

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

Results of the T2 (exit) 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).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, <u>comprehensive</u>, focused on <u>continuity</u>, and <u>centred</u> 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

¹Oandasan 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 ²Oandasan 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.

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*

Table 1. FM Longitudinal Survey Learner Cohort: Trajectory

*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 <u>EERU website</u>.

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 <u>eeru@cfpc.ca</u>.

This Report

This report provides aggregate results, without interpretation, of the T2 (exit) surveys administered to family medicine residents exiting their residency training program in 2015-2022. For reference purposes, Appendix 1 contains the questionnaire administered to T2 residents in 2022 only.

The T2 (exit) 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.

Cohort Year	T2 Exit Survey Year	Response Rate
2015	2017	62.8%
2016	2018	64.4%
2017	2019	59.6%
2018	2020	55%
2019	2021	49.9%
2020	2022	52.6%

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

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 <u>eeru@cfpc.ca</u>.

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.

			Year Change was
Question	Original Language	Updated Language	First Implemented
Q7	What is your sex	What is your gender	2018
Q7	Female	Female	2018
	Male	Male	
		Non-binary	
Q20	No Exposure	No Exposure	2018
	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	2018
	First Nations, Inuit and		
	Métis		

Several questions were modified since the 2015 version of the survey (emphasis added):

Additionally some survey administration errors were identified as follows:

- One program used incorrect language for Q11a, Q11e, Q21i and is excluded from those results for the affected cohorts
- Due to a formatting issue with the local online tool, the top category for Q11, Q12, Q14, Q15, Q16, and Q21 did not appear visible to respondents at one program. Data are excluded for

one program from those results for the affected cohorts

- Four programs did not update their response categories for Q20; data are excluded for those programs from those results for the affected cohorts
- The 2020 and 2021 surveys were conducted during the COVID-19 pandemic. All 17 programs continued to conduct the survey. All programs that had administered paper surveys switched to online platforms. We cannot confirm if there were any impacts on the results.

Access to FMLS data

The Triple C DOC developed a request process for the committee's review of external research requests for use of the Triple C evaluation data. To submit a request for FMLS data, <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>T1 (entry) trends report</u>.

Please send any questions to the EERU at <u>eeru@cfpc.ca</u>.

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Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

Results of the T2 (exit) 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 status?

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

	Single	Married	Common- law	Divorced	Widowed	Count	Programs	
2015	40.7%	37.6%	19.7%	1.5%	0.4%	614	15	
2016	37.6%	40.3%	21.1%	0.9%	0.2%	770	16	
2017	42.4%	37.1%	18.9%	1.6%	0.0%	871	17	
2018	43.3%	34.5%	20.9%	1.0%	0.2%	897	17	
2019	46.3%	32.6%	20.5%	0.6%	0.0%	848	17	
2020	47.1%	30.9%	21.2%	0.9%	0.0%	801	17	
2021	42.2%	30.2%	27.0%	0.5%	0.0%	750	17	
2022	45.2%	28.1%	24.7%	1.8%	0.3%	752	17	

6. Do you have children?

Note: Percentages sum to 1	00 acros	s rows. The c	lata are weig	ghted by res	idency prog	ram.		
		Yes/	No	Count	Programs			
		Expecting						
	2015	24.8%	75.2%	613	15			
	2016	23.8%	76.2%	774	16			
	2017	24.4%	75.6%	873	17			
	2018	21.3%	78.7%	889	17			
	2019	20.8%	79.2%	853	17			
	2020	17.9%	82.1%	802	17			
	2021	20.4%	79.6%	756	17			
	2022	20.3%	79.7%	751	17			

7. What is your gender?

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

	Female	Male	Non-binary	Count	Programs		
2015	67.3%	32.7%	0.0%	613	15		
2016	63.1%	36.9%	0.0%	770	16		
2017	63.0%	37.0%	0.0%	878	17		
2018	58.1%	41.8%	0.1%	909	17		
2019	62.1%	37.7%	0.2%	863	17		
2020	61.1%	38.8%	0.1%	805	17		
2021	61.7%	37.9%	0.4%	754	17		
2022	64.0%	35.8%	0.2%	754	17		

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

Note: Percentages sum to 1	00 across	s rows. The c	data are wei	ghted by resi	dency progr	am.				
		Inner city	Urban/	Small town	Rural	Remote/	Mixture of	Count	Programs	
			suburban			isolated	enviroments			
	2015	5.0%	55.4%	16.3%	14.0%	2.4%	6.9%	630	15	
	2016	4.7%	56.4%	18.2%	12.9%	1.6%	6.2%	784	16	
	2017	4.8%	59.4%	16.0%	12.6%	1.2%	6.0%	888	17	
	2018	6.4%	57.0%	14.1%	13.3%	1.9%	7.4%	923	17	
	2019	5.3%	57.5%	18.2%	11.2%	1.7%	6.1%	877	17	
	2020	4.8%	59.2%	18.3%	8.2%	1.7%	7.7%	823	17	
	2021	4.5%	59.8%	14.7%	12.4%	1.8%	6.8%	768	17	
	2022	8.6%	59.8%	13.0%	10.8%	2.0%	5.8%	765	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.

	Less than 1	1 year	2 years	3 years	4 years	5 years	6 years or	Count	Programs
	year						more		
2015	0.5%	0.3%	77.4%	9.3%	0.9%	1.3%	10.5%	629	15
2016	0.0%	1.7%	79.6%	7.6%	2.6%	0.7%	7.8%	783	16
2017	0.0%	0.2%	78.3%	9.3%	2.9%	0.9%	8.4%	892	17
2018	0.0%	0.0%	79.0%	8.7%	2.9%	1.0%	8.4%	918	17
2019	0.2%	0.9%	76.5%	9.3%	2.4%	1.1%	9.7%	876	17
2020	0.1%	1.0%	76.1%	8.9%	3.3%	2.6%	8.0%	824	17
2021	0.3%	5.1%	73.8%	11.8%	2.4%	1.2%	5.4%	768	17
2022	0.6%	0.0%	77.7%	9.1%	2.9%	0.9%	8.8%	762	17

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

B. About Your Residency

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

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
My residency program was	2015	0.3%	4.6%	7.9%	46.6%	40.6%	586	4.23	0.80	14
situated primarily within	2016	0.4%	3.7%	6.8%	46.6%	42.6%	724	4.27	0.77	15
M settings.	2017	0.2%	2.5%	6.3%	47.9%	43.1%	843	4.31	0.72	16
	2018	0.0%	3.2%	5.3%	44.9%	46.6%	877	4.35	0.73	16
	2019	0.5%	3.7%	9.1%	46.4%	40.3%	728	4.22	0.80	15
	2020	0.8%	4.9%	11.6%	40.4%	42.4%	741	4.19	0.88	16
	2021	0.6%	3.7%	7.6%	45.7%	42.4%	767	4.25	0.80	17
	2022	0.5%	4.0%	7.0%	49.1%	39.4%	765	4.23	0.79	17
In my residency program, I	2015	0.5%	4.9%	7.9%	51.1%	35.6%	624	4.16	0.81	15
was exposed to a variety of	2016	0.6%	3.2%	8.0%	49.6%	38.6%	772	4.22	0.77	16
different FM settings	2017	0.6%	4.4%	8.4%	49.9%	36.8%	891	4.18	0.80	17
	2018	0.6%	4.3%	9.7%	46.5%	38.9%	916	4.19	0.83	17
	2019	0.6%	4.9%	8.5%	43.2%	42.8%	785	4.23	0.84	16
	2020	0.6%	5.4%	10.8%	44.7%	38.5%	740	4.15	0.86	16
	2021	0.3%	4.5%	6.7%	46.6%	41.8%	767	4.25	0.80	17
	2022	1.2%	6.0%	8.1%	47.1%	37.6%	765	4.14	0.89	17
My residency experiences	2015	1.0%	2.8%	6.8%	54.4%	35.0%	623	4.19	0.77	15
were relevant to FM	2016	0.4%	1.8%	7.0%	54.0%	36.9%	765	4.25	0.69	16
practice, even when in	2017	0.3%	1.8%	8.2%	47.3%	42.3%	889	4.30	0.72	17
settings outside of FM.	2018	0.4%	1.4%	6.3%	49.4%	42.5%	916	4.32	0.69	17
	2019	0.9%	2.0%	7.5%	46.3%	43.3%	785	4.29	0.77	16
	2020	0.7%	2.1%	7.7%	46.4%	43.1%	741	4.29	0.75	16
	2021	0.4%	2.4%	6.8%	45.0%	45.4%	768	4.33	0.74	17
	2022	0.9%	4.8%	5.7%	50.8%	37.8%	763	4.20	0.82	17
My preceptors in other	2015	0.8%	6.0%	20.6%	49.2%	23.4%	622	3.88	0.86	15
medical specialties valued	2016	0.7%	3.7%	21.9%	49.3%	24.5%	767	3.93	0.82	16
FM.	2017	1.0%	5.0%	18.2%	48.8%	27.1%	890	3.96	0.86	17
	2018	1.1%	7.1%	17.4%	49.7%	24.7%	915	3.90	0.89	17
	2019	1.6%	6.2%	17.7%	48.8%	25.7%	780	3.91	0.91	16
	2020	1.3%	6.8%	16.2%	46.5%	29.2%	738	3.96	0.92	16
	2021	0.8%	5.4%	15.7%	49.6%	28.5%	763	4.00	0.86	17
	2022	1.4%	6.8%	20.8%	48.5%	22.5%	761	3.84	0.90	17
My residency program	2015	0.3%	2.3%	7.8%	37.0%	52.6%	581	4.39	0.76	14
exposed me to strong FM	2016	0.2%	0.8%	3.2%	36.0%	59.8%	717	4.54	0.62	15
role models.	2017	0.3%	1.5%	5.0%	35.5%	57.7%	838	4.49	0.69	16
	2018	0.4%	1.2%	5.4%	31.9%	61.1%	870	4.52	0.69	16
	2019	0.9%	1.6%	3.6%	31.6%	62.4%	723	4.53	0.72	15
	2020	1.0%	2.1%	5.8%	32.5%	58.6%	732	4.46	0.78	15
	2021	0.7%	1.2%	3.7%	28.4%	66.0%	764	4.58	0.69	17
	2022	0.6%	0.8%	6.1%	37.0%	55.5%	761	4.46	0.70	17
In my residency program, I	2015	0.8%	4.7%	11.7%	39.5%	43.2%	621	4.20	0.88	15
have had an opportunity to	2016	1.2%	4.1%	10.7%	43.8%	40.1%	769	4.18	0.87	16
develop relationships with	2017	0.4%	5.6%	8.2%	41.4%	44.5%	883	4.24	0.85	17
a group of patients who I	2017	0.7%	5.0%	9.1%	40.5%	44.7%	915	4.23	0.87	17
	2010	1.7%	6.3%	9.8%	43.0%	39.3%	779	4.12	0.94	16
followed over the long	2015	1.9%	7.4%	12.0%	41.1%	37.6%	732	4.05	0.94	16
term.	2020	0.7%	5.3%	7.4%	40.7%	45.9%	764	4.05	0.86	10
	2021	0.770	5.570	7.4/0	-0.770	-5.570	704	4.20	0.80	1/

	2022	1.4%	6.5%	11.3%	39.2%	41.5%	759	4.13	0.95	17
I feel/felt responsibility for	2015	0.4%	6.3%	9.8%	36.9%	46.5%	620	4.23	0.90	15
a group of patients.	2016	1.4%	4.4%	9.9%	41.5%	42.8%	769	4.20	0.89	16
	2017	0.8%	6.4%	10.6%	36.2%	46.0%	880	4.20	0.92	17
	2018	1.2%	4.2%	9.2%	39.9%	45.6%	910	4.25	0.87	17
	2019	1.3%	4.8%	10.7%	41.5%	41.7%	779	4.17	0.90	16
	2020	1.3%	6.8%	13.3%	38.2%	40.5%	733	4.10	0.96	16
	2021	0.7%	3.2%	10.1%	33.6%	52.4%	766	4.34	0.84	17
	2022	1.9%	6.5%	7.4%	38.8%	45.5%	759	4.19	0.96	17

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

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

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
In my residency program, I	2015	1.0%	2.4%	6.9%	43.2%	46.6%	618	4.32	0.78	15
had an identified person (or	2016	0.3%	1.4%	7.0%	42.7%	48.5%	767	4.38	0.71	16
few persons) guiding my	2017	0.1%	2.6%	5.8%	40.7%	50.7%	885	4.39	0.73	17
development as a family	2018	0.9%	2.4%	7.0%	39.9%	49.7%	916	4.35	0.79	17
physician by overseeing my	2019	1.9%	3.5%	5.3%	40.7%	48.7%	780	4.31	0.87	16
learning and progress.	2020	1.4%	2.4%	6.9%	37.0%	52.3%	734	4.36	0.83	16
	2021	0.4%	3.2%	4.9%	35.3%	56.2%	763	4.44	0.77	17
	2022	0.9%	1.7%	7.1%	41.2%	49.1%	760	4.36	0.77	17
In my residency program, I	2015	0.5%	0.4%	1.5%	37.5%	60.1%	621	4.56	0.60	15
was provided experiences	2016	0.2%	0.0%	2.3%	35.2%	62.3%	763	4.59	0.56	16
that exposed me to	2017	0.1%	0.3%	2.0%	33.9%	63.8%	879	4.61	0.55	17
patients who had complex	2018	0.2%	1.0%	2.2%	33.9%	62.8%	916	4.58	0.61	17
and/or ambiguous health	2019	0.2%	0.1%	1.8%	31.0%	67.0%	778	4.64	0.54	16
issues.	2020	0.4%	0.3%	1.1%	34.1%	64.1%	729	4.61	0.57	16
	2021	0.3%	0.3%	0.7%	27.7%	71.1%	762	4.69	0.52	17
	2022	0.2%	0.2%	1.5%	36.0%	62.0%	757	4.59	0.56	17
In my residency program, I	2015	1.0%	2.4%	8.1%	47.7%	40.8%	621	4.25	0.79	15
understood what the	2016	0.5%	2.3%	6.0%	52.3%	38.9%	764	4.27	0.72	16
program expected of me, in	2017	0.6%	1.5%	7.4%	49.0%	41.4%	887	4.29	0.72	17
order to graduate.	2018	0.6%	2.3%	4.8%	49.2%	43.0%	917	4.32	0.73	17
	2019	1.1%	2.7%	4.8%	49.4%	41.9%	782	4.28	0.77	16
	2020	1.0%	2.2%	5.4%	45.7%	45.6%	738	4.33	0.77	16
	2021	0.2%	2.9%	6.6%	43.7%	46.6%	763	4.34	0.74	17
	2022	0.4%	3.2%	7.2%	48.3%	40.9%	764	4.26	0.76	17
In my residency program,	2015	0.4%	3.6%	8.0%	47.7%	40.3%	617	4.24	0.78	15
there were many informal	2016	0.8%	2.2%	8.3%	50.3%	38.4%	765	4.23	0.76	16
opportunities given to me	2017	0.6%	3.1%	7.2%	51.7%	37.4%	884	4.22	0.76	17
for feedback on my	2018	0.6%	1.6%	9.0%	45.7%	43.2%	919	4.29	0.74	17
performance.	2019	1.6%	2.5%	8.4%	45.6%	42.0%	777	4.24	0.83	16
-	2020	0.5%	2.9%	10.1%	45.5%	40.9%	737	4.23	0.79	16
	2021	0.6%	2.3%	5.8%	42.0%	49.3%	767	4.37	0.75	17
	2022	0.6%	4.6%	7.3%	48.4%	39.3%	759	4.21	0.81	17
In my residency program, I	2015	0.9%	4.7%	7.2%	49.3%	37.8%	621	4.18	0.83	15
contributed to tailoring my	2016	1.1%	2.5%	8.8%	49.9%	37.7%	763	4.21	0.79	16
learning when learning	2017	0.4%	4.1%	9.3%	48.7%	37.6%	875	4.19	0.79	17
needs were identified.	2018	0.2%	1.5%	7.6%	48.5%	42.2%	911	4.31	0.69	17
	2019	2.0%	3.1%	8.2%	48.9%	37.8%	778	4.17	0.86	16
	2020	1.2%	3.4%	8.2%	45.5%	41.7%	735	4.23	0.83	16
	2021	0.6%	1.4%	9.5%	43.7%	44.8%	763	4.31	0.75	17
	2022	1.2%	3.1%	8.2%	47.1%	40.4%	760	4.22	0.82	17
Throughout my program I	2015	1.0%	1.8%	5.9%	54.4%	36.9%	620	4.24	0.73	15
was actively aware of my	2016	0.6%	2.0%	9.7%	54.8%	32.9%	769	4.18	0.72	16
progress.	2017	0.4%	3.1%	8.8%	51.7%	36.1%	882	4.20	0.75	17
	2018	0.4%	1.2%	8.0%	53.8%	36.6%	920	4.25	0.69	17
	2019	1.4%	2.8%	7.8%	52.4%	35.6%	782	4.18	0.80	16
	2020	0.8%	3.2%	8.0%	47.8%	40.1%	738	4.23	0.79	16
	2021	0.8%	2.8%	6.5%	46.6%	43.2%	754	4.29	0.78	17
	2022	0.7%	2.3%	8.3%	50.1%	38.6%	765	4.24	0.75	17

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

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
			.	.						
Care for the full range of	2015	0.5%	3.0%	6.1%	68.1%	22.3%	627	4.09	0.66	15
health problems that may	2016	0.1%	1.7%	6.3%	67.8%	24.0%	773	4.14	0.60	16
be encountered in family	2017	0.3%	2.3%	6.9%	64.4%	26.1%	894	4.14	0.66	17
medicine.	2018	0.2%	1.7%	6.4%	65.9%	25.8%	921	4.15	0.62	17
	2019	0.5%	2.9%	5.8%	64.1%	26.7%	785	4.14	0.69	16
	2020	0.4%	2.8%	7.7%	59.7%	29.4%	743	4.15	0.71	16
	2021	0.3%	1.6%	6.1%	63.4%	28.6%	770	4.19	0.63	17

	2022	0.7%	3.2%	6.4%	66.3%	23.3%	765	4.08	0.70	17
Care for patients at all life	2015	0.5%	2.1%	5.9%	59.4%	32.0%	627	4.20	0.69	15
stages.	2016	0.1%	1.2%	4.2%	60.2%	34.3%	772	4.27	0.61	16
	2017	0.2%	1.2%	5.5%	58.0%	35.2%	894	4.27	0.63	17
	2018	0.2%	1.1%	4.1%	62.5%	32.2%	921	4.25	0.60	17
	2019	0.3%	1.2%	5.1%	58.9%	34.5%	785	4.26	0.63	16
	2020	0.3%	2.1%	6.4%	57.1%	34.1%	742	4.23	0.68	16
	2021	0.4%	1.4%	4.7%	59.1%	34.3%	767	4.26	0.65	17
	2022	0.4%	2.1%	6.5%	62.1%	28.9%	765	4.17	0.67	17
Care for patients in a range	2015	0.4%	1.2%	7.1%	59.3%	32.0%	625	4.21	0.66	15
of clinical settings	2016	0.1%	1.0%	5.5%	59.2%	34.1%	772	4.26	0.62	16
	2017	0.3%	2.4%	5.3%	56.9%	35.0%	892	4.24	0.69	17
	2018	0.2%	1.7%	5.7%	59.2%	33.3%	917	4.24	0.65	17
	2019	0.4%	2.4%	5.9%	58.5%	32.7%	785	4.21	0.69	16
	2020	0.4%	1.9%	6.2%	55.5%	36.0%	738	4.25	0.69	16
	2021	0.3%	1.7%	6.8%	54.8%	36.3%	770	4.25	0.68	17
	2022	0.7%	2.3%	5.6%	58.5%	32.9%	765	4.21	0.70	17
Care for a range of	2015	1.0%	6.0%	19.5%	57.1%	16.4%	627	3.82	0.81	15
oopulations	2016	0.6%	3.2%	17.3%	56.9%	22.1%	773	3.97	0.76	16
	2017	0.5%	4.9%	16.1%	57.1%	21.3%	893	3.94	0.79	17
	2018	0.5%	6.4%	16.0%	57.7%	19.5%	921	3.89	0.80	17
	2019	0.5%	6.0%	17.0%	54.2%	22.3%	784	3.92	0.82	16
	2020	0.9%	4.0%	17.7%	51.9%	25.6%	743	3.97	0.82	16
	2021	0.2%	3.5%	15.3%	54.3%	26.7%	771	4.04	0.76	17
	2022	1.0%	5.7%	17.1%	55.5%	20.8%	765	3.89	0.83	17
Provide care across the	2015	0.3%	1.4%	5.4%	65.0%	28.0%	625	4.19	0.62	15
pectrum of clinical	2016	0.1%	0.7%	5.2%	61.6%	32.3%	770	4.25	0.59	16
esponsibilities, from	2017	0.3%	1.6%	5.5%	56.8%	35.8%	893	4.26	0.66	17
prevention to palliation.	2018	0.1%	0.3%	6.2%	59.0%	34.4%	921	4.27	0.59	17
	2019	0.3%	1.6%	4.6%	60.7%	32.8%	785	4.24	0.64	16
	2020	0.7%	0.7%	4.7%	56.9%	37.1%	743	4.29	0.65	16
	2021	0.2%	1.4%	4.4%	57.6%	36.4%	771	4.29	0.63	17
	2022	0.6%	1.7%	4.5%	62.3%	31.0%	765	4.21	0.65	17
Provide continuous care to	2015	1.0%	3.3%	10.0%	57.2%	28.6%	627	4.09	0.77	15
ne same group of patients	2016	0.5%	2.7%	9.4%	57.5%	29.8%	773	4.13	0.73	16
over the long term.	2017	0.4%	4.0%	9.3%	52.5%	33.8%	893	4.15	0.78	17
	2018	0.3%	2.0%	9.8%	56.8%	31.1%	921	4.16	0.70	17
	2019	1.3%	5.2%	10.0%	56.8%	26.6%	785	4.02	0.83	16
	2020	1.0%	4.3%	9.2%	54.9%	30.7%	741	4.10	0.80	16
	2021	0.7%	2.0%	9.3%	53.4%	34.4%	770	4.19	0.74	17
	2022	1.4%	5.8%	7.7%	57.6%	27.5%	765	4.04	0.84	17
Jse electronic medical and	2015	4.2%	6.5%	7.1%	44.9%	37.3%	627	4.05	1.04	15
nealth records.	2016	2.0%	2.8%	4.1%	47.4%	43.7%	770	4.28	0.83	16
	2017	1.5%	1.7%	2.4%	45.2%	49.2%	893	4.39	0.75	17
	2018	0.8%	1.4%	2.8%	47.9%	47.2%	921	4.39	0.69	17
	2019	0.2%	0.5%	2.7%	48.4%	48.2%	785	4.44	0.60	16
	2020	0.4%	0.9%	2.4%	43.7%	52.6%	742	4.47	0.64	16
	2021	0.3%	0.4%	2.2%	45.6%	51.5%	769	4.48	0.60	17
	2022	0.5%	0.4%	2.8%	52.1%	44.3%	765	4.39	0.61	17
Nork as part of a team with	2015	0.6%	1.2%	4.1%	56.3%	37.8%	627	4.29	0.66	15
other types of health	2016	0.2%	0.2%	3.1%	54.0%	42.4%	770	4.38	0.58	16
orofessionals.	2017	0.2%	0.6%	2.5%	52.4%	44.3%	891	4.40	0.60	17
	2018	0.2%	0.5%	4.0%	55.8%	39.4%	920	4.34	0.60	17
	2019	0.3%	1.0%	3.5%	55.4%	39.8%	785	4.34	0.62	16
	2020	0.3%	0.3%	3.3%	49.0%	47.2%	743	4.42	0.60	16
	2021	0.2%	0.6%	2.9%	50.3%	46.0%	771	4.41	0.60	17
valuato and impresse the	2022	0.5%	0.9%	4.3%	55.2%	39.1%	765	4.31	0.65	17
valuate and improve the	2015	0.7%	3.0%	9.4%	62.1%	24.9%	627	4.08	0.72	15 16
uality of your patient care.	2016	0.1%	1.1%	10.8%	65.2%	22.8%	771	4.09	0.62	16
	2017	0.0%	1.0%	9.7%	60.6%	28.7%	892	4.17	0.63	17
	2018	0.4%	1.2%	8.3%	65.5%	24.6%	920	4.13	0.63	17
	2019	1.3%	2.0%	9.0%	61.0%	26.7%	785	4.10	0.74	16
	2020	0.7%	1.1%	7.8%	57.6%	32.8%	739	4.21	0.68	16
	2021	0.2%	0.9%	9.6%	58.4%	31.0%	770	4.19	0.65	17
		n 30/	1.2%	0 50/	62.1%	26.9%	765	4.14	0.65	17
Feach medical students,	2022 2015	0.3% 2.7%	9.5%	9.5% 27.7%	48.2%	11.9%	627	3.57	0.03	15

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

2017	2.8%	10.3%	23.1%	51.2%	12.6%	894	3.60	0.93	17
2018	2.0%	10.5%	21.8%	53.2%	12.5%	921	3.64	0.90	17
2019	1.3%	11.3%	23.3%	49.5%	14.6%	785	3.65	0.91	16
2020	2.2%	12.8%	24.5%	46.4%	14.2%	740	3.58	0.96	16
2021	1.2%	7.7%	17.5%	57.9%	15.7%	770	3.79	0.84	17
2022	2.2%	11.1%	24.2%	49.0%	13.5%	764	3.60	0.93	17

C. Perceptions about Family Medicine

13. To what extent do you agree or disagree with the following statements? For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively.

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
am proud to become a	2015	0.0%	0.4%	3.2%	27.0%	69.4%	623	4.65	0.56	15
amily physician.	2016	0.3%	1.1%	4.1%	28.8%	65.7%	767	4.58	0.65	16
	2017	0.3%	1.0%	4.9%	26.8%	67.0%	891	4.59	0.66	17
	2018	0.2%	0.7%	5.3%	26.3%	67.5%	922	4.60	0.64	17
	2019	0.1%	1.2%	4.6%	28.9%	65.1%	868	4.58	0.65	17
	2020	0.1%	1.0%	7.6%	24.8%	66.5%	819	4.57	0.68	17
	2021	0.8%	1.0%	4.8%	24.2%	69.3%	760	4.60	0.70	17
	2022	0.5%	1.8%	7.6%	34.5%	55.6%	762	4.43	0.75	17
Patients recognize the	2015	0.0%	4.3%	11.3%	45.7%	38.7%	623	4.19	0.80	15
value of family medicine.	2016	0.5%	3.9%	13.0%	50.0%	32.6%	768	4.10	0.80	16
	2017	0.2%	4.3%	13.1%	48.8%	33.7%	891	4.12	0.80	17
	2018	0.6%	4.9%	13.1%	49.8%	31.6%	918	4.07	0.83	17
	2019	1.0%	5.6%	14.2%	46.5%	32.7%	867	4.04	0.88	17
	2020	0.7%	4.0%	12.0%	49.0%	34.3%	816	4.12	0.82	17
	2021	1.0%	3.5%	11.2%	49.1%	35.1%	760	4.14	0.82	17
	2022	1.7%	10.9%	17.1%	43.8%	26.6%	762	3.83	1.00	17
Patients believe that family	2015	0.2%	6.5%	14.5%	47.5%	31.3%	622	4.03	0.86	15
, hysicians provide value	2016	0.6%	4.3%	15.7%	54.5%	25.0%	758	3.99	0.79	16
bove and beyond referring	2017	0.4%	5.3%	13.9%	52.9%	27.4%	882	4.01	0.82	17
o other types of	2018	0.7%	5.1%	16.9%	49.5%	27.8%	912	3.98	0.85	17
pecialists.	2019	0.6%	5.7%	16.7%	49.2%	27.7%	865	3.98	0.85	17
specialists.	2020	0.7%	4.3%	16.5%	48.9%	29.6%	813	4.02	0.83	17
	2021	0.3%	4.8%	13.9%	51.2%	29.8%	754	4.05	0.81	17
	2022	1.6%	11.2%	18.8%	44.6%	23.8%	753	3.78	0.98	17
I have found that other	2015	5.0%	35.1%	33.0%	18.8%	8.1%	621	2.90	1.03	15
medical specialists have little respect for the	2016	5.4%	40.2%	28.4%	19.4%	6.6%	770	2.82	1.02	16
	2017	3.6%	41.0%	29.1%	20.3%	6.1%	886	2.84	0.99	17
expertise of family	2018	3.4%	36.1%	29.4%	24.0%	7.1%	917	2.95	1.01	17
physicians.	2019	3.0%	38.0%	30.5%	22.0%	6.6%	870	2.91	0.99	17
July Sicialis.	2020	3.4%	38.8%	31.6%	21.3%	4.9%	818	2.86	0.96	17
	2021	5.9%	41.1%	28.3%	19.7%	4.9%	759	2.77	0.99	17
	2022	3.9%	31.6%	28.8%	26.5%	9.3%	759	3.06	1.05	17
amily physicians make a	2015	0.1%	0.5%	1.9%	32.2%	65.3%	617	4.62	0.56	15
valuable contribution that	2015	0.1%	0.3%	1.2%	34.8%	63.5%	769	4.61	0.50	16
s different from other	2010	0.0%	0.7%	2.0%	32.3%	65.1%	889	4.62	0.54	17
	2017	0.1%	0.5%	2.2%	33.0%	64.2%	916	4.61	0.50	17
pecialists.	2010	0.0%	0.6%	1.4%	33.4%	64.6%	862	4.62	0.57	17
	2015	0.0%	0.1%	2.2%	30.2%	67.5%	813	4.65	0.53	17
	2020	0.2%	0.3%	2.6%	27.2%	69.7%	757	4.66	0.55	17
	2021	0.2%	0.5%	1.6%	31.4%	66.1%	762	4.63	0.58	17
would prefer to be in	2022	44.7%	36.7%	12.4%	4.2%	2.0%	611	1.82	0.94	15
nother medical specialty.	2015	44.7%	36.6%	12.4%	4.2 <i>%</i> 3.7%	3.4%	764	1.82	1.00	16
nother medical specialty.	2010	45.8%	35.1%	11.5%	4.6%	3.4%	880	1.83	1.00	17
	2017	43.6%	35.1%	11.5%	4.6% 5.0%	3.0% 4.1%	906	1.84	1.00	17
										17
	2019	42.3%	36.3%	12.5%	4.6%	4.3%	856 812	1.92	1.05	
	2020	38.7%	37.1%	14.4%	6.3%	3.5%	813	1.99	1.05	17
	2021	47.1%	33.9%	10.7%	5.8%	2.5%	754	1.83	1.00	17 17
	2022	33.5%	39.4%	14.9%	8.3%	3.9%	747	2.10	1.08	17
Sovernment perceives	2015	8.0%	18.7%	26.6%	33.5%	13.2%	612	3.25	1.14	15
amily medicine as essential	2016	10.2%	19.8%	27.4%	31.8%	10.9%	761	3.13	1.16	16
o the health care system.	2017	8.4%	18.6%	25.5%	34.1%	13.4%	873	3.26	1.16	17
	2018	6.3%	18.2%	30.6%	33.6%	11.3%	904	3.25	1.08	17
	2019	6.7%	19.6%	28.8%	32.9%	12.0%	864	3.24	1.10	17

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

D. Problem Solving and Learning

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

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
sometimes feel	2015	1.7%	16.0%	16.5%	58.0%	7.8%	623	3.54	0.91	15
overwhelmed when dealing	2016	0.7%	16.6%	21.1%	54.8%	6.7%	771	3.50	0.87	16
with patients who present	2017	1.0%	16.0%	22.2%	54.1%	6.7%	803	3.50	0.87	16
with complex or ambiguous	2018	2.0%	14.3%	20.2%	54.2%	9.3%	910	3.55	0.92	17
nealth issues.	2019	1.2%	13.7%	19.9%	56.1%	9.1%	779	3.58	0.88	16
	2020	1.8%	16.1%	19.2%	56.8%	6.2%	734	3.50	0.90	16
	2021	1.9%	13.9%	21.5%	53.8%	8.9%	763	3.54	0.91	17
	2022	0.4%	10.4%	18.2%	58.6%	12.4%	764	3.72	0.83	17
can identify my own	2015	0.3%	0.1%	3.8%	68.7%	27.1%	619	4.22	0.54	15
earning needs.	2016	0.1%	0.1%	3.4%	72.3%	24.0%	771	4.20	0.50	16
	2017	0.1%	0.5%	3.1%	69.8%	26.5%	802	4.22	0.52	16
	2018	0.2%	0.1%	3.4%	70.5%	25.8%	921	4.22	0.51	17
	2019	0.0%	0.5%	3.2%	68.7%	27.7%	779	4.24	0.52	16
	2020	0.2%	0.1%	4.4%	66.9%	28.4%	733	4.23	0.54	16
	2021	0.0%	0.1%	2.8%	70.5%	26.6%	763	4.24	0.49	17
	2022	0.2%	0.2%	3.3%	70.5%	25.8%	765	4.21	0.52	17
n spite of my best	2015	2.0%	39.7%	30.0%	22.8%	5.6%	623	2.90	0.96	15
intentions, I rarely find the time to do the learning I	2016	2.4%	38.0%	31.7%	23.8%	4.1%	771	2.89	0.93	16
	2017	2.6%	38.7%	32.8%	22.1%	3.8%	803	2.86	0.92	16
need to stay up-to-date.	2018	3.8%	34.5%	32.4%	23.1%	6.1%	885	2.93	0.98	17
	2019	2.3%	36.7%	33.4%	22.0%	5.6%	779	2.92	0.95	16
	2020	4.2%	35.1%	30.3%	24.9%	5.4%	732	2.92	0.99	16
	2021	2.2%	40.5%	31.7%	21.5%	4.2%	763	2.85	0.92	17
	2022	2.1%	32.8%	32.3%	25.3%	7.5%	764	3.03	0.98	17
know how to evaluate the	2015	0.3%	1.1%	12.9%	74.0%	11.7%	621	3.96	0.56	15
accuracy and relevance of	2016	0.1%	0.7%	10.3%	75.9%	13.1%	770	4.01	0.52	16
nformation before using it	2017	0.0%	1.4%	10.7%	76.5%	11.4%	802	3.98	0.53	16
o inform my patients' care.	2018	0.3%	1.1%	10.3%	72.5%	15.9%	921	4.03	0.57	17
	2019	0.5%	2.1%	9.1%	73.7%	14.6%	778	4.00	0.61	16
	2020	0.1%	0.7%	10.6%	70.0%	18.6%	734	4.06	0.57	16
	2021	0.2%	0.6%	8.9%	76.6%	13.7%	763	4.03	0.52	17
	2022	0.2%	1.0%	8.8%	76.5%	13.5%	764	4.02	0.53	17
can problem solve	2015	0.3%	1.3%	13.0%	76.5%	8.9%	622	3.92	0.54	15
effectively when faced with	2016	0.2%	0.5%	13.8%	75.6%	9.8%	771	3.94	0.52	16
complex or ambiguous	2017	0.2%	0.4%	12.5%	74.6%	12.2%	803	3.98	0.53	16
patient presentations.	2018	0.2%	0.6%	11.2%	76.1%	11.9%	921	3.99	0.52	17
	2019	0.1%	0.7%	10.4%	77.4%	11.5%	779	3.99	0.50	16
	2020	0.1%	0.7%	10.6%	73.8%	14.9%	734	4.03	0.54	16
	2021	0.0%	0.6%	9.1%	75.0%	15.3%	763	4.05	0.52	17
	2022	0.2%	0.8%	14.0%	73.7%	11.3%	764	3.95	0.55	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.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Solo practice	2015	60.6%	24.3%	4.9%	7.0%	3.2%	608	1.68	1.06	15
	2016	67.4%	20.0%	4.1%	7.2%	1.3%	754	1.55	0.96	16
	2017	59.8%	24.9%	7.6%	5.2%	2.5%	865	1.66	1.00	17
	2018	65.9%	18.6%	5.8%	7.1%	2.7%	905	1.62	1.05	17
	2019	59.6%	22.1%	6.9%	7.5%	3.9%	758	1.74	1.12	16
	2020	62.0%	21.1%	8.4%	5.5%	2.9%	715	1.66	1.04	16
	2021	56.0%	22.8%	8.1%	9.2%	3.9%	735	1.82	1.15	17
	2022	60.8%	22.3%	6.7%	7.2%	3.0%	735	1.69	1.07	17

Group physician practice	2015	0.4%	2.6%	2.5%	20.8%	73.7%	613	4.65	0.70	15
	2016	1.6%	1.7%	2.8%	20.1%	73.8%	755	4.63	0.76	16
	2017	0.7%	1.4%	2.5%	20.6%	74.8%	876	4.67	0.66	17
	2018	1.4%	2.0%	3.1%	19.7%	73.7%	909	4.62	0.77	17
	2019	1.8%	2.2%	4.8%	24.0%	67.2%	766	4.53	0.83	16
	2020	1.8%	2.0%	7.7%	22.7%	65.8%	724	4.49	0.86	16
	2021	1.4%	1.2%	3.9%	23.9%	69.6%	742	4.59	0.75	17
	2022	3.1%	3.7%	4.4%	25.6%	63.2%	739	4.42	0.96	17
Interprofessional team-	2015	1.0%	4.4%	4.8%	36.0%	53.8%	604	4.37	0.84	15
based practice	2016	1.7%	2.7%	5.8%	36.9%	52.8%	751	4.36	0.85	16
	2017	1.3%	1.7%	7.1%	35.6%	54.3%	872	4.40	0.80	17
	2018	1.3%	1.4%	7.1%	31.8%	58.4%	896	4.45	0.79	17
	2019	1.7%	2.3%	7.6%	31.9%	56.5%	761	4.39	0.85	16
	2020	0.6%	2.6%	7.2%	35.7%	53.9%	717	4.40	0.78	16
	2021	1.4%	1.9%	4.0%	29.5%	63.2%	737	4.51	0.78	17
	2022	2.4%	2.4%	7.4%	33.8%	54.1%	740	4.35	0.90	17
Practice that includes	2015	0.6%	5.0%	12.0%	38.3%	44.1%	600	4.20	0.88	15
teaching health profession	2016	1.6%	5.0%	13.1%	39.4%	41.0%	746	4.13	0.93	16
learners	2017	1.7%	3.9%	13.4%	40.9%	40.0%	856	4.14	0.91	17
	2018	1.6%	4.0%	14.4%	37.7%	42.3%	894	4.15	0.92	17
	2019	1.1%	4.5%	10.1%	36.6%	47.7%	760	4.25	0.89	16
	2020	1.2%	5.5%	15.6%	36.8%	40.8%	712	4.11	0.94	16
	2021	1.8%	4.5%	12.4%	34.4%	46.9%	733	4.20	0.95	17
	2022	2.8%	5.1%	16.4%	38.5%	37.3%	734	4.02	0.99	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.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Comprehensive care	2015	13.5%	18.0%	8.5%	23.0%	36.9%	611	3.52	1.47	15
delivered in one clinical	2016	12.6%	18.8%	8.4%	24.8%	35.5%	764	3.52	1.45	16
setting. (e.g., office –based)	2017	12.3%	15.4%	8.8%	26.9%	36.6%	875	3.60	1.42	17
	2018	14.6%	15.9%	6.0%	23.5%	40.0%	909	3.58	1.50	17
	2019	13.7%	14.5%	7.0%	25.0%	39.8%	770	3.63	1.46	16
	2020	13.5%	18.0%	11.7%	23.0%	33.8%	722	3.46	1.45	16
	2021	11.6%	18.3%	10.8%	22.5%	36.9%	750	3.55	1.43	17
	2022	15.7%	15.9%	7.7%	24.2%	36.5%	760	3.50	1.50	17
Comprehensive care	2015	4.5%	8.1%	8.0%	31.7%	47.7%	613	4.10	1.13	15
provided across multiple	2016	3.5%	9.9%	9.9%	31.8%	45.0%	761	4.05	1.12	16
clinical settings (in-hospital,	2017	5.4%	10.3%	8.6%	29.1%	46.5%	878	4.01	1.21	17
long-term care, office).	2018	6.0%	12.7%	10.4%	25.5%	45.4%	912	3.92	1.27	17
ong term cure, onnee).	2019	6.8%	12.0%	9.7%	31.3%	40.2%	772	3.86	1.26	16
	2020	6.3%	9.2%	12.9%	28.4%	43.1%	725	3.93	1.22	16
	2021	5.2%	10.2%	11.0%	29.9%	43.7%	749	3.97	1.19	17
	2022	7.6%	13.8%	8.7%	31.1%	38.7%	756	3.79	1.29	17
Comprehensive care that	2015	3.6%	11.0%	10.3%	32.8%	42.3%	601	3.99	1.14	15
includes a special interest	2016	5.7%	12.3%	15.2%	27.5%	39.3%	754	3.83	1.23	16
(such as sports medicine,	2017	4.7%	10.0%	13.8%	33.4%	38.0%	877	3.90	1.16	17
emergency medicine,	2018	6.1%	11.8%	12.5%	27.3%	42.4%	905	3.88	1.25	17
palliative care, etc.)	2019	7.8%	13.8%	9.7%	25.2%	43.5%	770	3.83	1.33	16
	2020	7.0%	12.6%	11.3%	24.9%	44.2%	720	3.87	1.29	16
	2021	4.2%	10.5%	13.4%	30.8%	41.1%	746	3.94	1.16	17
	2022	6.8%	14.6%	10.9%	28.4%	39.3%	748	3.79	1.29	17
plan to focus only on	2015	26.5%	26.9%	12.3%	16.3%	18.0%	609	2.73	1.46	15
specific clinical areas (such	2016	29.7%	27.4%	11.3%	13.7%	17.9%	758	2.63	1.48	16
as sports medicine,	2017	27.1%	27.4%	14.2%	13.9%	17.3%	867	2.67	1.44	17
maternity care, emergency	2018	32.2%	20.4%	12.0%	16.7%	18.7%	904	2.69	1.52	17
medicine, palliative care,	2019	30.1%	25.0%	10.1%	16.1%	18.7%	763	2.68	1.51	16
hospital medicine etc.)	2020	27.2%	21.8%	14.1%	14.7%	22.2%	716	2.83	1.52	16
. ,	2021	28.4%	20.0%	12.0%	16.5%	23.1%	742	2.86	1.55	17
	2022	25.0%	22.5%	11.8%	17.0%	23.7%	753	2.92	1.53	17

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

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

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Count	Mean	Standard Deviation	Programs
2015	7.2%	17.0%	10.4%	28.3%	37.0%	622	3.71	1.31	15
2016	8.1%	19.9%	8.4%	26.2%	37.3%	755	3.65	1.36	16
2017	8.0%	14.5%	12.4%	27.5%	37.6%	889	3.72	1.31	17
2018	9.2%	13.4%	12.9%	26.7%	37.8%	921	3.70	1.34	17
2019	9.7%	17.2%	11.7%	29.5%	31.8%	871	3.57	1.35	17
2020	11.9%	19.0%	15.4%	25.5%	28.3%	814	3.39	1.38	17
2021	11.2%	15.8%	12.2%	27.5%	33.2%	756	3.56	1.38	17
2022	17.1%	16.8%	12.1%	22.8%	31.3%	763	3.34	1.49	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.

	l may eventually practice that way, but not at the start	· · ·	l plan to focus my practice in a specific area		I'd like to, but there are obstacles preventing me	Count	Programs	
2015	43.2%	2.4%	12.3%	36.9%	5.3%	149	15	
2016	23.2%	4.8%	19.7%	46.8%	5.6%	207	16	
2017	33.5%	6.6%	15.1%	39.0%	5.8%	183	17	
2018	29.5%	3.3%	22.5%	38.4%	6.3%	203	17	
2019	26.3%	3.1%	26.3%	40.7%	3.6%	216	17	
2020	26.6%	7.5%	19.5%	43.4%	3.0%	250	17	
2021	30.2%	10.6%	26.1%	30.7%	2.3%	203	17	
2022	24.0%	9.5%	17.9%	44.7%	3.9%	255	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 Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
2015	0.6%	0.5%	7.9%	63.9%	27.0%	621	4.16	0.63	15
2016	0.3%	0.9%	7.1%	63.2%	28.6%	769	4.19	0.62	16
2017	0.1%	1.5%	6.3%	60.2%	32.0%	885	4.23	0.63	17
2018	0.2%	1.0%	7.4%	58.7%	32.7%	920	4.23	0.64	17
2019	0.5%	1.6%	6.6%	65.4%	26.0%	871	4.15	0.65	17
2020	0.1%	1.4%	8.2%	62.6%	27.8%	815	4.17	0.63	17
2021	0.1%	1.1%	4.1%	61.9%	32.7%	754	4.26	0.60	17
2022	0.4%	1.2%	9.3%	62.1%	27.0%	759	4.14	0.66	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 2018; thus results are reported from that year forward. Three programs did not update their response categories for Q20; data are excluded for those programs from those results for those affected cohorts. The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. For the purposes of analysis, "No exposure" to "Too much exposure" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		No exposure	Minimal exposure	Adequate exposure	More than adequate exposure	Too much exposure	Count	Mean	Standard Deviation	Programs
Care across the life cycle	2018	0.0%	1.8%	55.6%	40.8%	1.8%	684	3.43	0.56	14
	2019	0.3%	1.4%	63.5%	34.8%	0.1%	620	3.33	0.52	13
	2020	0.1%	2.6%	62.6%	34.6%	0.1%	731	3.32	0.53	16
	2021	0.1%	2.4%	58.5%	38.8%	0.2%	751	3.37	0.54	17
	2022	0.0%	2.1%	60.4%	37.2%	0.3%	764	3.36	0.53	17
Intrapartum care	2018	0.1%	15.0%	56.2%	24.2%	4.5%	686	3.18	0.74	14
	2019	0.4%	13.6%	63.7%	19.0%	3.2%	620	3.11	0.68	13
	2020	0.0%	16.6%	55.9%	21.5%	6.1%	731	3.17	0.77	16
	2021	0.4%	15.0%	56.1%	23.4%	5.1%	757	3.18	0.76	17
	2022	0.0%	16.9%	58.3%	19.6%	5.1%	763	3.13	0.74	17

Mental health care	2018	0.0%	4.7%	51.3%	38.4%	5.7%	683	3.45	0.67	14
	2019	0.0%	2.5%	56.3%	34.8%	6.3%	620	3.45	0.65	13
	2020	0.0%	4.4%	52.1%	37.8%	5.7%	730	3.45	0.67	16
	2021	0.0%	2.2%	45.0%	45.7%	7.2%	754	3.58	0.66	17
	2022	0.1%	3.2%	44.0%	43.6%	9.1%	764	3.58	0.70	17
Chronic disease	2018	0.0%	1.8%	43.9%	49.7%	4.6%	684	3.57	0.61	14
management	2019	0.0%	2.7%	50.4%	43.2%	3.7%	620	3.48	0.62	13
	2020	0.0%	3.5%	51.6%	42.6%	2.3%	729	3.44	0.60	16
	2021	0.0%	1.5%	43.1%	52.8%	2.7%	757	3.57	0.57	17
	2022	0.0%	1.1%	46.5%	49.8%	2.6%	764	3.54	0.57	17
Palliative Care/End of life	2018	0.0%	16.3%	61.6%	21.6%	0.5%	686	3.06	0.63	14
	2019	0.6%	21.0%	62.5%	15.4%	0.5%	620	2.94	0.64	13
	2020	0.2%	18.8%	65.7%	15.1%	0.3%	731	2.97	0.60	16
	2020	0.2%	16.3%	61.6%	21.6%	0.0%	757	3.04	0.63	17
	2021	0.4%	19.3%	62.9%	17.3%	0.1%	764	2.97	0.62	17
Office based divised										
Office-based clinical	2018	0.3%	16.4%	55.1%	26.6%	1.6%	686	3.13	0.70	14
procedures	2019	0.1%	21.2%	58.0%	19.9%	0.7%	620	3.00	0.67	13
	2020	0.2%	25.1%	58.8%	15.5%	0.4%	730	2.91	0.65	16
	2021	0.1%	25.7%	52.9%	20.6%	0.6%	757	2.96	0.70	17
	2022	0.4%	29.3%	51.1%	18.3%	0.9%	763	2.90	0.72	17
n-hospital clinical	2018	7.6%	57.4%	26.1%	8.5%	0.5%	685	2.37	0.76	14
procedures	2019	11.7%	59.4%	23.6%	5.4%	0.0%	620	2.23	0.72	13
	2020	11.3%	57.8%	25.8%	5.2%	0.0%	730	2.25	0.72	16
	2021	10.8%	56.8%	25.3%	7.1%	0.0%	755	2.29	0.75	17
	2022	14.1%	58.2%	21.8%	5.5%	0.4%	764	2.20	0.76	17
Practice setting –	2018	0.2%	6.2%	55.6%	35.4%	2.6%	686	3.34	0.64	14
Emergency departments	2019	0.1%	6.0%	65.2%	27.0%	1.7%	620	3.24	0.59	13
	2020	0.2%	6.1%	66.1%	26.6%	1.0%	730	3.22	0.57	16
	2021	0.0%	3.9%	61.8%	33.1%	1.1%	757	3.31	0.56	17
	2021	0.0%	6.5%	63.7%	28.1%	1.6%	764	3.25	0.59	17
Practice setting – In-	2022	0.2%	2.1%	57.8%	36.0%	3.9%	679	3.41	0.61	14
hospital										
	2019	0.0%	4.1%	62.2%	31.7%	1.9%	620	3.31	0.58	13
	2020	0.2%	3.4%	67.4%	27.8%	1.3%	729	3.27	0.55	16
	2021	0.0%	3.5%	60.4%	34.5%	1.6%	756	3.34	0.57	17
	2022	0.0%	3.8%	63.2%	30.4%	2.6%	763	3.32	0.59	17
Practice setting – Care in	2018	7.5%	37.8%	41.0%	11.7%	2.0%	684	2.63	0.86	14
the home	2019	9.9%	43.0%	36.9%	9.1%	1.2%	620	2.49	0.84	13
	2020	9.3%	45.2%	37.7%	7.1%	0.8%	730	2.45	0.79	16
	2021	10.5%	39.6%	39.3%	9.5%	1.2%	757	2.51	0.85	17
	2022	12.0%	34.6%	41.6%	10.4%	1.4%	764	2.55	0.89	17
Practice setting – Long-	2018	8.2%	29.3%	43.7%	17.0%	1.7%	686	2.75	0.89	14
erm care facilities	2019	8.1%	29.7%	48.4%	11.1%	2.7%	620	2.71	0.87	13
	2020	9.8%	37.3%	44.0%	7.4%	1.5%	730	2.53	0.83	16
	2021	9.7%	34.0%	42.6%	12.1%	1.6%	755	2.62	0.88	17
	2022	12.5%	29.2%	46.5%	10.8%	0.9%	764	2.58	0.87	17
Marginalized	2018	4.5%	30.6%	43.5%	20.4%	1.2%	682	2.83	0.84	14
disadvantaged and	2019	4.1%	31.0%	51.3%	12.2%	1.5%	620	2.76	0.77	13
vulnerable populations	2020	3.7%	34.2%	45.8%	14.8%	1.6%	728	2.76	0.80	16
	2020	2.7%	25.9%	49.3%	20.0%	2.1%	756	2.93	0.81	17
	2021	3.4%	29.2%	49.3% 50.3%	15.4%	1.7%	764	2.93	0.81	17
Pural nonulations							684	3.21	0.79	
Rural populations	2018	2.0%	12.3%	50.6%	32.9%	2.3%				14
	2019	1.8%	12.2%	56.6%	28.1%	1.4%	619	3.15	0.71	13
	2020	1.7%	14.3%	58.8%	24.8%	0.4%	727	3.08	0.69	16
	2021	1.5%	13.8%	57.5%	26.8%	0.4%	757	3.11	0.69	17
	2022	1.9%	14.6%	59.5%	22.7%	1.4%	764	3.07	0.71	17
Iderly populations	2018	0.0%	0.8%	43.7%	49.2%	6.3%	680	3.61	0.62	14
	2019	0.0%	0.8%	46.0%	49.0%	4.2%	620	3.57	0.59	13
	2020	0.0%	1.6%	49.8%	45.1%	3.5%	728	3.50	0.59	16
	2021	0.0%	0.9%	46.0%	49.2%	3.9%	757	3.56	0.58	17
	2022	0.0%	1.3%	47.7%	47.3%	3.7%	763	3.53	0.59	17
		1E 00/	43.1%	26.6%	13.6%	0.9%	683	2.41	0.94	14
ndigenous populations	2018	15.8%								
ndigenous populations				32.8%	10.3%	0.4%	620	2.40	0.88	13
ndigenous populations	2019	14.7%	41.8%	32.8% 29.0%	10.3% 8.9%	0.4% 0.2%	620 729	2.40 2.30	0.88 0.87	13 16
Indigenous populations				32.8% 29.0% 33.7%	10.3% 8.9% 8.7%	0.4% 0.2% 0.8%	620 729 757	2.40 2.30 2.39	0.88 0.87 0.86	13 16 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 in the first 3 years?

The population "Aboriginal populations/ First Nations, Inuit and Métis" was changed to "Indigenous populations" in 2018. For the purposes of analysis, "Very Unlikely" to "Highly Likely" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

		Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Care across the life cycle	2015	1.7%	2.2%	6.2%	32.7%	57.2%	614	4.42	0.84	15
	2016	0.6%	2.6%	5.4%	30.0%	61.4%	768	4.49	0.77	16
	2017	1.4%	3.8%	5.1%	30.4%	59.4%	885	4.43	0.86	17
	2018	1.3%	2.7%	5.7%	31.6%	58.6%	918	4.44	0.82	17
	2019	2.1%	2.6%	6.1%	29.9%	59.2%	774	4.41	0.88	16
	2020	2.9%	3.4%	8.8%	29.2%	55.8%	724	4.32	0.97	16
	2021	1.7%	6.1%	6.9%	30.1%	55.3%	755	4.31	0.96	17
	2022	3.2%	4.7%	8.3%	33.8%	49.9%	763	4.22	1.01	17
ntrapartum care	2015	27.9%	19.3%	9.5%	22.6%	20.6%	614	2.89	1.53	15
	2016	32.9%	19.8%	11.5%	15.8%	20.0%	768	2.70	1.55	16
	2017	31.8%	18.4%	10.5%	20.0%	19.3%	882	2.76	1.54	17
	2018	34.1%	18.9%	9.9%	18.7%	18.3%	917	2.68	1.54	17
	2019	36.0%	19.5%	10.4%	15.9%	18.2%	774	2.61	1.54	16
	2020	35.6%	19.1%	14.2%	12.9%	18.2%	727	2.59	1.52	16
	2021	34.0%	19.8%	14.8%	17.1%	14.3%	757	2.58	1.46	17
	2022	38.2%	19.5%	12.9%	13.0%	16.4%	763	2.50	1.50	17
Mental health care	2015	2.8%	3.2%	9.7%	39.7%	44.6%	614	4.20	0.94	15
	2016	1.5%	2.6%	7.7%	36.0%	52.2%	768	4.35	0.85	16
	2017	1.4%	2.6%	7.4%	34.6%	53.9%	882	4.37	0.84	17
	2018	0.6%	3.0%	8.0%	35.6%	52.8%	918	4.37	0.81	17
	2019	0.9%	2.3%	7.5%	34.1%	55.2%	773	4.40	0.80	16
	2020	1.6%	4.0%	9.6%	33.1%	51.7%	725	4.29	0.91	16
	2021	0.9%	1.6%	8.1%	31.9%	57.6%	757	4.44	0.78	17
	2022	1.9%	1.8%	9.8%	32.9%	53.6%	763	4.35	0.87	17
Chronic disease	2015	0.9%	1.4%	5.4%	30.6%	61.7%	614	4.51	0.74	15
nanagement	2016	0.8%	2.2%	4.1%	26.4%	66.5%	762	4.56	0.75	16
	2017	1.2%	1.8%	4.1%	28.5%	64.4%	880	4.53	0.76	17
	2018	1.4%	1.4%	4.3%	29.9%	63.0%	917	4.52	0.77	17
	2019	1.8%	2.4%	6.1%	27.5%	62.3%	771	4.46	0.85	16
	2020	2.3%	2.5%	9.4%	24.0%	61.8%	723	4.41	0.92	16
	2021	1.5%	2.2%	7.9%	27.3%	61.2%	754	4.44	0.85	17
	2022	2.6%	3.8%	6.8%	28.2%	58.5%	761	4.36	0.95	17
Palliative Care/End of life	2015	4.4%	11.8%	16.6%	40.6%	26.6%	614	3.73	1.11	15
	2016	3.6%	13.1%	18.9%	40.4%	24.1%	767	3.68	1.08	16
	2017	5.4%	13.1%	17.7%	37.3%	26.5%	882	3.66	1.16	17
	2018	4.9%	12.2%	17.2%	36.5%	29.4%	918	3.73	1.15	17
	2019	5.6%	12.5%	18.4%	35.8%	27.8%	774	3.68	1.17	16
	2020	6.5%	12.5%	17.5%	37.7%	25.8%	727	3.64	1.18	16
	2021	4.8%	11.3%	19.8%	35.1%	29.1%	754	3.72	1.14	17
	2022	7.5%	15.4%	21.5%	34.7%	20.8%	761	3.46	1.19	17
Office-based clinical	2015	2.0%	3.0%	9.2%	44.3%	41.5%	610	4.20	0.87	15
procedures	2016	1.4%	4.0%	11.0%	39.4%	44.2%	767	4.21	0.89	16
	2017	1.5%	5.9%	10.3%	37.4%	45.0%	877	4.18	0.95	17
	2018	1.9%	4.4%	10.9%	43.2%	39.6%	918	4.14	0.91	17
	2019	2.7%	4.8%	12.7%	40.9%	38.9%	771	4.09	0.97	16
	2020	2.4%	5.6%	14.3%	35.8%	41.8%	726	4.09	1.00	16
	2021	3.5%	6.5%	12.0%	38.8%	39.3%	756	4.04	1.04	17
n hospital dinical	2022	5.0%	6.2%	13.0%	41.3%	34.5%	758	3.94	1.08	17
n-hospital clinical	2015	26.0%	18.3%	12.2%	23.4%	20.2%	612	2.94	1.50	15 16
procedures	2016	28.0%	21.0%	11.4%	20.0%	19.7%	768	2.82	1.51	16 17
	2017	29.8%	20.5%	11.9%	20.6%	17.2%	882	2.75	1.49	
	2018	31.6%	15.7%	13.0%	20.9%	18.8%	917	2.79	1.53	17
	2019	34.6%	18.0%	11.5%	18.0%	18.0%	774	2.67	1.53	16
	2020	35.6% 32.8%	15.0% 22.3%	10.9%	18.4%	20.0%	726	2.72	1.58	16
		3/X%	11 3%	9.0%	18.8%	17.1%	755	2.65	1.51	17
	2021				47 50/	47 20/	700	2.04		4 7
	2022	36.4%	15.4%	13.5%	17.5%	17.2%	762	2.64	1.53	17
Practice setting – Emergency departments					17.5% 21.9% 17.2%	17.2% 25.6% 25.7%	762 614 768	2.64 3.07 2.94		17 15 16

	2010		10 50/	0 50/	12 20/	26.20/	010	2.00	1.62	47
	2018 2019	32.6% 32.0%	19.5% 18.8%	9.5% 9.1%	12.2% 16.8%	26.2% 23.3%	918 774	2.80 2.81	1.62 1.59	17 16
	2019	30.2%	17.8%	9.1% 11.5%	10.8%	25.8%	726	2.81	1.60	16
	2020	34.1%	20.2%	8.4%	14.8%	25.8%	720	2.88	1.59	10
		34.1% 34.1%	16.6%	8.4% 9.5%			759			17
Dractice cotting In	2022				17.4%	22.4%		2.77	1.60	
Practice setting – In-	2015	10.9%	13.1%	10.7%	29.8%	35.6%	572	3.66	1.36	14
hospital	2016	11.3%	11.9%	14.0%	31.2%	31.6%	719	3.60	1.34	15
	2017	12.9%	15.2%	12.8%	27.5%	31.7%	830	3.50	1.40	16
	2018	17.5%	12.1%	12.4%	24.9%	33.1%	870	3.44	1.48	16
	2019	14.1%	15.5%	15.4%	27.6%	27.4%	717	3.39	1.39	15
	2020	13.6%	12.6%	14.2%	27.2%	32.4%	726	3.52	1.40	16
	2021	14.6%	12.0%	14.1%	24.6%	34.7%	755	3.53	1.44	17
	2022	17.1%	16.7%	12.6%	25.9%	27.7%	759	3.30	1.46	17
Practice setting – Care in	2015	16.2%	21.1%	19.9%	28.8%	14.1%	613	3.03	1.31	15
the home	2016	17.6%	20.1%	19.6%	29.7%	13.0%	768	3.00	1.31	16
	2017	15.4%	20.0%	20.4%	30.5%	13.7%	881	3.07	1.29	17
	2018	17.5%	18.8%	21.1%	28.8%	13.8%	918	3.03	1.31	17
	2019	14.3%	19.5%	25.5%	27.8%	12.9%	774	3.05	1.25	16
	2020	20.9%	20.7%	23.0%	26.1%	9.2%	724	2.82	1.28	16
	2021	20.2%	22.0%	19.7%	25.9%	12.2%	756	2.88	1.33	17
	2022	22.9%	23.2%	19.1%	25.4%	9.4%	760	2.75	1.31	17
Practice setting – Long-	2015	20.7%	21.8%	16.9%	24.7%	15.9%	611	2.94	1.39	15
term care facilities	2016	19.4%	23.3%	18.5%	26.5%	12.3%	768	2.89	1.33	16
	2017	15.4%	22.3%	22.6%	27.8%	11.9%	883	2.99	1.26	17
	2018	20.1%	19.5%	20.3%	27.5%	12.5%	918	2.93	1.33	17
	2019	18.1%	18.5%	24.7%	26.9%	11.9%	773	2.96	1.29	16
	2020	20.8%	23.8%	23.6%	22.1%	9.7%	723	2.76	1.27	16
	2021	22.8%	20.3%	22.1%	23.7%	11.1%	756	2.80	1.33	17
	2022	26.1%	24.4%	20.3%	21.2%	8.0%	761	2.61	1.29	17
Marginalized,	2015	10.9%	13.6%	21.6%	33.4%	20.5%	614	3.39	1.26	15
disadvantaged and	2016	10.3%	13.2%	24.3%	35.0%	17.1%	768	3.35	1.21	16
vulnerable populations	2017	7.2%	13.8%	25.9%	31.7%	21.3%	880	3.46	1.18	17
	2018	8.2%	12.2%	23.0%	35.3%	21.3%	918	3.49	1.19	17
	2019	4.4%	9.1%	25.8%	39.7%	21.0%	772	3.64	1.05	16
	2020	6.4%	10.5%	26.6%	33.4%	23.2%	724	3.56	1.14	16
	2021	6.8%	7.2%	21.7%	36.5%	27.8%	757	3.71	1.15	17
	2022	6.1%	11.9%	25.0%	37.3%	19.8%	761	3.53	1.12	17
Rural populations	2015	10.8%	13.5%	16.9%	31.9%	26.9%	614	3.51	1.31	15
	2016	11.2%	16.6%	18.6%	25.7%	27.9%	769	3.43	1.34	16
	2017	8.4%	18.2%	17.2%	30.1%	26.1%	795	3.48	1.28	17
	2018	14.3%	16.2%	19.5%	25.7%	24.3%	918	3.29	1.37	17
	2010	12.1%	16.6%	21.5%	26.6%	23.2%	774	3.32	1.37	16
	2015	10.1%	16.1%	20.7%	27.1%	26.0%	722	3.43	1.30	16
	2020	8.2%	18.9%	20.1%	28.0%	20.0%	757	3.43	1.30	10
	2021				29.2%	24.8%	759	3.29	1.34	17
Elderly populations	2022	13.5% 1.9%	16.8% 2.7%	18.6% 5.6%	34.9%	54.9%	613	4.38	0.86	17
Elderly populations										
	2016	2.0%	2.5%	6.5%	30.2%	58.8%	769	4.41	0.87	16
	2017	1.3%	2.3%	3.9%	30.9%	61.7%	793	4.49	0.79	17
	2018	1.1%	0.9%	6.9%	33.5%	57.6%	917	4.46	0.76	17
	2019	1.0%	1.7%	7.1%	32.6%	57.6%	772	4.44	0.78	16
	2020	2.1%	1.7%	8.8%	32.0%	55.3%	726	4.37	0.88	16
	2021	2.5%	0.6%	7.5%	32.4%	57.0%	755	4.41	0.85	17
	2022	1.1%	2.5%	8.7%	37.7%	50.0%	760	4.33	0.82	17
Indigenous populations	2015	13.5%	20.0%	23.4%	25.5%	17.6%	613	3.14	1.30	15
	2016	12.0%	22.0%	26.9%	24.2%	14.9%	768	3.08	1.24	16
	2017	10.9%	19.8%	27.8%	24.8%	16.6%	883	3.16	1.23	17
	2018	11.1%	17.1%	28.0%	28.8%	14.9%	918	3.19	1.21	17
	2019	7.9%	16.7%	28.5%	31.8%	15.0%	774	3.29	1.15	16
	2015									
	2015	9.9%	16.3%	32.7%	26.9%	14.2%	724	3.19	1.17	16
			16.3% 11.7%	32.7% 30.5%	26.9% 29.1%	14.2% 21.8%	724 754	3.19 3.47	1.17 1.15	16 17

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
2015	1.0%	5.4%	18.9%	56.8%	17.8%	616	3.85	0.81	15
2016	0.9%	5.1%	14.3%	58.4%	21.3%	769	3.94	0.80	16
2017	0.8%	5.7%	14.1%	57.2%	22.1%	884	3.94	0.81	17
2018	0.7%	6.1%	14.8%	55.7%	22.6%	921	3.93	0.82	17
2019	1.1%	6.5%	17.2%	57.3%	17.8%	864	3.84	0.83	17
2020	0.3%	7.2%	16.5%	56.7%	19.3%	804	3.87	0.81	17
2021	0.7%	5.6%	14.0%	56.9%	22.8%	755	3.95	0.81	17
2022	1.1%	6.9%	18.6%	56.8%	16.5%	757	3.81	0.83	17

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2022

Family Medicine Longitudinal Survey Time 2 (Exit) 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

About Your Residency

11. 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. My residency program was situated primarily within family medicine settings.
- b. In my residency program, I was exposed to a variety of different family medicine settings.
- c. My residency experiences were relevant to family medicine practice, even when in settings outside of family medicine.
- d. My preceptors in other medical specialties valued family medicine.
- e. My residency program exposed me to strong family medicine role models.
- f. In my residency program, I have had an opportunity to develop relationships with a group of patients who I followed over the long term.
- g. I feel/felt responsibility for a group of patients.
- h. In my residency program, I had an identified person (or few persons) guiding my development as a family physician by overseeing my learning and progress.
- i. In my residency program, I was provided experiences that exposed me to patients who had complex and/or ambiguous health issues.
- j. In my residency program, there were many informal opportunities given to me for feedback on my performance.

- k. In my residency program, I understood what the program expected of me, in order to graduate.
- I. In my residency program, I contributed to tailoring my learning when learning needs were identified.
- m. Throughout my program I was actively aware of my progress.

12. To what extent do you agree or disagree with the following statements? My residency training prepared me to... (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

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

Perceptions about Family Medicine

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

- a. I am proud to 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-todate.
- 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).

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.

- 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 in the first 3 years? (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. To what extent do you agree or disagree with the following statement: "I am confident to begin the practice of comprehensive family medicine in any community in Canada." (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

23. 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.