9% 50.1% 32.0% 1028 4.06 0.88 1/ 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 36.8% 0.8% 6.1% 12.7% 43.6% 899 4.09 0.90 17 2022 17 1.3% 7.1% 11.1% 48.0% 32.3% 999 4.03 0.92 2014 exposed me to the 0.8% 3.6% 10.9% 53.6% 31.2% 893 4.11 0.79 16 36.0% concept of 2015 0.3% 3.7% 11.1% 48.9% 930 4.17 0.79 16 2016 0.6% 2.4% 11.1% 51.1% 34.8% 897 4.17 0.76 16 comprehensive care. 2017 2.9% 30.9% 1027 4.11 0.78 17 0.9% 11.1% 54.2% 2018 1076 0.76 17 0.7% 2.2% 11.6% 51.8% 33.7% 4.16 2019 0.3% 3.7% 10.8% 46.3% 38.9% 1010 4.20 0.80 16 2020 17 1.1% 3.4% 9.4% 47.6% 38.5% 956 4.19 0.82 2021 0.5% 4.2% 49.3% 897 4.15 0.81 17

10.4%

35.6%

	2022	1.3%	3.8%	10.2%	49.7%	34.9%	1001	4.13	0.84	17
exposed me to patients	2014	0.3%	3.3%	5.2%	44.6%	46.7%	901	4.34	0.75	16
who had complex and/or	2015	0.2%	1.6%	7.7%	43.8%	46.7%	928	4.35	0.71	16
ambiguous health issues.	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

# 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.

I am proud to become a family physician.		Disagree								
· · · · · · · · · · · · · · · · · · ·			Disagree	Neutral	Agree	Agree	Count	Mean	Deviation	Programs
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
Datianta varancias tha	2022	0.5%	1.6%	7.9%	31.2%	58.7%	996	4.46	0.75	17
Patients recognize the	2014	0.3%	2.3%	11.7%	49.3%	36.4%	895	4.19	0.75	16
value of family medicine.	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
Datiants haliava that		0.7%	9.0%	15.6%	43.6%	31.1%	986	3.95	0.94	17
Patients believe that	2014	1.1%	5.0%	20.7%	47.1%	26.2%	887	3.92	0.87	16
family physicians provide	<ul><li>2015</li><li>2016</li></ul>	0.2%	6.8%	18.1%	48.7%	26.1%	917 892	3.94	0.86 0.86	16 16
value above and beyond		0.7%	6.8%	20.0%	50.3%	22.3%	1008	3.87	0.86	17
referring to other types of	<ul><li>2017</li><li>2018</li></ul>	1.2%	6.8%	20.9%	51.3%	19.8%		3.82		17
specialists.	2018	0.7%	7.2% 7.3%	18.5% 20.5%	50.6% 50.6%	23.0% 21.0%	1061 1001	3.88 3.84	0.87	16
	2019	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%	22.1%	890	3.88	0.88	17
	2021	1.6%	9.6%	21.8%	42.7%	24.3%	977	3.79	0.87	17
I have found that other	2014	2.1%	25.4%	34.1%	28.4%	10.1%	888	3.19	1.00	16
medical specialists have	2014	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
little respect for the	2017	1.8%	23.5%	35.3%	31.7%	7.8%	1020	3.20	0.95	17
expertise of family	2018	1.7%	21.8%	33.2%	34.6%	8.7%	1063	3.27	0.95	17
physicians.	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
Family physicians make a	2014	0.2%	0.3%	1.9%	32.9%	64.8%	893	4.62	0.56	16
valuable contribution that	2015	0.1%	0.4%	2.4%	30.9%	66.2%	929	4.63	0.56	16
is different from other	2016	0.1%	0.2%	1.4%	35.4%	62.8%	901	4.61	0.54	16
specialists.	2017	0.2%	0.4%	1.9%	39.1%	58.5%	1030	4.55	0.57	17
specialists.	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
I would prefer to be in	2014	50.4%	34.3%	9.9%	3.2%	2.2%	885	1.73	0.92	16
another medical specialty.	2015	49.3%	33.3%	11.0%	4.8%	1.5%	924	1.76	0.94	16
and the medical specialty.	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
Government perceives	2014	0.9%	4.8%	14.0%	52.5%	27.8%	623	4.02	0.83	13
family medicine as	2015	2.4%	11.2%	22.5%	40.9%	23.0%	637	3.71	1.02	13
essential to the health	2016	2.5%	11.2%	22.4%	44.0%	19.9%	648	3.68	1.00	13
care system. (ENGLISH)	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
Government perceives	2014	0.5%	9.0%	12.7%	45.5%	32.3%	268	4.00	0.93	4
family medicine as	2015	4.1%	13.0%	23.5%	38.1%	21.2%	282	3.59	1.09	4
essential to the health	2016	4.0%	20.1%	21.3%	35.0%	19.6%	248	3.46	1.13	5
care system in Canada	2017	2.5%	14.3%	20.3%	44.3%	18.6%	242	3.62	1.02	4
(FRENCH)	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

# D. Problem Solving and Learning

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

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

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

		Strongly				Strongly			Standard	
		Disagree	Disagree	Neutral	Agree	Agree	Count	Mean	Deviation	Programs
I sometimes feel	2014	0.7%	9.7%	19.4%	60.2%	10.0%	900	3.69	0.81	16
overwhelmed when	2015	0.9%	11.8%	16.9%	60.0%	10.4%	931	3.67	0.85	16
dealing with patients who	2016	0.9%	11.3%	16.3%	59.2%	12.3%	909	3.71	0.86	16
present with complex or	2017	1.3%	9.0%	17.2%	61.2%	11.1%	1033	3.72	0.83	17
ambiguous health issues.	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
I can identify my own	2014	0.1%	1.2%	11.2%	73.4%	14.1%	899	4.00	0.56	16
learning needs.	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
In spite of my best	2014	1.2%	25.7%	30.9%	34.2%	8.1%	899	3.22	0.96	16
intentions, I rarely find	2015	1.0%	23.7%	34.7%	31.9%	8.7%	931	3.23	0.94	16
the time to do the	2016	1.4%	29.0%	28.4%	33.6%	7.5%	904	3.17	0.98	16
learning I need to stay up-	2017	2.5%	24.9%	32.7%	33.2%	6.8%	1032	3.17	0.96	17
to-date.	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
I know how to evaluate	2014	0.1%	3.5%	28.6%	62.0%	5.9%	899	3.70	0.63	16
the accuracy and	2015	0.2%	6.4%	29.1%	56.3%	8.0%	931	3.66	0.72	16
relevance of information	2016	0.1%	4.7%	25.2%	62.8%	7.2%	908	3.72	0.67	16
before using it to inform	2017	0.4%	3.7%	25.6%	64.1%	6.2%	1033	3.72	0.65	17
my patients' care.	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

I can problem solve	2014	0.4%	6.8%	36.7%	52.9%	3.2%	900	3.52	0.69	16
effectively when faced	2015	0.4%	6.7%	35.2%	52.0%	5.8%	931	3.56	0.72	16
with complex or	2016	0.0%	7.0%	38.3%	51.3%	3.4%	906	3.51	0.68	16
ambiguous patient	2017	0.6%	7.8%	35.5%	52.8%	3.2%	1030	3.50	0.71	17
presentations.	2018	0.1%	7.4%	37.9%	50.5%	4.2%	1074	3.51	0.70	17
p. 66666.	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

# 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.

Note: Percentages sum		Very	Somewhat		Somewhat	Highly			Standard	
		unlikely	unlikely	Neutral	likely	Likely	Count	Mean	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
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
Interprofessional team-	2014	0.3%	2.2%	9.0%	40.6%	47.9%	868	4.34	0.76	16
based practice	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
Practice that includes	2014	1.2%	4.5%	11.1%	42.5%	40.6%	860	4.17	0.88	16
teaching health	2015	0.8%	4.6%	12.2%	44.6%	37.7%	884	4.14	0.86	16
profession learners	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

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.

		Very	Somewhat		Somewhat	Highly			Standard	
		unlikely	unlikely	Neutral	likely	Likely	Count	Mean	Deviation	Programs
Comprehensive care	2014	7.3%	18.4%	13.9%	35.9%	24.5%	879	3.52	1.24	16
delivered in one clinical	2015	8.1%	19.8%	14.3%	32.0%	25.8%	905	3.48	1.28	16
setting. (e.g., office	2016	7.4%	18.2%	10.0%	33.6%	30.7%	890	3.62	1.29	16
-based)	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
Comprehensive care	2014	1.5%	6.7%	10.7%	42.6%	38.6%	876	4.10	0.94	16
provided across multiple	2015	1.0%	6.3%	9.7%	46.1%	36.9%	906	4.12	0.89	16
clinical settings (in-	2016	2.8%	9.6%	11.1%	35.6%	40.9%	887	4.02	1.07	16
hospital, long-term care,	2017	3.1%	9.4%	9.6%	45.7%	32.2%	994	3.95	1.03	17
office).	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
Comprehensive care that	2014	1.2%	5.2%	9.4%	41.2%	42.9%	872	4.19	0.90	16
includes a special interest	2015	0.6%	5.7%	11.3%	38.9%	43.5%	892	4.19	0.89	16
(such as sports medicine,	2016	1.6%	5.5%	9.3%	37.8%	45.7%	885	4.21	0.93	16
emergency medicine,	2017	1.8%	5.3%	10.8%	41.5%	40.6%	994	4.14	0.93	17
palliative care, etc.)	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
I plan to focus only on	2014	14.4%	27.4%	18.1%	22.0%	18.1%	867	3.02	1.34	16
specific clinical areas	2015	14.2%	28.2%	17.5%	21.5%	18.6%	892	3.02	1.35	16
(such as sports medicine,	2016	14.1%	27.2%	17.5%	23.4%	17.7%	878	3.03	1.33	16
maternity care,	2017	14.2%	25.4%	18.5%	23.2%	18.7%	975	3.07	1.34	17
emergency medicine,	2018	14.2%	22.9%	20.1%	24.4%	18.4%	1025	3.10	1.33	17
palliative care, hospital	2019	12.8%	25.3%	17.8%	24.4%	19.7%	968	3.13	1.34	16
medicine etc.)	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

# 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.

	Very	Somewhat		Somewhat				Standard	
	unlikely	unlikely	Neutral	likely	Very likely	Count	Mean	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

18. If very unlikely or some	what u	nlikely, what	is your prima	ry reason? (d	heck one on	ly)			
Note: Percentages sum	to 100	across rows.	The data are	weighted by	residency pr				
		I may eventually practice that way, but not at	I'm not interested in that type	I plan to focus my practice in a specific	do locum	l'd like to, but there are obstacles preventing			
		the start	of practice	area	practice(s)	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	

# 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				Strongly			Standard	
	Disagree	Disagree	Neutral	Agree	Agree	Count	Mean	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

# 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

For the purposes of analysis, "No exposure" to "Too much exposure" were coded from 1 to 5, respectively.

Note. Percentages sum	100 a	C1033 10W3. 1	ne data are v	veignica by i		grain.				
		No	Minimal	Adequate	More than adequate	Too much			Standard	
		exposure	exposure	exposure	exposure	exposure	Count	Mean	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
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
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
Chronic disease	2016	0.3%	14.1%	59.5%	24.2%	1.8%	841	3.13	0.67	15
management	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
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
Office-based clinical	2016	2.3%	34.1%	48.2%	13.8%	1.6%	844	2.78	0.77	15
procedures	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
In-hospital clinical	2016	6.0%	57.0%	26.4%	8.7%	1.9%	842	2.44	0.81	15

<sup>&</sup>quot;Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2017.

procedures	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
Practice setting –	2016	1.6%	12.6%	54.4%	28.9%	2.5%	842	3.18	0.74	15
Emergency departments	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
Practice setting – In-	2016	0.5%	7.3%	51.7%	35.5%	5.0%	845	3.37	0.71	15
hospital	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
Practice setting – Care in	2016	25.4%	54.1%	16.9%	3.4%	0.3%	844	1.99	0.77	15
the home	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
Practice setting – Long-	2016	17.2%	49.3%	27.0%	5.7%	0.7%	841	2.23	0.83	15
term care facilities	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
Marginalized	2016	8.7%	46.3%	32.3%	11.6%	1.1%	841	2.50	0.85	15
disadvantaged and	2017	10.5%	42.0%	38.3%	8.7%	0.5%	961	2.47	0.82	16
vulnerable populations	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
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
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
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

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

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

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

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

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

Very Somewhat Somewhat His

		Very	Somewhat		Somewhat	Highly			Standard	
		unlikely	unlikely	Neutral	likely	Likely	Count	Mean	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	Deviation           0.84           0.89           0.84           0.83           0.85           0.88           0.88           0.88           1.32           1.28           1.31           1.30           1.29           1.34           0.98           0.96           0.98           0.96           0.99           0.83           0.86           0.84           0.83           0.85           0.89           1.11	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
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
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
Chronic disease	2014	1.1%	2.5%	11.2%	41.8%	43.4%	891	4.24	0.83	16
management	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		16
	2017	1.2%	2.1%	11.5%	37.7%	47.5%	1021	4.28		17
	2018	1.0%	2.4%	11.4%	40.0%	45.2%	1068	4.26		17
	2019	1.1%	1.8%	9.3%	40.1%	47.6%	999	4.31		16
	2020	0.7%	2.8%	9.8%	38.0%	48.6%	963	4.31		17
	2021	1.5%	2.6%	11.8%	42.2%	42.0%	893	4.21		17
	2022	1.3%	3.9%	13.3%	38.5%	43.1%	988	4.18		17
Palliative Care/End of life	2014	5.0%	13.7%	25.2%	36.1%	20.1%	892	3.52		16
	2015	4.6%	15.7%	23.9%	35.9%	19.9%	879	3.51		15
	2016	5.8%	15.0%	23.7%	35.4%	20.1%	905	3.49		16
	2017	5.4%	12.8%	26.6%	35.8%	19.3%	1020	3.51		17
	2018	5.3%	12.4%	24.4%	37.6%	20.2%	1066	3.55		17
	2019	5.8%	12.6%	25.9%	37.9%	17.8%	998	3.49		16
	2020	6.2%	16.0%	23.0%	38.9%	15.9%	963	3.42		17
	2021	6.4%	13.1%	27.1%	35.9%	17.5%	899	3.45		17
	2022	4.9%	17.0%	28.1%	36.2%	13.9%	987	3.37		17
Office-based clinical	2014	1.0%	2.8%	8.5%	43.3%	44.4%	885	4.27		16
procedures	2015	1.0%	1.8%	12.6%	42.7%	41.9%	878	4.22		15
	2016	0.6%	3.8%	9.4%	42.1%	44.1%	901	4.25		16
	2017	1.4%	2.1%	12.7%	42.4%	41.4%	1015	4.20		17
	2018	1.1%	3.2%	10.1%	43.0%	42.5%	1067	4.23		17
	2019	1.1%	3.7%	10.9%	39.4%	44.9%	999	4.23		16
	2020	1.1%	3.2%	11.1%	42.9%	41.7%	961	4.21		17
	2021	0.4%	3.5%	11.4%	47.3%	37.4%	896	4.18		17
In hospital aliminal	2022	0.9%	3.3%	14.1%	38.3%	43.5%	984	4.20		17
In-hospital clinical	2014	9.3%	17.6%	21.4%	32.6%	19.2%	892	3.35		16 15
procedures	2015	10.7%	20.7%	22.0%	28.9%	17.7%	878	3.22		15 16
	2016	12.7%	20.7%	19.6%	28.7%	18.3%	899	3.19		16 17
	2017	13.6%	20.6%	22.9%	28.1%	14.8%	1021	3.10		17
	2018	11.4%	23.9%	22.9%	25.4%	16.4%	1065	3.11		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
Practice setting –	2014	6.9%	14.7%	20.1%	32.0%	26.3%	892	3.56	1.22	16
_	2015	7.9%	16.6%	20.1%	30.9%	23.7%	881	3.46	1.24	15
Emergency departments	2015	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
	2017	9.3%	20.1%	20.7%	28.1%	21.8%	1066	3.33	1.27	17
	2019	7.4%	19.9%	20.7%	28.2%	24.0%	999	3.42	1.25	16
	2019	8.1%		18.8%	29.2%		966	3.44	1.27	17
	2020	11.9%	19.1%			24.8% 20.8%	898	3.30	1.30	17
	2021	10.2%	17.4%	20.4%	29.5% 26.2%		990		1.32	17
Drastice cotting In	2014	4.5%	21.7% 13.3%	18.5% 17.6%	40.9%	23.5% 23.7%	892	3.31 3.66	1.32	
Practice setting – In-	2014	4.5%	11.7%				878			16 15
hospital	2015			19.8%	41.1%	22.6%		3.65	1.10	
	2017	8.7%	14.8%	20.5%	36.2%	19.9%	905 1019	3.44	1.21	16 17
	2017	6.6%	15.3%	21.4%	39.4%	17.4%		3.46	1.14	
	2019	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
		9.3%	13.3%	21.4%	35.6%	20.4%	895	3.44	1.22	17
Duratics setting Cours in	2022	8.3%	16.3%	20.1%	35.6%	19.6%	985	3.42	1.21	17
Practice setting – Care in	2014	10.4%	22.7%	28.3%	30.7%	7.8%	890	3.03	1.12	16
the home	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
5	2022	14.3%	25.3%	29.0%	24.3%	7.2%	989	2.85	1.15	17
Practice setting – Long-	2014	10.2%	26.2%	30.0%	25.9%	7.6%	890	2.95	1.11	16
term care facilities	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
Marginalized,	2014	5.9%	14.0%	29.2%	35.6%	15.4%	890	3.41	1.09	16
disadvantaged and	2015	5.6%	13.8%	28.8%	34.2%	17.6%	879	3.44	1.10	15
vulnerable populations	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
Devel a sacretation o	2022	3.9%	9.4%	25.0%	36.4%	25.2%	990	3.70	1.07	17
Rural populations	2014 2015	6.7%	14.4%	23.3%	34.4%	21.3%	892	3.49	1.17	16
		6.8%	15.0%	26.3%	31.2%	20.7%	879	3.44	1.17	15
	2016 2017	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
	2019	5.5% 6.8%	14.1%	24.3%	33.3%	22.9%	1067 998	3.54	1.15	17
	2019		16.1%	25.6%	33.0%	18.5%		3.40	1.16	16
	2020	6.6%	15.2%	28.1%	29.8%	20.3% 22.7%	966	3.42	1.16	17
		8.8%	14.8%	23.4%	30.3%		899	3.43	1.23	17
Elderly populations	2022 2014	8.1%	13.2%	27.3%	31.8%	19.6%	987	3.42	1.18	17 16
	2014	1.7%	2.1%	12.6%	43.4% 43.7%	40.1%	886	4.18	0.86	16 15
	2015	1.8%	3.4% 5.1%	13.8%		37.2%	877 904	4.11	0.89	15 16
		2.1%	5.1%	16.4%	37.9%	38.4%		4.05	0.97	16
	2017	2.2%	4.1%	16.0%	41.0%	36.7%	1022	4.06	0.94	17
	2018 2019	1.6%	5.8%	16.3%	39.3%	37.0%	1069	4.04	0.95	17
		2.1%	3.8%	15.2%	40.9%	37.9% 37.5%	999	4.09	0.93	16 17
	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
Indigonous populations	2022	1.7%	4.0%	19.3%	38.4%	36.6%	987	4.04	0.93	17
Indigenous populations	2014	6.9%	18.1%	36.8%	27.1%	11.1%	889	3.18	1.07	16 15
	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

# Family Medicine Longitudinal Survey Time 1 (Entry) 2022

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
- I. 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 upto-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
  - I. 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
- I. 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.