

## **Family Medicine Longitudinal Survey (FMLS): Three Years into Practice (T3) 2024**

Questions 1-4 are used to generate a Unique Identifier **or determine eligibility** only. These are not available for request.

### **5) Please enter 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 (Please describe):

### **9) What year were you awarded your M.D. degree?**

- a. Less than 1 year
- b. 1 year
- c. 2 years
- d. 3 years
- e. 4 years
- f. 5 years
- g. 6 years or more

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

- a. University of British Columbia
- b. University of Calgary

- c. University of Alberta
- d. University of Saskatchewan
- e. University of Manitoba
- f. Western University
- g. McMaster University
- h. University of Toronto
- i. NOSM university
- j. University of Ottawa
- k. Queen's University
- l. Université de Sherbrooke
- m. Université de Montréal
- n. McGill University
- o. Université Laval
- p. Dalhousie University
- q. Memorial University
- r. Outside Canada

### **About your Residency**

**11) Looking back, to what extent do you agree or disagree with the following statements? My core family medicine residency program 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**

**12) 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 be 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**

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

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

### **Current Practice**

**14) Select the province/territory in which your primary practice is currently located. If you practice in multiple provinces/territories, select what you consider to be your main practice location:**

- a. Alberta
- b. British Columbia
- c. Manitoba
- d. New Brunswick
- e. Newfoundland and Labrador
- f. Northwest Territories
- g. Nova Scotia
- h. Nunavut
- i. Ontario
- j. Prince Edward Island
- k. Quebec
- l. Saskatchewan
- m. Yukon

**15) Select the ONE statement that best describes the environment in which you are currently practicing family medicine.**

- 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 (Please describe)

**16) Which of the following best describes the organizational model(s) you currently practice in? (Select all that apply):**

- a. Solo practice
- b. Group physician practice
- c. Interprofessional team-based practice
- d. Practice that includes teaching health profession learners
- e. Other, please specify:

**17) Which of the following best describes your current practice type?**

- a. Comprehensive care (see definition) without a specific special interest practicing in one setting only (e.g. community office based practice only)
- b. Comprehensive care (see definition) without a specific special interest practicing in two or more clinical settings (e.g. in-hospital, long-term care, office- based)
- c. Comprehensive care that includes a special interest (such as chronic pain, care of the elderly, palliative care, emergency medicine etc.) incorporated into practice
- d. Focused practice, providing care in one specific clinical area (e.g. only sports medicine, only emergency medicine)
- e. Other, please specify:

**18) Do you provide comprehensive care to a current group of patients over the long term?**

- a. Yes
- b. No
- c. Don't know

**19) If no, what is your primary reason?**

- a. I'm not interested in that type of practice
- b. My practice involves more episodic care without need for continuity
- c. I do locum practice(s)
- d. I'd like to, but there are obstacles preventing me

**20) Do you do locum practice(s) ?**

- a. Yes
- b. No

**21) Do you consider the following domains of care/settings/populations to be part of your family medicine practice? (Select One: Yes, No).**

- a. Care across the life cycle (newborns, children and adolescents, adults, care of the elderly, palliative and end-of-life care)
- b. Intrapartum care
- c. Mental health care
- d. Chronic disease management
- e. Palliative and end of life care
- f. Office-based clinical procedures
- g. In-hospital clinical procedures
- h. Emergency department work

- i. Practice setting – In-hospital
- j. Practice setting - Community based family medicine/primary care clinic
- k. Practice setting – Care in the home
- l. Practice setting – Long-term care facility
- m. Marginalized, disadvantaged and vulnerable populations
- n. Rural communities/ rural medicine
- o. Elderly care
- p. Indigenous health

**22) Please tell us why Q21 is not part of your practice. (Select all that apply).**

- a. This domain is not an area of interest
- b. There are obstacles outside of my control preventing me. Please describe:
- c. I do not feel competent to provide care in this domain
- d. I do not feel confident to provide care in this domain
- e. I would include this domain in my practice if I had more training
- f. I would include this domain in my practice if I had a mentor or someone to provide advice when needed
- g. Other, please specify:
- h. Error, I do provide care in this domain/setting/population

**Additional Training after Core FM Residency**

**23) Have you sought out further training after completing your core family medicine residency?**

- a. Yes
- b. No

**24a-j) In what area was the training? (Select all that apply)**

- a. Emergency Medicine
- b. Care of the Elderly
- c. Addiction Medicine
- d. Family Practice Anesthesia
- e. Clinician Scholar
- f. Sports and Exercise Medicine
- g. Enhanced Surgical Skills
- h. Obstetrical Surgical Skills
- i. Palliative Care
- j. Other, please specify:

**25a-j) In which community setting were you practicing at the time of Q24a-j training?**

- a. Exclusively/ predominately marginalized, disadvantaged and vulnerable populations
- b. Exclusively/ predominantly urban/suburban
- c. Exclusively/ predominantly small town
- d. Exclusively/ predominantly rural
- e. Exclusively/ predominantly remote/isolated

- f. Mixture of environments (please describe):
- g. Training occurred immediately post-residency

**26) What were the main reason(s) you sought out further training? (Select all that apply)**

- a. Personal interest
- b. Desire to focus my practice
- c. To enhance my confidence
- d. To address an unmet need in my community
- e. Other, please specify:

**27) Do you consider yourself a family physician with a focused practice?**

**(Definition of family physicians with focused practices: family physicians with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.)**

- a. Yes
- b. No

**28) What clinical areas/domain(s) are the focus of your practice? (Please describe).**

**29) Do you consider yourself a family physician with a special interest?**

**(Definition of family physicians with special interests: family doctors with traditional comprehensive continuing care family practices who act as the personal physicians for their patients and whose practices include one or more areas of special interest as integrated parts of the broad scope of services they provide.)**

- a. Yes
- b. No

**30) What areas of special interest do you include in the scope of services you provide? (Please describe)**

**31) How likely are you to implement a change in your scope of practice in the next 3-5 years? Select One: Very Unlikely, Unlikely, Neutral, Likely, Highly Likely.**

**32) In which direction are you changing your scope of practice?**

- a. Expanding
- b. Narrowing
- c. Other (please specify)

**33) To what extent do you agree with the following statement? (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).**

- a. I feel COMPETENT in my ability to provide comprehensive care in any community in Canada
- b. I feel CONFIDENT in my ability to provide comprehensive care in any community in Canada

**34) I provide virtual care delivery... (Select all that apply).**

- a. by telephone
- b. by email
- c. by text messaging
- d. by online video
- e. I don't provide virtual care

**35) My residency training prepared me to provide virtual care delivery... (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).**

- a. by telephone
- b. by email
- c. by text messaging
- d. by online video

**36) Please indicate the postal code where you spent most of your clinical practice time in the past year.**

**37) Please provide City/Town of your primary practice:**

**38) Please indicate the predominant means by which you are paid for your professional services:**

- a. Fee-for-service
- b. Capitation
- c. Salary
- d. Sessional/per diem/hourly
- e. Blended
- f. Other, please specify:

**39) Please specify your predominant payment model.**

- a. Fee-for-service
- b. Capitation
- c. Salary
- d. Sessional/per diem/hourly
- e. Other, please specify:

**40) Please rank the following in terms of their influence on the breadth of your clinical practice, including your clinical care settings (e.g., primary care clinic, hospital, long-term care) and the range of services you provide. (Select One: Not at all important, Of little importance, Somewhat important, Very important, Most important).**

- a. Your own personal interests and the satisfaction you gain from providing care
- b. How well residency training prepared you to provide care
- c. The remuneration you receive to provide care
- d. The requirements to provide care (e.g. credentialing, regulation etc.)
- e. Health care needs of your patients and the community you practice in

**41) Based on the CFPC's PMH 2019 Vision Statement provided above, please indicate your level of agreement/disagreement with the following statement. (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't know).**

"My primary practice meets the CFPC's CRITERIA (Team-based, patient-centred, continuous, comprehensive, and accessible primary care) of Patient Medical Home."