Sample Demographics:
1214 Members - N=435, Response Rate=35.8%

Q01. How would you describe your scope of work?

- Community/Ambulatory: 88%
- Home and Long-Term Care: 41%
- Maternal Newborn Care: 36%
- Hospital Care: 42%
- Emergency Room Care: 25%
- Leader/Scholar: 44%
- Other, please specify...: 30%
Definition

Generalists are professionals who are committed to you as a person. They do not have to give up on or pass on your care because your problems do not fit their expertise; they can deal with many issues of prevention, diagnosis and problem management without referral; and they can recognize their own limits and yours, while orienting their service to your world views and character. A good generalist is trustworthy, therapeutic in relationship, and makes judgements that are safe for the individual and the system.

Q2. Does this definition resonate with you as a family physician?

- It fully resonates with me: 65%
- It partially resonates with me: 31%
- It doesn’t resonate at all: 4%
Q3. Which three phrases best describe what generalism means to you?

<table>
<thead>
<tr>
<th>Phrase</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cradle to grave/all ages and all stages care</td>
<td>51%</td>
</tr>
<tr>
<td>Person-focused</td>
<td>51%</td>
</tr>
<tr>
<td>Preventive and wellness care</td>
<td>35%</td>
</tr>
<tr>
<td>Adaptive and flexible</td>
<td>32%</td>
</tr>
<tr>
<td>Chronic and complex care</td>
<td>30%</td>
</tr>
<tr>
<td>Community-based care</td>
<td>29%</td>
</tr>
<tr>
<td>First-contact care</td>
<td>26%</td>
</tr>
<tr>
<td>Collaborative care</td>
<td>26%</td>
</tr>
<tr>
<td>Other, please specify...</td>
<td>8%</td>
</tr>
</tbody>
</table>
Q4. How do you practise family medicine?

- See patients in all stages of life - 90%
- See men and women of any age - 90%
- For all presenting conditions - 89%
- For any complexity - 84%
- In more than two settings – 58%
Q5. When your patients make an appointment, how do they interact with you and your practice?

- 24% Only see me
- 21% Don’t always see me, but see a member of my team
- 35% Don’t always see the same health care professional, but all patient information is entered into a central medical record, accessible by team members
- 20% See me and a member of my team familiar with the patient
Q6. Did you have what you needed in your training from the start?

Yes 45%

No 55%
Q6a. What was missing from your training that you needed?

- Practice management (administration, leadership)
- Adaptability, Self-Reflection & Lifelong Learning
- Self-Care (Work-life balance)
- “Experience!”
- Working effectively in Teams (Team-based care)
- Procedural Skills
- Practical Approaches
- Preparing for Rural Practice
- Psychosocial Care (Addiction and Pain Medicine)
- Chronic/Complex Care
- Other training (Obstetrics, Palliative, Pediatrics, Anesthesia, Emergency Medicine)
Family Physicians should seek out experience, mentorship and community support. Commit to life-long-learning.

Physician wellness and burnout is real. Especially in the first five years.

Funding mechanisms are a barrier to designing a family practice, including sufficient remuneration.

Family Medicine training should be longer (3 - 4 years).

Primary Care, Generalism, and Family Medicine are not synonymous. They are not interchangeable.

We should favour the concept of ‘generalism’, it resonates. We need to get the definition ‘right’.

Generalism is being eroded. Generalism and specialization are at odds. As a College, we are trying to define and promote comprehensiveness and generalism, but we have CACs. *

We need more respect, advocacy, and protection for Family Physicians as a ‘profession’ within the health team and health system.

Samples of statements

*CAC’s – Certificates of Added Competence