

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Capturing Trends from the Triple C Competency-Based Curriculum 2018 to 2022

Aggregate Findings of Early Career Family
Physicians in Canada

Results of the T3 (in practice) Family Medicine
Longitudinal Survey



2018

2019

2020

2021

2022

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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.

Acknowledgements

The CFPC acknowledges the 17 university-based family medicine residency programs that have partnered with the College to evaluate the Triple C Competency-Based Curriculum and provided the Family Medicine Longitudinal Survey data used in this report.

Foreword

In 2010 the CFPC revolutionized training as the first discipline to advance competency-based medical education at a national level through the introduction of the Triple C Competency-Based Curriculum (Triple C).¹ Family medicine residency programs across the country became leaders in medical education, implementing innovative training and assessment approaches across Canada. Guided by family medicine's competency framework (CanMEDS-FM) and applying the Continuous Reflective Assessment For Training (CRAFT) model for programmatic assessment, the aim was to provide learning experiences that would be competency based, **comprehensive**, focused on **continuity**, and **centred** in family medicine.

The aim of Triple C was to:

- Produce competent family physicians in a more efficient and effective way
- Ensure that graduating family physicians have a well-balanced set of competencies that enable them to practice in any Canadian community and context
- Attract more medical school graduates to family medicine

As part of the process to evaluate the effectiveness of Triple C, an evaluation plan was developed.² One of the methodologies outlined in the plan was a Family Medicine Longitudinal Survey (FMLS) 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.

² Oandasan I, on behalf of the Triple C Competency-Based Curriculum Task Force. A national program evaluation approach to study the impact of Triple C. In: Oandasan I, Saucier D, eds. *Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation*. Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: https://www.cfpc.ca/uploadedFiles/Education/PDFs/TripleC_Report_pt2.pdf#page=127. Accessed December 13, 2021.

Table 1. FM Longitudinal Survey Learner Cohort: Trajectory

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

*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, governance 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 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 T3 (in practice) surveys administered to family medicine physicians who graduated three years prior and who were registered in the CFPC membership database between 2018 to 2022 (cohort years 2013-2017). For reference purposes, Appendix 1 contains the questionnaire administered to T3 family physicians in 2022 only.

The T3 (in practice) results have contributed to the [Outcomes of Training](#) 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	T3 In Practice Survey Year	Response Rate
2013	2018	17.2%
2014	2019	23.7%
2015	2020	19.1%
2016	2021	20.9%
2017	2022	18.7%

Methodological notes

Please note that the number of programs vary for each question. This variation is due to 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 results. The data is weighted to ensure that the original program size is represented accurately, independent of the response rate.

Access to FMLS data

The Triple C DOC developed a request process for the committee's review of external research requests for use of the Triple C evaluation data. To submit a request for FMLS data, [please visit the EERU website](#).

To support family medicine scholarship, promote ongoing continuous improvement of family medicine education, and to support further reflections on training, we encourage you to review and share this document widely.

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

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Capturing Trends from the Triple C Competency-Based Curriculum 2018 to 2022

Aggregate Findings of Early Career Family Physicians in Canada

Results of the T3 (in practice) Family Medicine Longitudinal Survey

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.

	Survey Year	Single	Married	Common-law	Divorced	Widowed	Count	Programs
	2018	17.8%	56.5%	23.1%	2.5%	0.0%	201	15
	2019	17.8%	65.3%	15.0%	1.9%	0.0%	353	17
	2020	16.3%	53.2%	28.8%	1.6%	0.0%	297	17
	2021	19.5%	54.6%	24.3%	1.6%	0.0%	327	17
	2022	19.5%	58.1%	21.6%	0.8%	0.0%	346	17

Q6. Do you have children?

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

	Survey Year	Yes/ Expecting	No	Count	Programs
	2018	55.9%	44.1%	200	15
	2019	52.8%	47.2%	351	17
	2020	50.6%	49.4%	297	17
	2021	51.5%	48.5%	328	17
	2022	52.2%	47.8%	345	17

Q7. What is your gender?

In 2018 the answer category "non-binary" was added. In 2019 the question language changed from "What is your sex" to "What is your gender." Note: Percentages sum to 100 across rows. The data are weighted by residency program.

	Survey Year	Female	Male	Non-binary	Count	Programs
	2018	65.6%	34.4%	0.0%	203	15
	2019	67.0%	32.6%	0.4%	353	17
	2020	70.6%	28.8%	0.6%	295	17
	2021	58.1%	40.9%	1.0%	332	17
	2022	66.7%	33.0%	0.3%	344	17

Q8. Select the ONE statement which best describes the environment in which you grew up prior to university.

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

	Survey Year	Inner city	Urban/ suburban	Small town	Rural	Remote/ isolated	Mixture of environments	Count	Programs
	2018	8.3%	51.8%	19.8%	16.1%	1.3%	2.7%	205	15
	2019	4.8%	57.4%	17.7%	14.9%	1.7%	3.5%	357	17
	2020	5.5%	54.1%	19.5%	14.7%	2.9%	3.3%	300	17
	2021	6.5%	59.3%	16.0%	13.3%	2.3%	2.7%	333	17
	2022	10.1%	59.0%	14.2%	12.7%	1.3%	2.6%	348	17

Q10. What year were you awarded your M.D. degree? (Years since MD)

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

	Survey Year	Less than 1 year	1 year	2 years	3 years	4 years	5 years	6 years or more	Count	Programs
	2018	0.0%	0.0%	0.0%	3.0%	0.7%	69.4%	27.0%	206	15
	2019	0.0%	0.0%	0.0%	0.8%	0.8%	77.3%	21.1%	357	17
	2020	0.0%	0.0%	0.0%	1.6%	0.9%	73.6%	24.0%	300	17
	2021	0.0%	0.0%	0.0%	2.8%	0.6%	71.0%	25.6%	333	17
	2022	0.0%	0.0%	0.3%	2.8%	1.6%	70.0%	25.2%	348	17

B. About Your Residency

Q12. Looking back, to what extent do you agree or disagree with the following statements? My core family medicine residency program 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.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
...Care for the full range of health problems that may be encountered in family medicine	2018	0.0%	5.1%	6.9%	61.8%	26.2%	206	4.09	0.73	15
	2019	0.9%	5.4%	8.2%	57.5%	28.0%	357	4.06	0.81	17
	2020	1.2%	7.0%	6.1%	54.1%	31.6%	300	4.08	0.87	17
	2021	0.8%	3.9%	6.2%	58.5%	30.6%	332	4.14	0.76	17
	2022	1.6%	5.4%	6.8%	57.1%	29.1%	348	4.07	0.85	17
...Care for patients at all life stages	2018	0.0%	1.4%	4.7%	48.8%	45.0%	206	4.38	0.64	15
	2019	0.9%	1.2%	4.3%	58.9%	34.7%	357	4.25	0.67	17
	2020	0.7%	4.1%	4.0%	50.8%	40.3%	299	4.26	0.78	17
	2021	0.0%	3.5%	7.2%	51.8%	37.6%	332	4.23	0.73	17
	2022	1.0%	4.3%	5.3%	55.5%	33.9%	348	4.17	0.79	17
...Care for patients in a range of clinical settings	2018	0.0%	3.7%	9.3%	44.4%	42.6%	206	4.26	0.78	15
	2019	1.0%	3.6%	7.5%	49.2%	38.6%	356	4.21	0.81	17

(e.g., office, hospital, home, etc.)	2020	1.0%	5.5%	9.7%	47.4%	36.5%	300	4.13	0.87	17
	2021	0.6%	3.0%	8.7%	50.1%	37.5%	332	4.21	0.77	17
	2022	2.1%	4.9%	11.5%	47.6%	33.9%	348	4.06	0.92	17
...Care for a range of populations (e.g., vulnerable, under-served, urban, rural, etc.)	2018	0.0%	7.6%	18.1%	56.1%	18.2%	206	3.85	0.80	15
	2019	0.9%	6.0%	20.1%	48.7%	24.3%	356	3.90	0.87	17
	2020	1.3%	10.7%	18.9%	48.0%	21.1%	300	3.77	0.95	17
	2021	0.5%	11.0%	21.1%	41.4%	26.0%	332	3.81	0.96	17
...Provide care across the spectrum of clinical responsibilities, from prevention to palliation	2022	1.8%	10.0%	21.2%	47.0%	19.9%	347	3.73	0.95	17
	2018	0.0%	0.5%	6.5%	57.0%	36.0%	206	4.28	0.61	15
	2019	0.4%	1.2%	6.9%	55.3%	36.2%	356	4.26	0.67	17
	2020	1.0%	3.2%	8.4%	50.6%	36.7%	299	4.19	0.80	17
	2021	0.2%	2.0%	6.5%	54.2%	37.1%	333	4.26	0.69	17
...Provide continuous care to the same group of patients over the long term	2022	0.6%	4.2%	10.9%	48.9%	35.3%	348	4.14	0.82	17
	2018	0.0%	5.3%	9.6%	47.5%	37.5%	206	4.17	0.81	15
	2019	0.5%	2.3%	8.8%	55.3%	33.1%	357	4.18	0.72	17
	2020	0.8%	5.0%	8.3%	43.8%	42.1%	300	4.21	0.86	17
	2021	0.6%	4.5%	8.2%	50.2%	36.5%	333	4.18	0.80	17
...Use electronic medical and health records	2022	1.5%	2.9%	8.6%	53.3%	33.8%	348	4.15	0.81	17
	2018	4.2%	11.9%	7.9%	33.2%	42.7%	205	3.98	1.17	15
	2019	0.6%	3.9%	5.1%	42.9%	47.5%	354	4.33	0.79	17
	2020	1.3%	3.2%	4.0%	39.8%	51.7%	300	4.38	0.81	17
	2021	0.3%	1.4%	5.0%	39.4%	53.8%	332	4.45	0.69	17
...Work as part of a team with other types of health professionals	2022	0.7%	1.6%	4.5%	41.8%	51.3%	348	4.41	0.72	17
	2018	0.8%	1.3%	6.1%	42.3%	49.6%	205	4.39	0.73	15
	2019	0.0%	0.4%	4.7%	45.1%	49.8%	357	4.44	0.60	17
	2020	0.0%	1.8%	4.6%	44.9%	48.7%	300	4.41	0.66	17
	2021	0.4%	1.4%	4.5%	45.3%	48.5%	332	4.40	0.68	17
...Evaluate and improve the quality of your patient care	2022	1.4%	0.7%	6.5%	43.8%	47.7%	348	4.36	0.75	17
	2018	0.5%	4.0%	15.2%	56.5%	23.8%	205	3.99	0.77	15
	2019	0.4%	4.9%	11.0%	59.9%	23.8%	356	4.02	0.76	17
	2020	0.3%	3.2%	16.7%	52.2%	27.6%	299	4.04	0.77	17
	2021	0.6%	3.4%	10.8%	55.5%	29.7%	332	4.10	0.77	17
...Teach medical students, residents and other health profession learners	2022	1.6%	4.0%	14.6%	55.0%	24.8%	345	3.97	0.84	17
	2018	1.1%	16.4%	22.1%	43.1%	17.3%	205	3.59	0.99	15
	2019	1.0%	10.9%	24.1%	48.2%	15.9%	357	3.67	0.90	17
	2020	1.0%	13.1%	19.9%	45.8%	20.2%	300	3.71	0.97	17
	2021	2.0%	10.2%	18.8%	45.5%	23.4%	333	3.78	0.98	17
2022	2.6%	14.0%	23.7%	44.3%	15.4%	348	3.56	1.00	17	

C. Perceptions about Family Medicine

Q13. To what extent do you agree or disagree with the following statements?

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

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

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I am proud to be a family physician.	2018	1.1%	2.3%	7.7%	33.7%	55.2%	204	4.40	0.82	15
	2019	0.6%	2.4%	6.7%	29.1%	61.3%	356	4.48	0.77	17
	2020	1.5%	1.8%	7.4%	29.6%	59.8%	298	4.44	0.82	17
	2021	0.5%	4.5%	6.8%	33.2%	54.9%	329	4.37	0.84	17
	2022	2.0%	4.4%	9.9%	39.7%	44.0%	342	4.19	0.93	17
Patients recognize the value of family medicine.	2018	5.6%	17.4%	20.6%	40.8%	15.6%	204	3.43	1.12	15
	2019	1.7%	12.8%	19.2%	47.5%	18.7%	354	3.69	0.98	17
	2020	2.1%	14.4%	17.4%	48.6%	17.5%	296	3.65	1.00	17
	2021	3.3%	17.9%	19.3%	44.6%	15.0%	328	3.50	1.05	17
	2022	6.4%	20.5%	23.4%	36.4%	13.3%	341	3.30	1.13	17
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	2018	6.0%	17.1%	15.8%	43.5%	17.6%	200	3.50	1.14	15
	2019	1.4%	10.2%	20.8%	48.2%	19.3%	349	3.74	0.93	17
	2020	0.7%	10.9%	19.5%	54.4%	14.5%	297	3.71	0.87	17
	2021	3.0%	11.9%	21.3%	48.7%	15.1%	323	3.61	0.98	17
	2022	4.1%	13.4%	24.1%	42.9%	15.5%	341	3.52	1.04	17
I have found that other medical specialists have little respect for the expertise of family physicians.	2018	3.7%	32.8%	30.9%	25.2%	7.5%	204	3.00	1.01	15
	2019	2.8%	36.3%	29.4%	25.2%	6.2%	354	2.96	0.99	17
	2020	1.4%	38.9%	24.3%	24.8%	10.6%	298	3.04	1.06	17
	2021	2.8%	33.7%	31.3%	23.1%	9.1%	329	3.02	1.02	17
	2022	1.9%	27.4%	22.4%	36.2%	12.1%	344	3.29	1.05	17
Family physicians make a valuable contribution that is different from other specialists.	2018	0.0%	0.7%	0.6%	31.1%	67.6%	202	4.66	0.53	15
	2019	0.3%	0.4%	1.0%	29.0%	69.3%	356	4.67	0.55	17
	2020	0.0%	0.8%	0.8%	27.0%	71.4%	291	4.69	0.53	17
	2021	0.0%	0.5%	1.1%	27.1%	71.3%	325	4.69	0.52	17

	2022	0.3%	0.0%	4.6%	22.9%	72.2%	344	4.67	0.59	17
I would prefer to be in another medical specialty.	2018	35.4%	46.9%	10.6%	3.9%	3.1%	202	1.93	0.95	15
	2019	37.9%	40.0%	12.4%	5.5%	4.2%	345	1.98	1.05	17
	2020	35.1%	41.8%	14.1%	6.6%	2.5%	288	2.00	0.99	17
	2021	29.5%	36.9%	20.4%	7.5%	5.7%	319	2.23	1.13	17
	2022	25.3%	32.2%	24.0%	11.1%	7.4%	329	2.43	1.19	17
Government perceives family medicine as essential to the health care system.	2018	13.0%	28.2%	28.3%	25.0%	5.4%	202	2.82	1.11	15
	2019	9.6%	26.5%	21.8%	33.3%	8.7%	352	3.05	1.15	17
	2020	10.0%	24.3%	30.7%	28.4%	6.6%	294	2.97	1.09	17
	2021	18.0%	28.9%	21.9%	23.1%	8.1%	325	2.74	1.23	17
	2022	19.6%	27.4%	18.4%	26.3%	8.3%	343	2.76	1.27	17

D. Problem Solving and Learning

Q14. To what extent do you agree or disagree with the following statements?

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

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

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I sometimes feel overwhelmed when dealing with patients who present with complex or ambiguous health issues.	2018	1.7%	10.6%	14.0%	60.9%	12.8%	205	3.73	0.88	15
	2019	2.5%	16.1%	12.5%	56.5%	12.4%	356	3.60	0.98	17
	2020	0.6%	10.0%	20.6%	60.4%	8.4%	298	3.66	0.79	17
	2021	1.6%	13.4%	13.6%	56.2%	15.1%	331	3.70	0.94	17
	2022	1.8%	12.6%	16.9%	50.5%	18.2%	347	3.71	0.97	17
I can identify my own learning needs.	2018	0.0%	0.4%	1.6%	74.8%	23.1%	205	4.21	0.47	15
	2019	0.0%	0.0%	3.1%	74.2%	22.7%	355	4.20	0.47	17
	2020	0.0%	0.7%	2.5%	71.8%	24.9%	298	4.21	0.51	17
	2021	0.0%	0.5%	4.0%	72.9%	22.5%	330	4.17	0.51	17
	2022	0.4%	1.0%	2.9%	72.0%	23.6%	347	4.17	0.56	17
In spite of my best intentions, I rarely find the time to do the learning I need to stay up-to-date.	2018	3.5%	31.9%	29.3%	27.4%	7.9%	205	3.04	1.03	15
	2019	5.8%	38.2%	23.5%	25.0%	7.6%	357	2.90	1.08	17
	2020	3.5%	34.8%	29.4%	28.2%	4.1%	298	2.95	0.97	17
	2021	3.3%	32.0%	22.1%	35.2%	7.5%	331	3.12	1.05	17
	2022	4.7%	31.9%	24.3%	31.8%	7.3%	347	3.05	1.06	17
I know how to evaluate the accuracy and relevance of information before using it to inform my patients' care.	2018	0.0%	1.0%	18.1%	68.3%	12.6%	204	3.92	0.59	15
	2019	0.2%	2.2%	11.1%	72.9%	13.6%	356	3.98	0.59	17
	2020	0.0%	1.4%	8.4%	74.0%	16.3%	298	4.05	0.55	17
	2021	0.8%	1.6%	9.0%	68.6%	20.0%	331	4.06	0.65	17
	2022	0.0%	1.4%	11.7%	69.2%	17.6%	345	4.03	0.59	17
I can problem solve effectively when faced with complex or ambiguous patient presentations.	2018	0.0%	3.5%	11.7%	71.0%	13.8%	204	3.95	0.63	15
	2019	0.0%	1.6%	14.5%	70.9%	13.0%	356	3.95	0.58	17
	2020	0.3%	0.5%	13.8%	70.3%	15.0%	298	3.99	0.58	17
	2021	0.4%	2.3%	9.7%	74.5%	13.1%	331	3.98	0.60	17
	2022	0.5%	2.8%	14.0%	70.6%	12.2%	346	3.91	0.64	17

E. Current Practice

Q15. Select the ONE statement that best describes the environment in which you are currently practicing family medicine.

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

	Survey Year	Inner city	Urban/suburban	Small town	Rural	Remote/isolated	Mixture of environments	Count	Programs
	2018	8.8%	43.7%	18.8%	13.2%	7.4%	8.1%	203	15
	2019	8.7%	42.8%	18.2%	15.5%	8.2%	6.7%	356	17
	2020	5.6%	41.6%	23.7%	13.9%	4.8%	10.4%	295	17
	2021	12.5%	45.6%	16.1%	14.8%	4.0%	7.0%	328	17
	2022	15.4%	48.7%	15.0%	12.0%	3.5%	5.5%	346	17

Q16. Which of the following best describes the organizational model(s) you currently practice in? Choose all answers that apply.

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

	Survey Year	Yes	No	Count	Programs					
Solo practice	2018	4.6%	95.4%	203	15					
	2019	3.9%	96.1%	356	17					
	2020	5.0%	95.0%	295	17					
	2021	6.5%	93.5%	329	17					
	2022	6.3%	93.7%	346	17					
Group physician practice	2018	59.0%	41.0%	203	15					
	2019	62.9%	37.1%	356	17					
	2020	69.9%	30.1%	295	17					
	2021	80.0%	20.0%	329	17					
	2022	75.6%	24.4%	346	17					
Interprofessional team-based practice	2018	40.3%	59.7%	203	15					
	2019	41.2%	58.8%	356	17					
	2020	44.8%	55.2%	295	17					
	2021	46.5%	53.5%	329	17					
	2022	42.1%	57.9%	346	17					
Practice that includes teaching health profession learners	2018	0.0%	0.0%	0	15					
	2019	0.0%	0.0%	0	17					
	2020	38.5%	61.5%	218	17					
	2021	44.1%	55.9%	329	17					
	2022	38.3%	61.7%	346	17					

Q17. Which of the following best describes your current practice type?

Question 17 was not asked in the 2018 – 2019 survey years. Note: The data are weighted by residency program.

	Survey Year	Comprehensive care delivered in one clinical setting. (e.g., office-based)	Comprehensive care provided across multiple clinical settings (in-hospital, long-term care, office).	Comprehensive care that includes a special interest (such as sports medicine, emergency medicine, palliative care, etc.)	I plan to focus only on specific clinical areas (such as sports medicine, maternity care, emergency medicine, palliative care, hospital medicine etc.)	Count	Programs			
	2020	21.4%	32.3%	31.8%	11.8%	295	17			
	2021	26.3%	28.1%	32.3%	9.5%	329	17			
	2022	24.7%	24.8%	32.5%	15.4%	346	17			

Q17a. If special interest: Which of the following best describes your current practice type?

Question 17a was not asked in the 2018 – 2019 survey years. Note: The data are weighted by residency program.

	Survey Year	Practicing in one setting only (e.g. community office based practice only)	Practicing in two or more clinical settings (e.g. in-hospital, long-term care, office-based)	Count	Programs					
	2020	14.2%	84.9%	94	17					
	2021	20.9%	74.7%	106	17					
	2022	15.0%	83.1%	111	17					

Q18. Do you provide comprehensive care to a current group of patients over the long term?

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

	Survey Year	Yes	No	Count	Programs					
	2018	75.5%	24.5%	203	15					
	2019	75.7%	24.3%	356	17					
	2020	77.1%	22.9%	295	17					
	2021	82.6%	17.4%	327	17					
	2022	79.3%	20.7%	342	17					

Q19. If no, what is your primary reason?

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

	Survey Year	I'm not interested in that type of practice	My practice involves more episodic care without need for continuity	I do locum practice(s)	I'd like to, but there are obstacles preventing me	Count	Programs
	2018	20.8%	25.4%	42.8%	11.0%	50	15
	2019	22.1%	44.3%	31.2%	2.3%	87	17
	2020	27.5%	27.0%	38.0%	7.5%	67	17
	2021	21.4%	26.5%	36.8%	15.3%	57	17
	2022	43.8%	19.4%	28.9%	7.9%	71	17

Q20. Do you do locum practice(s) ?

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

	Survey Year	Yes	No	Count	Programs
	2018	28.4%	71.6%	202	15
	2019	22.4%	77.6%	356	17
	2020	19.1%	80.9%	268	17
	2021	19.6%	80.4%	305	17
	2022	23.3%	76.7%	321	17

Q21. Do you consider the following domains of care/settings/populations to be part of your family medicine practice?

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

	Survey Year	Yes	No	Count	Programs
Care across the life cycle	2018	88.2%	11.8%	203	15
	2019	85.6%	14.4%	354	17
	2020	87.3%	12.7%	295	17
	2021	89.8%	10.2%	327	17
	2022	86.8%	13.2%	346	17
Intrapartum care	2018	29.5%	70.5%	203	15
	2019	30.5%	69.5%	354	17
	2020	29.2%	70.8%	295	17
	2021	39.8%	60.2%	326	17
	2022	41.9%	58.1%	346	17
Mental health care	2018	86.6%	13.4%	203	15
	2019	85.3%	14.7%	354	17
	2020	88.7%	11.3%	295	17
	2021	98.0%	2.0%	327	17
	2022	95.3%	4.7%	344	17
Chronic disease management	2018	89.3%	10.7%	203	15
	2019	89.0%	11.0%	354	17
	2020	88.5%	11.5%	295	17
	2021	95.2%	4.8%	327	17
	2022	93.9%	6.1%	344	17
Palliative Care/End of life	2018	62.9%	37.1%	203	15
	2019	63.1%	36.9%	354	17
	2020	61.0%	39.0%	295	17
	2021	71.1%	28.9%	326	17
	2022	68.7%	31.3%	346	17
Office-based clinical procedures	2018	79.4%	20.6%	203	15
	2019	76.2%	23.8%	354	17
	2020	78.6%	21.4%	295	17
	2021	84.1%	15.9%	327	17
	2022	82.1%	17.9%	346	17
In-hospital clinical procedures	2018	35.8%	64.2%	203	15
	2019	35.1%	64.9%	354	17
	2020	33.4%	66.6%	295	17
	2021	40.8%	59.2%	327	17
	2022	43.5%	56.5%	346	17
Practice setting – Emergency departments	2018	36.7%	63.3%	203	15
	2019	30.1%	69.9%	354	17
	2020	31.4%	68.6%	295	17
	2021	32.4%	67.6%	326	17
	2022	24.6%	75.4%	346	17
Practice setting – In-hospital	2018	59.3%	40.7%	203	15
	2019	56.8%	43.2%	354	17

	2020	55.4%	44.6%	295	17
	2021	50.3%	49.7%	325	17
	2022	57.7%	42.3%	346	17
Practice setting – Care in the home	2018	42.2%	57.8%	203	15
	2019	38.8%	61.2%	354	17
	2020	40.6%	59.4%	295	17
	2021	39.9%	60.1%	327	17
	2022	39.7%	60.3%	346	17
Practice setting – Long-term care facilities	2018	31.1%	68.9%	203	15
	2019	24.1%	75.9%	354	17
	2020	27.1%	72.9%	295	17
	2021	25.6%	74.4%	327	17
	2022	23.5%	76.5%	345	17
Marginalized, disadvantaged and vulnerable populations	2018	64.1%	35.9%	203	15
	2019	59.0%	41.0%	354	17
	2020	56.2%	43.8%	295	17
	2021	75.3%	24.7%	327	17
	2022	77.9%	22.1%	346	17
Rural communities/ rural medicine	2018	44.1%	55.9%	203	15
	2019	39.4%	60.6%	354	17
	2020	41.8%	58.2%	295	17
	2021	42.0%	58.0%	327	17
	2022	40.2%	59.8%	345	17
Elderly Care	2018	83.7%	16.3%	203	15
	2019	82.8%	17.2%	354	17
	2020	81.0%	19.0%	295	17
	2021	94.1%	5.9%	327	17
	2022	94.4%	5.6%	346	17
Indigenous Health	2018	38.1%	61.9%	203	15
	2019	34.3%	65.7%	354	17
	2020	33.2%	66.8%	295	17
	2021	51.5%	48.5%	327	17
	2022	50.1%	49.9%	345	17

Q21a-o. Please tell us why Q21 is not part of your practice? Choose all answers that apply.

Note: The data are weighted by residency program.

		This domain is not an area of interest.	There are obstacles outside of my control preventing me.	I do not feel competent to provide care in this domain	I do not feel confident to provide care in this domain	I would include this domain in my practice if I had more training	I would include this domain in my practice if I had a mentor or someone to provide advice when needed	Count	Programs
Care across the life cycle	2018	44.1%	19.9%	0.0%	0.0%	0.0%	0.0%	23	15
	2019	30.9%	9.6%	9.3%	9.1%	3.0%	2.9%	45	17
	2020	31.6%	21.0%	3.9%	12.8%	9.6%	10.1%	32	17
	2021	35.9%	4.2%	15.1%	20.1%	3.3%	9.7%	32	17
	2022	35.8%	4.6%	10.2%	11.2%	5.6%	2.9%	46	17
Intrapartum care	2018	64.0%	11.1%	21.0%	0.0%	2.5%	3.2%	142	15
	2019	72.5%	11.0%	22.7%	21.2%	4.7%	2.9%	234	17
	2020	67.0%	10.9%	20.0%	19.7%	7.0%	3.9%	202	17
	2021	68.7%	11.1%	30.0%	32.1%	9.4%	5.9%	193	17
	2022	69.4%	13.3%	34.9%	34.7%	4.0%	2.4%	198	17
Mental health care	2018	53.4%	0.0%	5.5%	3.5%	0.0%	3.3%	24	15
	2019	44.1%	7.0%	4.5%	0.0%	3.1%	4.6%	43	17
	2020	38.3%	3.0%	5.4%	0.0%	4.1%	2.9%	31	17
	2021	57.8%	17.7%	0.0%	0.0%	0.0%	0.0%	7	17
	2022	56.3%	14.7%	7.3%	7.3%	0.0%	9.5%	16	17
Chronic disease management	2018	48.0%	4.2%	0.0%	0.0%	0.0%	0.0%	20	15
	2019	59.3%	6.0%	4.1%	4.6%	0.0%	4.6%	35	17
	2020	47.3%	8.4%	0.0%	0.0%	2.7%	3.6%	31	17
	2021	54.1%	11.4%	0.0%	0.0%	0.0%	0.0%	15	17
	2022	54.2%	9.6%	11.3%	11.3%	0.0%	0.0%	21	17
Palliative Care/End of life	2018	38.1%	8.5%	13.1%	12.5%	16.7%	14.3%	72	15
	2019	36.7%	10.5%	13.3%	16.1%	18.4%	13.0%	119	17
	2020	42.5%	7.1%	18.6%	17.3%	16.6%	12.2%	111	17
	2021	45.0%	5.3%	24.4%	31.3%	16.7%	14.7%	91	17
	2022	41.7%	9.3%	22.0%	27.4%	24.3%	16.3%	108	17

Office-based clinical procedures	2018	49.9%	11.5%	14.9%	15.6%	18.6%	11.7%	39	15
	2019	45.2%	11.3%	5.7%	7.6%	5.3%	2.9%	72	17
	2020	37.8%	17.6%	17.9%	12.8%	8.6%	10.7%	59	17
	2021	50.8%	16.4%	22.1%	24.1%	12.4%	10.0%	50	17
	2022	40.9%	19.5%	13.7%	6.1%	15.1%	1.9%	62	17
In-hospital clinical procedures	2018	54.2%	13.8%	19.3%	23.7%	15.6%	8.0%	127	15
	2019	56.7%	13.2%	21.4%	19.6%	13.8%	7.6%	220	17
	2020	56.3%	12.6%	18.0%	16.3%	14.0%	8.6%	190	17
	2021	58.9%	13.9%	20.4%	20.2%	6.9%	5.1%	191	17
	2022	62.2%	13.7%	19.5%	18.4%	7.6%	2.9%	194	17
Practice setting – Emergency departments	2018	64.3%	9.1%	36.4%	0	14.3%	0	125	15
	2019	66.1%	11.6%	34.6%	39.1%	9.6%	4.5%	238	17
	2020	62.9%	12.8%	33.3%	46.7%	12.8%	6.9%	198	17
	2021	69.5%	5.8%	33.4%	31.5%	13.6%	5.0%	217	17
	2022	69.6%	5.5%	29.7%	30.7%	8.7%	2.9%	257	17
Practice setting – In-hospital	2018	67.9%	13.1%	5.0%	13.1%	8.0%	8.4%	79	15
	2019	65.2%	14.6%	16.5%	20.3%	7.5%	4.0%	149	17
	2020	64.1%	10.9%	10.1%	18.3%	4.7%	6.5%	127	17
	2021	68.8%	13.2%	11.5%	14.5%	3.6%	5.4%	158	17
	2022	68.6%	11.8%	14.3%	16.7%	3.7%	0.8%	145	17
Practice setting – Care in the home	2018	50.6%	18.8%	3.3%	4.0%	2.0%	4.3%	115	15
	2019	58.4%	12.1%	1.8%	3.8%	3.4%	3.1%	205	17
	2020	61.1%	14.5%	1.1%	2.1%	3.2%	2.9%	167	17
	2021	69.4%	15.2%	1.9%	2.3%	0.0%	2.2%	191	17
	2022	67.3%	15.3%	3.1%	6.4%	2.0%	1.7%	205	17
Practice setting – Long-term care facilities	2018	68.2%	9.7%	1.9%	3.3%	1.2%	1.9%	136	15
	2019	67.3%	7.5%	3.0%	4.8%	4.3%	2.2%	257	17
	2020	69.4%	9.3%	2.7%	3.3%	3.7%	3.7%	208	17
	2021	74.1%	9.1%	3.3%	3.9%	2.2%	3.0%	238	17
	2022	75.3%	8.2%	4.0%	3.4%	0.7%	1.9%	261	17
Marginalized, disadvantaged and vulnerable populations	2018	49.4%	7.2%	12.9%	13.8%	4.0%	3.7%	70	15
	2019	42.2%	8.5%	10.7%	11.7%	11.4%	6.8%	135	17
	2020	39.1%	11.6%	9.0%	8.0%	13.4%	10.5%	121	17
	2021	50.7%	7.9%	7.7%	11.1%	5.8%	5.3%	77	17
	2022	52.9%	13.2%	6.8%	8.3%	2.7%	1.3%	75	17
Rural communities/ rural medicine	2018	44.5%	22.0%	2.6%	4.5%	3.9%	3.2%	111	15
	2019	48.6%	16.7%	6.2%	5.8%	1.1%	1.7%	202	17
	2020	43.6%	17.8%	6.7%	6.4%	3.6%	4.4%	167	17
	2021	51.2%	16.6%	5.5%	4.8%	1.9%	0.6%	186	17
	2022	55.7%	12.2%	4.6%	5.4%	2.7%	0.4%	204	17
Elderly Care	2018	55.6%	17.2%	0.0%	0.0%	0.0%	0.0%	30	15
	2019	45.7%	2.5%	3.7%	6.8%	11.5%	3.9%	54	17
	2020	49.8%	11.2%	2.9%	8.5%	9.0%	4.2%	51	17
	2021	61.4%	4.3%	9.5%	9.5%	5.5%	10.3%	19	17
	2022	78.8%	6.1%	6.1%	6.1%	0.0%	0.0%	19	17
Indigenous Health	2018	40.1%	15.6%	7.6%	6.5%	5.5%	4.0%	122	15
	2019	44.8%	10.4%	9.6%	6.7%	7.7%	2.9%	222	17
	2020	26.6%	23.4%	9.2%	8.0%	8.9%	5.3%	192	17
	2021	35.6%	17.3%	10.0%	6.2%	5.4%	8.4%	153	17
	2022	38.9%	19.0%	7.0%	6.0%	5.3%	3.5%	170	17

F. Additional Training after Core Family Medicine Residency

Q22. Have you sought out further training after completing your core family medicine residency?

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

	Survey Year	Yes	No	Count	Programs				
	2018	40.0%	60.0%	199	15				
	2019	33.1%	66.9%	343	17				
	2020	33.0%	67.0%	290	17				
	2021	34.3%	65.7%	325	17				
	2022	35.6%	64.4%	344	17				

Q23a-j. If yes, in what area was the training?

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

	Survey Year	Yes	No	Count	Programs				
Emergency Medicine	2018	27.6%	72.4%	80	15				
	2019	24.2%	75.8%	113	17				
	2020	26.9%	73.1%	96	17				
	2021	25.8%	74.2%	112	17				
	2022	21.9%	78.1%	122	17				

Care of the Elderly	2018	7.5%	92.5%	80	15
	2019	6.2%	93.8%	113	17
	2020	3.3%	96.7%	96	17
	2021	7.9%	92.1%	112	17
	2022	9.1%	90.9%	122	17
Addiction Medicine	2018	9.5%	90.5%	80	15
	2019	16.7%	83.3%	113	17
	2020	7.4%	92.6%	96	17
	2021	5.3%	94.7%	112	17
	2022	5.8%	94.2%	122	17
Family Practice Anesthesia	2018	10.5%	89.5%	80	15
	2019	1.9%	98.1%	113	17
	2020	3.4%	96.6%	96	17
	2021	3.4%	96.6%	112	17
	2022	3.3%	96.7%	122	17
Clinician Scholar	2018	1.8%	98.2%	80	15
	2019	3.3%	96.7%	113	17
	2020	3.0%	97.0%	96	17
	2021	3.0%	97.0%	112	17
	2022	4.5%	95.5%	122	17
Sports and Exercise Medicine	2018	7.7%	92.3%	80	15
	2019	1.8%	98.2%	113	17
	2020	6.4%	93.6%	96	17
	2021	2.9%	97.1%	112	17
	2022	3.5%	96.5%	122	17
Enhanced Surgical Skills	2018	4.3%	95.7%	80	15
	2019	2.5%	97.5%	113	17
	2020	0.8%	99.2%	96	17
	2021	1.4%	98.6%	112	17
	2022	3.4%	96.6%	122	17
Obstetrical Surgical Skills	2018	7.1%	92.9%	80	15
	2019	10.4%	89.6%	113	17
	2020	5.5%	94.5%	96	17
	2021	4.5%	95.5%	112	17
	2022	12.7%	87.3%	122	17
Palliative Care	2018	8.3%	91.7%	80	15
	2019	11.5%	88.5%	113	17
	2020	6.5%	93.5%	96	17
	2021	6.7%	93.3%	112	17
	2022	11.1%	88.9%	122	17

Q24a-j. In which community setting were you practicing at the time of Q23a-j training? Choose all answers that apply.

Note: The data are weighted by residency program.

	Survey Year	Inner city	Urban/ suburban	Small town	Rural	Remote/ isolated	Mixture of environments	Count	Programs
Emergency Medicine	2018	0.0%	24.5%	14.4%	22.4%	3.7%	17.0%	22	15
	2019	0.0%	33.8%	10.7%	9.9%	0.0%	8.5%	27	17
	2020	3.4%	36.9%	18.6%	13.6%	0.0%	4.9%	26	17
	2021	0.0%	49.4%	17.9%	6.6%	7.4%	3.7%	29	17
	2022	2.9%	21.7%	26.5%	8.7%	10.3%	12.0%	27	17
Care of the Elderly	2018	0.0%	51.0%	11.9%	0.0%	0.0%	0.0%	6	15
	2019	18.6%	50.0%	0.0%	10.3%	0.0%	0.0%	7	17
	2020	0.0%	65.9%	0.0%	0.0%	0.0%	0.0%	3	17
	2021	0.0%	69.4%	0.0%	0.0%	0.0%	0.0%	9	17
	2022	0.0%	65.4%	10.8%	14.2%	0.0%	0.0%	11	17
Addiction Medicine	2018	20.9%	33.5%	22.5%	23.1%	0.0%	0.0%	8	15
	2019	34.7%	19.2%	7.6%	17.9%	9.2%	7.9%	19	17
	2020	12.8%	14.9%	12.6%	10.5%	0.0%	49.2%	7	17
	2021	0.0%	13.5%	50.6%	0.0%	35.9%	0.0%	6	17
	2022	34.9%	0.0%	12.9%	22.3%	17.0%	12.9%	7	17
Family Practice Anesthesia	2018	0.0%	7.2%	0.0%	10.0%	0.0%	82.8%	8	15
	2019	0.0%	0.0%	33.7%	32.7%	0.0%	0.0%	2	17
	2020	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	3	17
	2021	0.0%	0.0%	0.0%	49.2%	0.0%	0.0%	4	17
	2022	0.0%	0.0%	0.0%	62.3%	0.0%	37.7%	4	17
Clinician Scholar	2018	0.0%	0.0%	0.0%	42.0%	0.0%	58.0%	1	15
	2019	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	2	17
	2020	26.2%	41.8%	0.0%	0.0%	0.0%	0.0%	3	17
	2021	39.6%	60.4%	0.0%	0.0%	0.0%	0.0%	3	17

Sports and Exercise Medicine	2022	0.0%	57.2%	0.0%	42.8%	0.0%	0.0%	6	17
	2018	0.0%	46.3%	0.0%	14.7%	0.0%	12.7%	6	15
	2019	0.0%	65.6%	0.0%	34.4%	0.0%	0.0%	2	17
	2020	0.0%	80.6%	19.4%	0.0%	0.0%	0.0%	6	17
	2021	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	3	17
Enhanced Surgical Skills	2022	0.0%	72.4%	0.0%	27.6%	0.0%	0.0%	4	17
	2018	0.0%	73.8%	0.0%	0.0%	26.2%	0.0%	3	15
	2019	0.0%	74.0%	0.0%	0.0%	0.0%	0.0%	3	17
	2020	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	1	17
	2021	0.0%	47.1%	0.0%	0.0%	0.0%	0.0%	2	17
Obstetrical Surgical Skills	2022	24.6%	23.6%	21.6%	30.2%	0.0%	0.0%	4	17
	2018	0.0%	71.7%	0.0%	0.0%	0.0%	0.0%	6	15
	2019	0.0%	51.7%	0.0%	0.0%	0.0%	0.0%	12	17
	2020	0.0%	42.6%	0.0%	0.0%	0.0%	17.0%	5	17
	2021	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	5	17
Palliative Care	2022	0.0%	25.7%	0.0%	0.0%	0.0%	0.0%	15	17
	2018	13.0%	26.0%	0.0%	40.7%	0.0%	0.0%	7	15
	2019	0.0%	58.3%	0.0%	15.2%	7.8%	0.0%	13	17
	2020	0.0%	59.9%	0.0%	0.0%	0.0%	25.6%	6	17
	2021	0.0%	89.4%	0.0%	0.0%	0.0%	0.0%	7	17
2022	11.4%	21.2%	17.5%	11.6%	0.0%	11.3%	14	17	

Q25. What were the main reason(s) you sought out further training? Choose all answers that apply.

Note: The data are weighted by residency program.

	Survey Year	Personal Interest	Desire to focus my practice	To enhance my confidence	To address an unmet need in my community	Count	Programs			
	2018	77.4%	37.4%	57.9%	46.9%	80	15			
	2019	89.8%	46.8%	58.1%	41.5%	112	17			
	2020	85.8%	53.0%	58.1%	34.7%	96	17			
	2021	83.6%	48.3%	61.8%	36.3%	112	17			
	2022	87.6%	55.2%	64.3%	42.8%	122	17			

Q26, Q27, & Q28. Do you consider yourself a family physician with a...

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

	Survey Year	Yes	No	Count	Programs					
Focused Practice	2018	25.4%	74.6%	199	15					
	2019	29.2%	70.8%	339	17					
	2020	27.9%	72.1%	288	17					
	2021	29.7%	70.3%	325	17					
	2022	33.0%	67.0%	340	17					
Special Interest	2018	41.5%	58.5%	199	15					
	2019	50.8%	49.2%	340	17					
	2020	53.5%	46.5%	287	17					
	2021	47.1%	52.9%	325	17					
	2022	48.8%	51.2%	340	17					

Q29. How likely are you to implement a change in your scope of practice in the next 3-5 years?

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

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

	Survey Year	Very Unlikely	Unlikely	Neutral	Likely	Highly Likely	Count	Mean	Standard Deviation	Programs
	2018	13.3%	36.7%	21.9%	20.7%	7.4%	199	2.72	1.15	15
	2019	12.9%	39.4%	18.9%	21.9%	6.8%	340	2.70	1.15	17
	2020	11.8%	39.6%	19.4%	18.6%	10.5%	288	2.76	1.19	17
	2021	7.9%	36.8%	19.2%	27.0%	9.2%	320	2.93	1.15	17
	2022	12.4%	36.4%	17.7%	23.3%	10.2%	339	2.83	1.21	17

Q30. In which direction are you changing your scope of practice?

Question 30 was not asked in the 2018 – 2021 survey years. Note: The data are weighted by residency program.

	Survey Year	Expanding	Narrowing	Count	Programs					
	2022	28.8%	55.5%	114	17					

Q31. To what extent do you agree with the following statement?

Question 31a was not asked in the 2018 – 2021 survey years. For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I feel COMPETENT in my ability to provide comprehensive care in any community in Canada.	2022	2.3%	13.7%	18.7%	48.9%	16.5%	339	3.64	0.99	17
I feel CONFIDENT in my ability to provide comprehensive care in any community in Canada.	2018	1.2%	17.2%	15.2%	45.9%	20.4%	199	3.67	1.03	15
	2019	1.6%	13.9%	18.4%	45.4%	20.7%	340	3.70	1.00	17
	2020	1.7%	13.7%	17.8%	50.0%	16.8%	288	3.67	0.97	17
	2021	1.7%	14.4%	12.6%	54.4%	16.9%	321	3.70	0.97	17
	2022	2.0%	13.7%	16.6%	49.4%	18.3%	339	3.68	0.99	17

Q32. I provide virtual care delivery... (Choose all answers that apply)

Question 32 was not asked in the 2018 – 2019 survey years.

	Survey Year	By telephone	By email	By text messaging	By online video	I don't provide virtual care	Count	Programs
	2020	91.9%	20.6%	5.3%	40.9%	7.8%	288	17
	2021	92.0%	19.6%	4.9%	34.3%	6.7%	325	17
	2022	89.4%	15.5%	3.5%	22.2%	8.8%	343	17

Q33. My residency training prepared me to provide virtual care delivery...

Question 33 was not asked in the 2018 – 2019 survey years. For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
By telephone	2020	22.5%	31.9%	15.4%	24.5%	5.6%	285	2.59	1.23	17
	2021	24.5%	29.8%	17.2%	24.3%	4.1%	324	2.54	1.22	17
	2022	26.3%	27.2%	15.2%	24.1%	7.3%	341	2.59	1.30	17
By email	2020	45.3%	42.1%	7.7%	4.2%	0.7%	282	1.73	0.83	17
	2021	47.2%	35.0%	11.5%	5.2%	1.1%	323	1.78	0.92	17
	2022	46.9%	35.5%	10.4%	5.6%	1.6%	337	1.80	0.95	17
By text messaging	2020	53.9%	40.1%	5.0%	0.4%	0.7%	282	1.54	0.68	17
	2021	53.7%	35.2%	9.1%	1.0%	1.1%	321	1.61	0.78	17
	2022	53.2%	35.7%	9.5%	0.5%	1.1%	336	1.61	0.77	17
By online video	2020	44.3%	37.9%	10.3%	6.4%	1.1%	281	1.82	0.93	17
	2021	43.4%	35.6%	13.2%	6.5%	1.3%	323	1.87	0.97	17
	2022	45.8%	32.1%	13.1%	5.7%	3.3%	338	1.89	1.05	17

Q34. Please indicate the predominant means by which you are paid for your professional services:

Question 34 was not asked in the 2018 – 2021 survey years. Note: The data are weighted by residency program.

	Survey Year	Fee-for-service	Capitation	Salary	Sessional/per diem/hourly	Blended	Count	Programs
	2022	48.4%	12.4%	7.3%	11.6%	12.5%	338	17

Q35. If blended, please specify your predominant payment model.

Question 35 was not asked in the 2018 – 2021 survey years. Note: The data are weighted by residency program.

	Survey Year	Fee-for-service	Capitation	Salary	Sessional/per diem/hourly	Count	Programs
	2022	43.7%	16.6%	7.6%	15.2%	42	17

Q36. Based on the CFPC's PMH 2019 Vision Statement provided above, please indicate your level of agreement/disagreement with the following statement:

Question 36 was not asked in the 2018 – 2021 survey years. For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
My primary practice meets the CFPC's CRITERIA (Team-based, patient-centred, continuous, comprehensive, and accessible primary care) of Patient Medical Home	2022	3.2%	15.5%	12.8%	36.3%	32.2%	318	3.79	1.15	17

Q37. Please indicate your level of agreement/disagreement with the following statements about family medicine training:

Question 37 was not asked in the 2018 – 2021 survey years. For the purposes of analysis, "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5, respectively. Note: Percentages sum to 100 across rows. The data are weighted by residency program.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
Three years of family medicine residency training is needed to best prepare me for comprehensive family practice	2022	26.0%	24.6%	18.8%	17.7%	12.8%	334	2.67	1.37	17
Three years of family medicine residency training is only needed to acquire specific enhanced skills/added competencies for family practice	2022	4.9%	18.3%	18.5%	42.9%	15.4%	334	3.46	1.11	17
Given the option, I would have taken a three-year family medicine residency training program	2022	33.9%	22.7%	9.7%	20.4%	13.3%	322	2.57	1.46	17

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

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):

10) 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

About your Residency

12) 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

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 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

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

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

Current Practice

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:

17a) If special interest: Which of the following best describes your current practice type?

- a. Practicing in one setting only (e.g. community office based practice only)
- b. Practicing in two or more clinical settings (e.g. in-hospital, long-term care, office- based)
- c. 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 – Care in the home
- k. Practice setting – Long-term care facility
- l. Marginalized, disadvantaged and vulnerable populations
- m. Rural communities/ rural medicine
- n. Elderly care
- o. Indigenous health

21a) Please tell us why care across the life cycle (newborns, children and adolescents, adults, care of the elderly, palliative and end-of-life care) 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

21b) Please tell us why intrapartum care 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

21c) Please tell us why mental health care 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

21d) Please tell us why chronic disease management 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

21e) Please tell us why palliative and end of life care 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

21f) Please tell us why office-based clinical procedures are 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

21g) Please tell us why in-hospital clinical procedures are 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

21h) Please tell us why emergency department work 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

21i) Please tell us why practice setting – In-hospital 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

21j) Please tell us why practice setting – Care in the home 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

21k) Please tell us why practice setting – Long-term care facilities 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

21l) Please tell us why marginalized, disadvantaged and vulnerable populations are 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

21m) Please tell us why rural communities/ rural medicine 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

21n) Please tell us why elderly care 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

21o) Please tell us why Indigenous health 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

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

- a. Yes
- b. No

23a-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:

24a-j) In which community setting were you practicing at the time of Q23a-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

25) 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:

26) 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

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

28) 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

29) 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.

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

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

31) 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

32) 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

33) 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

34) 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:

35) Please specify your predominant payment model.

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

36) 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."

37) Please indicate your level of agreement/disagreement with the following statements about family medicine training. (Select One: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't know).

- a. Three years of family medicine residency training is needed to best prepare me for comprehensive family practice
- b. Three years of family medicine residency training is only needed to acquire specific enhanced skills/added competencies for family practice
- c. Given the option, I would have taken a three-year family medicine residency training program