

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2023

Results of the T2 (exit) Family Medicine Longitudinal Survey

Aggregate Findings across Family Medicine Residency Programs in Canada





The College of Family Physicians of Canada 2630 Skymark Avenue Mississauga, ON L4W 5A4

Telephone: 905-629-0900 Toll-free: 1-800-387-6197 Email: <u>eeru@cfpc.ca</u>

Webpage: www.cfpc.ca/eeru/ www.cfpc.ca/fr/uere

© 2024 The College of Family Physicians of Canada

How to cite this document

College of Family Physicians of Canada. *Capturing Learner Trends from the Triple C Competency Based Curriculum 2015 to 2023: Results of the T2 (exit) Family Medicine Longitudinal Survey: Aggregate findings across Family Medicine Residency Programs*. Mississauga, ON: College of Family Physicians of Canada; 2024.

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*
11	2023	2025*	2028*

Table 1. FM Longitudinal Survey Learner Cohort: Trajectory

*Expected

Family Medicine Longitudinal Survey Methodology

The Family Medicine Longitudinal Survey was designed to be a longitudinal, cross-sectional survey administered at three time points: Time 1 (T1) at entry; Time 2 (T2) at exit; 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 Triple C - Data Oversight Committee (DOC) oversee ongoing program evaluation activity, data use and storage issues for the Family Medicine Longitudinal Survey. These committees were struck in 2015.

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 by cohort. A cohort is considered a group of learners that begin and end training from one residency program.

Participation in the FMLS is voluntary and results represent only respondents who chose to participate. Results may be subject to selection bias. Depending on response rate and program size, reports may include results from a small number of respondents. Caution should be applied when interpreting or drawing conclusions from the data.

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 changes in outcomes can be tracked over time whilst in family medicine training.

T2 (exit) survey

The T2 (exit) survey is administered to graduating residents within the three months prior to exit from the FM residency program. The T2 survey requests information about graduates' intentions for practice, as well as their confidence in their skills and knowledge upon completion of their residency program. It 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 emails to members fitting the eligibility criteria. Starting in 2021, the Collège des Médecins du Québec (CMQ) partnered with the CFPC to enhance responses from practising family physicians registered in 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 is collected and compiled by the CFPC from the members directly. Upon receipt, all survey data is de-identified before entry into a national database and stored after all individually identifying characteristics are removed. Each individual institution keeps the raw data it collects from its residents, as per the Research Ethics Board requirements at the home institution.

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

The CFPC and the participating universities entered into a Data Sharing Agreement (DSA) in 2014 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 Data Oversight Committee (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</u> website.

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 College of Family Physicians of Canada. 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 2015-2023. For reference purposes, Appendix 1 contains the questionnaire administered to T2 residents in 2023 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
2013	2015	54.3%
2014	2016	60.1%
2015	2017	62.8%
2016	2018	64.4%
2017	2019	59.6%
2018	2020	55.0%
2019	2021	49.9%
2020	2022	52.6%
2021	2023	49.9%

Methodological notes

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.

Occasionally, we may include additional question(s) in the survey for a single year, which are not carried over to subsequent years. These questions and their results are not reported, but they are available upon request at eeru@cfpc.ca.

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

Question	Original Language	Updated Language	Year Change was First Implemented				
Q7	What is your sex	What is your gender	2018				
Q7	Female	Female	2018				
	Male	Male					
		Non-binary					
Q20	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						

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</u> <u>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 review and share this document in tandem with the T1 (entry) trends report.

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

Table of Contents

Family Medicine Longitudinal Survey T2 (exit) 2015-2023 Aggregate Results	8
A. Profile of Survey Respondents	. 9
B. About your Residency	. 10
C. Perceptions about Family Medicine	. 14
D. Problem Solving and Learning	. 15
E. Practice Exposure and Intentions	16

Appendix 1

Family Medicine Longitudinal Surve	ey T2 (ex	it) 2023 23	



Capturing Learner Trends from the Triple C Competency-Based Curriculum 2015 to 2023

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: July 2024

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-Widowed Survey Divorced Count Programs law Year 2015 40.7% 37.6% 1.5% 0.4% 19.7% 614 15 2016 37.6% 40.3% 21.1% 0.9% 0.2% 770 16 2017 42.4% 18.9% 0.0% 17 37.1% 1.6% 871 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 2023 42.7% 29.6% 27.0% 0.7% 0.0% 724 17

6. Do you have children?

Note: Percentages sum to 100 across rows. The data are weighted by residency program.											
	Survey	Yes/	No	Count	Programs						
	Year	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						
	2023	18.2%	81.8%	728	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.

Survey	Female	Male	Non-binary	Count	Programs		
Year							
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		
2023	64.4%	35.0%	0.6%	725	17		

8. 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	Inner city	Urban/	Small town	Rural	Remote/	Mixture of	Count	Programs	l i	
	Year		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		
	2023	6.0%	60.7%	13.5%	11.4%	1.6%	6.7%	738	17		

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

Nata, Davaanta aan ayya ta 100 aayaan yayya	The data and
Note: Percentages sum to 100 across rows	The data are weighted by residency program.
Note: I creentages sum to 100 across rows.	The data are weighted by residency program.

Note: Percentages sum to 100 across rows. The data are weighted by residency program.												
	Survey	Less than 1	1 year	2 years	3 years	4 years	5 years	6 years or	Count	Programs		
	Year	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		
	2023	0.0%	0.0%	79.0%	9.5%	1.6%	2.0%	8.0%	740	17		

B. About Your Residency

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

	Survey	Strongly	Disagree	Neutral	Agree	Strongly	Count	Mean	Standard	Programs
	Year	Disagree				Agree			Deviation	
My residency program was	2015	0.3%	4.6%	7.9%	46.6%	40.6%	586	4.23	0.80	14
situated primarily within FM	2016	0.4%	3.7%	6.8%	46.6%	42.6%	724	4.27	0.77	15
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
	2023	0.7%	2.8%	7.9%	48.9%	39.7%	733	4.24	0.77	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 2022	0.3%	4.5%	6.7%	46.6%	41.8%	767	4.25	0.80	17 17
	2022	1.2% 0.2%	6.0% 4.6%	8.1% 9.7%	47.1% 45.8%	37.6% 39.6%	765 734	4.14 4.20	0.89 0.81	17
My residency experiences	2023	1.0%	2.8%	9.7% 6.8%	45.8% 54.4%	39.6%	623	4.20	0.81	17
were relevant to FM	2015	0.4%	1.8%	7.0%	54.0%	36.9%	765	4.15	0.69	16
practice, even when in	2010	0.4%	1.8%	8.2%	47.3%	42.3%	889	4.23	0.03	10
settings outside of FM.	2017	0.3%	1.4%	6.3%	49.4%	42.5%	916	4.32	0.69	17
settings outside of this.	2010	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
	2023	1.3%	4.1%	8.1%	49.1%	37.4%	735	4.17	0.84	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
	2023	2.1%	8.9%	23.1%	42.0%	24.0%	733	3.77	0.98	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
	2023	0.9%	1.0%	4.1%	32.3%	61.6%	730	4.53	0.71	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
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 a	2017	0.4%	5.6%	8.2%	41.4%	44.5%	883	4.24	0.85	17
group of patients who I	2018	0.7%	5.0%	9.1%	40.5%	44.7%	915	4.23	0.87	17
followed over the long term.	2019	1.7%	6.3%	9.8%	43.0%	39.3%	779	4.12	0.94	16
	2020	1.9%	7.4%	12.0%	41.1%	37.6%	732	4.05	0.98	16
	2021	0.7%	5.3%	7.4%	40.7%	45.9%	764	4.26	0.86	17
	2022	1.4%	6.5%	11.3%	39.2%	41.5%	759	4.13	0.95	17
	2023	1.9%	6.0%	9.9%	40.8%	41.4%	733	4.14	0.95	17
I feel/felt responsibility for a	2015	0.4%	6.3%	9.8%	36.9%	46.5%	620	4.23	0.90	15
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
	2023	1.9%	6.5%	9.6%	38.3%	43.8%	733	4.16	0.97	17

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

	Survey	Strongly	Disagree	Neutral	Agree	Strongly	Count	Mean	Standard	Programs
	Year	Disagree	Distigned	reation		Agree	oount		Deviation	- ograms
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
	2023	1.2%	2.2%	5.2%	37.7%	53.8%	730	4.41	0.78	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 patients	2017	0.1%	0.3%	2.0%	33.9%	63.8%	879	4.61	0.55	17
who had complex and/or	2018	0.2%	1.0%	2.2%	33.9%	62.8%	916	4.58	0.61	17
ambiguous health issues.	2019	0.2%	0.1%	1.8%	31.0%	67.0%	778	4.64	0.54	16
	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
	2023	0.1%	0.1%	2.0%	31.9%	65.9%	729	4.63	0.54	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
	2023	0.8%	2.5%	7.6%	46.6%	42.6%	734	4.28	0.77	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 for	2017	0.6%	3.1%	7.2%	51.7%	37.4%	884	4.22	0.76	17
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
	2023	1.0%	2.7%	6.8%	45.5%	44.1%	732	4.29	0.79	17

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
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
	2023	0.4%	2.4%	8.8%	44.8%	43.5%	731	4.28	0.76	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
	2023	0.4%	2.7%	7.4%	49.7%	39.8%	733	4.26	0.74	17

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

	Survey Year	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 be	2013	0.3%	1.7%	6.3%	67.8%	22.3%	773	4.09	0.60	15
	2010	0.1%	2.3%	6.9%	64.4%	26.1%	894	4.14	0.66	10
encountered in family		0.3%	2.3%	6.4%	65.9%	25.8%	921			17
medicine.	2018							4.15	0.62	
	2019 2020	0.5% 0.4%	2.9% 2.8%	5.8%	64.1% 59.7%	26.7% 29.4%	785 743	4.14 4.15	0.69 0.71	16 16
				7.7%						
	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
	2023	0.3%	2.1%	6.6%	65.5%	25.5%	739	4.14	0.64	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
	2023	0.0%	1.3%	6.1%	60.5%	32.1%	739	4.23	0.62	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
	2023	0.1%	1.4%	6.7%	59.6%	32.3%	739	4.23	0.63	17
Care for a range of	2015	1.0%	6.0%	19.5%	57.1%	16.4%	627	3.82	0.81	15
populations	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
	2023	0.2%	5.3%	15.0%	57.6%	22.0%	739	3.96	0.77	17

	Survey	Strongly	Disagree	Neutral	Agree	Strongly	Count	Mean	Standard	Programs
	Year	Disagree	, i i i i i i i i i i i i i i i i i i i			Agree			Deviation	Ŭ
Provide care across the	2015	0.3%	1.4%	5.4%	65.0%	28.0%	625	4.19	0.62	15
spectrum of clinical	2016	0.1%	0.7%	5.2%	61.6%	32.3%	770	4.25	0.59	16
responsibilities, 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
	2023	0.3%	0.2%	4.8%	62.8%	31.9%	739	4.26	0.58	17
Provide continuous care to	2015	1.0%	3.3%	10.0%	57.2%	28.6%	627	4.09	0.77	15
the 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
	2023	0.7%	4.4%	11.3%	53.0%	30.6%	738	4.08	0.81	17
Use electronic medical and	2015	4.2%	6.5%	7.1%	44.9%	37.3%	627	4.05	1.04	15
health 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
	2023	0.0%	0.1%	2.2%	53.1%	44.6%	737	4.42	0.54	17
Work 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
professionals.	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
	2022	0.5%	0.9%	4.3%	55.2%	39.1%	765	4.31	0.65	17
	2023	0.0%	0.0%	4.9%	53.2%	41.9%	738	4.37	0.58	17
Evaluate and improve the	2015	0.7%	3.0%	9.4%	62.1%	24.9%	627	4.08	0.72	15
quality 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
	2022	0.3%	1.2%	9.5%	62.1%	26.9%	765	4.14	0.65	17
	2023	0.2%	1.8%	8.9%	63.6%	25.5%	738	4.12	0.65	17
Teach medical students,	2015	2.7%	9.5%	27.7%	48.2%	11.9%	627	3.57	0.91	15
residents and other health	2016	1.6%	14.2%	24.3%	48.2%	11.8%	772	3.54	0.93	16
profession learners.	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
	2023	1.1%	8.6%	24.4%	50.0%	15.9%	738	3.71	0.87	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.

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
I am proud to become a	2015	0.0%	0.4%	3.2%	27.0%	69.4%	623	4.65	0.56	15
family 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
	2023	0.5%	1.8%	7.9%	32.2%	57.6%	730	4.45	0.75	17
Patients recognize the value	2015	0.0%	4.3%	11.3%	45.7%	38.7%	623	4.19	0.80	15
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
	2023	1.6%	9.1%	18.1%	43.2%	28.1%	731	3.87	0.97	17
Patients believe that family	2015	0.2%	6.5%	14.5%	47.5%	31.3%	622	4.03	0.86	15
physicians provide value	2016	0.6%	4.3%	15.7%	54.5%	25.0%	758	3.99	0.79	16
above and beyond referring	2017	0.4%	5.3%	13.9%	52.9%	27.4%	882	4.01	0.82	17
to other types of specialists.	2018	0.7%	5.1%	16.9%	49.5%	27.8%	912	3.98	0.85	17
	2019	0.6%	5.7%	16.7%	49.2%	27.7%	865	3.98	0.85	17
	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
the set from dath at a the s	2023	1.4%	9.6%	18.2%	49.7%	21.2%	727	3.80	0.93	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	2016	5.4%	40.2%	28.4%	19.4%	6.6%	770	2.82	1.02	16
respect for the expertise of	2017	3.6%	41.0%	29.1%	20.3%	6.1%	886	2.84	0.99	17
family physicians.	2018	3.4%	36.1%	29.4%	24.0%	7.1%	917	2.95	1.01	17
	2019	3.0%	38.0%	30.5%	22.0%	6.6%	870	2.91	0.99	17
	2020 2021	3.4%	38.8%	31.6%	21.3%	4.9%	818 759	2.86 2.77	0.96 0.99	17 17
	2021	5.9%	41.1%	28.3%	19.7%	4.9%		3.06		
	2022	3.9% 2.6%	31.6% 29.6%	28.8% 30.2%	26.5% 28.6%	9.3% 8.9%	759 729	3.06	1.05 1.02	17 17
Family physicians make a	2025	0.1%	0.5%	1.9%	32.2%	65.3%	617	4.62	0.56	17
valuable contribution that is	2015	0.1%	0.3%	1.9%	34.8%	63.5%	769	4.62	0.58	15
different from other	2010	0.1%	0.3%	2.0%	32.3%	65.1%	889	4.62	0.54	10
specialists.	2017	0.1%	0.5%	2.0%	33.0%	64.2%	916	4.61	0.50	17
specialists.	2018	0.0%	0.6%	1.4%	33.4%	64.6%	862	4.62	0.55	17
	2019	0.0%	0.1%	2.2%	30.2%	67.5%	813	4.65	0.53	17
	2020	0.2%	0.3%	2.2%	27.2%	69.7%	757	4.66	0.55	17
	2021	0.2%	0.6%	1.6%	31.4%	66.1%	762	4.63	0.58	17
	2022	0.0%	0.4%	1.8%	31.3%	66.5%	730	4.64	0.58	17
I would prefer to be in	2023	44.7%	36.7%	12.4%	4.2%	2.0%	611	1.82	0.94	15
another medical specialty.	2015	44.7%	36.6%	12.4%	3.7%	3.4%	764	1.82	1.00	15
another medical specialty.	2018	45.8%	35.1%	10.7%	4.6%	3.0%	880	1.85	1.00	17
	2017	43.6%	35.6%	11.3%	4.0% 5.0%	4.1%	906	1.84	1.00	17
	2018	42.3%	36.3%	12.5%	4.6%	4.3%	856	1.91	1.05	17
	2019	38.7%	37.1%	12.5%	6.3%	4.3 <i>%</i> 3.5%	813	1.92	1.05	17
	2020	47.1%	33.9%	10.7%	5.8%	2.5%	754	1.83	1.00	17
	2021	33.5%	33.9%	10.7%	8.3%	3.9%	747	2.10	1.00	17
	2022	36.5%	39.4%	14.9%	8.5%	4.1%	722	2.05	1.08	17
	2025	50.570	33.170	11.070	0.370	7.1/0	122	2.05	1.05	1/

	Survey Year	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count	Mean	Standard Deviation	Programs
Government perceives family	2015	8.0%	18.7%	26.6%	33.5%	13.2%	612	3.25	1.14	15
medicine as essential to the	2016	10.2%	19.8%	27.4%	31.8%	10.9%	761	3.13	1.16	16
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
	2020	8.1%	17.6%	28.1%	32.7%	13.5%	804	3.26	1.14	17
	2021	6.0%	21.5%	25.1%	35.5%	11.9%	752	3.26	1.11	17
	2022	16.0%	28.2%	26.3%	20.9%	8.5%	749	2.78	1.19	17
	2023	13.5%	26.2%	29.2%	23.3%	7.8%	725	2.86	1.15	17

D. Problem Solving and Learning

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

	Survey	Strongly	Disagree	Neutral	Agree	Strongly	Count	Mean	Standard Deviation	Programs
I comotimos fos!	Year	Disagree	16.0%	16 50/	EQ 00/	Agree	622	2 5 4	0.91	10
sometimes feel	2015	1.7%	16.0%	16.5%	58.0%	7.8%	623	3.54		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
health 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
	2023	0.9%	13.7%	15.2%	57.5%	12.7%	733	3.67	0.90	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
	2023	0.0%	0.3%	3.7%	67.7%	28.3%	733	4.24	0.52	17
In 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	2016	2.4%	38.0%	31.7%	23.8%	4.1%	771	2.89	0.93	16
time to do the learning I	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
	2023	1.7%	32.7%	30.0%	27.4%	8.3%	733	3.08	1.00	17
I 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
information before using it	2017	0.0%	1.4%	10.7%	76.5%	11.4%	802	3.98	0.53	16
to 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
	2023	0.2%	1.1%	8.9%	75.0%	14.7%	732	4.03	0.54	17
I 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
	2023	0.0%	0.8%	11.2%	74.8%	13.3%	730	4.01	0.52	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.

	Survey	Very unlikely	Somewhat	Neutral	Somewhat	Highly Likely	Count	Mean	Standard	Programs
	Year		unlikely		likely				Deviation	
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
	2023	60.8%	20.7%	5.0%	9.1%	4.3%	715	1.75	1.16	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
	2023	2.1%	3.0%	3.9%	27.7%	63.3%	719	4.47	0.87	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
	2023	1.5%	2.2%	4.7%	30.9%	60.7%	710	4.47	0.81	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
	2023	1.7%	5.5%	11.2%	38.8%	42.9%	709	4.16	0.94	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.

	Survey Year	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
	2023	14.6%	15.7%	9.1%	21.2%	39.3%	729	3.55	1.49	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
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
	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
	2023	6.8%	10.7%	8.6%	30.8%	43.0%	719	3.92	1.25	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
	2023	7.4%	10.3%	10.0%	25.9%	46.3%	722	3.93	1.28	17
I 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 as	2016	29.7%	27.4%	11.3%	13.7%	17.9%	758	2.63	1.48	16
sports medicine, maternity	2017	27.1%	27.4%	14.2%	13.9%	17.3%	867	2.67	1.44	17
care, emergency medicine,	2018	32.2%	20.4%	12.0%	16.7%	18.7%	904	2.69	1.52	17
palliative care, hospital	2019	30.1%	25.0%	10.1%	16.1%	18.7%	763	2.68	1.51	16
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
	2023	25.8%	22.2%	10.9%	16.3%	24.8%	717	2.92	1.55	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.

	urvey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Count	Mean	Standard Deviation	Programs
2	2015	7.2%	17.0%	10.4%	28.3%	37.0%	622	3.71	1.31	15
2	2016	8.1%	19.9%	8.4%	26.2%	37.3%	755	3.65	1.36	16
2	2017	8.0%	14.5%	12.4%	27.5%	37.6%	889	3.72	1.31	17
2	2018	9.2%	13.4%	12.9%	26.7%	37.8%	921	3.70	1.34	17
2	2019	9.7%	17.2%	11.7%	29.5%	31.8%	871	3.57	1.35	17
2	2020	11.9%	19.0%	15.4%	25.5%	28.3%	814	3.39	1.38	17
2	2021	11.2%	15.8%	12.2%	27.5%	33.2%	756	3.56	1.38	17
2	2022	17.1%	16.8%	12.1%	22.8%	31.3%	763	3.34	1.49	17
2	2023	17.8%	20.7%	11.8%	24.4%	25.4%	730	3.19	1.46	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.

S		,	I'm not interested in that type of practice	<i>,</i>	l intend to do locum practice(s)	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	
	2023	28.3%	9.0%	20.4%	35.2%	7.1%	278	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.

:	Survey Year	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
	2023	0.9%	1.5%	10.1%	62.2%	25.3%	728	4.09	0.70	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.

	Survey Year	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
	2023	0.0%	1.8%	56.2%	41.6%	0.4%	728	3.41	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
	2023	0.0%	13.4%	63.1%	19.1%	4.4%	728	3.14	0.69	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
	2023	0.0%	2.0%	46.0%	44.2%	7.8%	728	3.58	0.66	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
	2023	0.0%	1.9%	45.0%	49.4%	3.6%	727	3.55	0.60	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
	2021	0.4%	16.3%	61.6%	21.6%	0.0%	757	3.04	0.63	17
	2022	0.4%	19.3%	62.9%	17.3%	0.1%	764	2.97	0.62	17
	2023	0.4%	13.6%	62.3%	23.3%	0.4%	726	3.10	0.62	17
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
	2023	0.3%	25.6%	53.4%	20.2%	0.5%	726	2.95	0.70	17

	Survey	No exposure	Minimal	Adequate	More than	Too much	Count	Mean	Standard	Programs
	Year		exposure	exposure	adequate exposure	exposure			Deviation	
In-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
	2023	14.2%	57.8%	21.8%	5.8%	0.5%	727	2.21	0.77	17
Practice setting – Emergency	2018	0.2%	6.2%	55.6%	35.4%	2.6%	686	3.34	0.64	14
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
	2022	0.0%	6.5%	63.7%	28.1%	1.6%	764	3.25	0.59	17
	2023	0.0%	4.9%	61.8%	30.9%	2.4%	726	3.31	0.60	17
Practice setting – In-hospital	2018	0.2%	2.1%	57.8%	36.0%	3.9%	679	3.41	0.61	14
	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
	2023	0.0%	2.7%	60.7%	32.6%	4.0%	727	3.38	0.61	17
Practice setting – Care in the	2018	7.5%	37.8%	41.0%	11.7%	2.0%	684	2.63	0.86	14
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
	2023	10.8%	36.1%	40.1%	11.3%	1.6%	727	2.57	0.89	17
Practice setting – Long-term	2018	8.2%	29.3%	43.7%	17.0%	1.7%	686	2.75	0.89	14
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
	2023	8.8%	33.9%	41.3%	13.4%	2.5%	727	2.67	0.90	17
Marginalized disadvantaged	2018	4.5%	30.6%	43.5%	20.4%	1.2%	682	2.83	0.84	14
and vulnerable populations	2019	4.1%	31.0%	51.3%	12.2%	1.5%	620	2.76	0.77	13
	2020	3.7%	34.2%	45.8%	14.8%	1.6%	728	2.76	0.80	16
	2021	2.7%	25.9%	49.3%	20.0%	2.1%	756	2.93	0.81	17
	2022	3.4%	29.2%	50.3%	15.4%	1.7%	764	2.83	0.79	17
	2023	3.0%	28.7%	46.1%	19.8%	2.3%	727	2.90	0.83	17
Rural populations	2018	2.0%	12.3%	50.6%	32.9%	2.3%	684	3.21	0.76	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
	2023	1.2%	16.2%	55.0%	26.4%	1.1%	728	3.10	0.71	17
Elderly 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
	2023	0.0%	1.0%	43.1%	49.9%	5.9%	728	3.61	0.61	17
Indigenous populations	2018	15.8%	43.1%	26.6%	13.6%	0.9%	683	2.41	0.94	14
	2019	14.7%	41.8%	32.8%	10.3%	0.4%	620	2.40	0.88	13
	2020	17.7%	44.2%	29.0%	8.9%	0.2%	729	2.30	0.87	16
	2021	14.0%	42.9%	33.7%	8.7%	0.8%	757	2.39	0.86	17
	2022	16.4%	47.0%	29.5%	6.5%	0.7%	762	2.28	0.84	17
	2023	15.7%	41.1%	31.0%	11.7%	0.5%	727	2.40	0.90	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.

	Survey Year	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
	2023	2.2%	5.0%	7.4%	36.2%	49.2%	728	4.25	0.95	17
Intrapartum 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
	2023	37.1%	20.2%	12.4%	15.0%	15.2%	727	2.51	1.49	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
	2023	2.3%	3.4%	9.1%	34.6%	50.5%	727	4.28	0.93	17
Chronic disease	2015	0.9%	1.4%	5.4%	30.6%	61.7%	614	4.51	0.74	15
management	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
	2023	2.5%	2.6%	7.3%	32.4%	55.2%	724	4.35	0.91	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
	2023	6.9%	15.0%	16.8%	34.9%	26.4%	727	3.59	1.22	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
	2022	5.0%	6.2%	13.0%	41.3%	34.5%	758	3.94	1.08	17
	2023	3.2%	8.6%	10.8%	37.5%	39.9%	726	4.02	1.07	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
In-hospital clinical	2015	26.0%	18.3%	12.2%	23.4%	20.2%	612	2.94	1.50	15
procedures	2016	28.0%	21.0%	11.4%	20.0%	19.7%	768	2.82	1.51	16
	2017	29.8%	20.5%	11.9%	20.6%	17.2%	882	2.75	1.49	17
	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%	15.0%	10.9%	18.4%	20.0%	726	2.72	1.58	16
	2021	32.8%	22.3%	9.0%	18.8%	17.1%	755	2.65	1.51	17
	2022	36.4%	15.4%	13.5%	17.5%	17.2%	762	2.64	1.53	17
	2023	36.5%	19.7%	10.5%	16.3%	17.0%	727	2.58	1.52	17
Practice setting – Emergency	2015	23.3%	19.5%	9.6%	21.9%	25.6%	614	3.07	1.54	15
departments	2016	28.0%	18.9%	10.2%	17.2%	25.7%	768	2.94	1.58	16
	2017	26.7%	22.5%	11.4%	15.5%	24.0%	883	2.88	1.55	17
	2018	32.6%	19.5%	9.5%	12.2%	26.2%	918	2.80	1.62	17
	2019	32.0%	18.8%	9.1%	16.8%	23.3%	774	2.81	1.59	16
	2020	30.2%	17.8%	11.5%	14.8%	25.8%	726	2.88	1.60	16
	2021	34.1%	20.2%	8.4%	15.4%	21.9%	757	2.71	1.59	17
	2022	34.1%	16.6%	9.5%	17.4%	22.4%	759	2.77	1.60	17
	2023	34.7%	19.2%	10.6%	13.6%	21.9%	727	2.69	1.58	17
Practice setting – In-hospital	2015 2016	10.9%	13.1%	10.7%	29.8%	35.6%	572 719	3.66 3.60	1.36 1.34	14 15
		11.3%	11.9%	14.0%	31.2%	31.6%				
	2017 2018	12.9%	15.2%	12.8%	27.5%	31.7%	830 870	3.50 3.44	1.40 1.48	16 16
		17.5%	12.1%	12.4%	24.9%	33.1%				
	2019 2020	14.1% 13.6%	15.5% 12.6%	15.4% 14.2%	27.6% 27.2%	27.4% 32.4%	717 726	3.39 3.52	1.39 1.40	15 16
	2020	14.6%	12.0%		24.6%	34.7%	755	3.53	1.40	10
	2021	14.0%	12.0%	14.1% 12.6%	25.9%	27.7%	759	3.30	1.44	17
	2022	16.2%	12.3%	12.0%	25.9%	29.2%	733	3.40	1.40	17
Practice setting – Care in the	2023	16.2%	21.1%	19.9%	28.8%	14.1%	613	3.40	1.43	15
home	2015	17.6%	20.1%	19.6%	28.8%	13.0%	768	3.00	1.31	15
nome	2010	15.4%	20.1%	20.4%	30.5%	13.7%	881	3.00	1.31	10
	2017	17.5%	18.8%	21.1%	28.8%	13.8%	918	3.03	1.25	17
	2018	14.3%	19.5%	25.5%	27.8%	12.9%	774	3.05	1.25	16
	2015	20.9%	20.7%	23.0%	26.1%	9.2%	724	2.82	1.23	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
	2023	23.4%	20.3%	21.0%	24.0%	11.2%	726	2.79	1.34	17
Practice setting – Long-term	2015	20.7%	21.8%	16.9%	24.7%	15.9%	611	2.94	1.39	15
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
	2023	24.3%	23.4%	20.2%	20.4%	11.7%	726	2.72	1.34	17
Marginalized, disadvantaged	2015	10.9%	13.6%	21.6%	33.4%	20.5%	614	3.39	1.26	15
and vulnerable populations	2016	10.3%	13.2%	24.3%	35.0%	17.1%	768	3.35	1.21	16
	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
	2023	6.4%	11.0%	23.2%	35.2%	24.2%	728	3.60	1.15	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
	2019	12.1%	16.6%	21.5%	26.6%	23.2%	774	3.32	1.32	16
	2020	10.1%	16.1%	20.7%	27.1%	26.0%	722	3.43	1.30	16
	2021	8.2%	18.9%	20.1%	28.0%	24.8%	757	3.42	1.27	17
	2022	13.5%	16.8%	18.6%	29.2%	21.9%	759	3.29	1.34	17
	2023	12.7%	16.2%	18.3%	29.5%	23.3%	727	3.35	1.33	17

	Survey Year	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Highly Likely	Count	Mean	Standard Deviation	Programs
Elderly populations	2015	1.9%	2.7%	5.6%	34.9%	54.9%	613	4.38	0.86	15
	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
	2023	2.1%	2.8%	7.7%	37.6%	49.8%	727	4.30	0.89	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
	2020	9.9%	16.3%	32.7%	26.9%	14.2%	724	3.19	1.17	16
	2021	6.9%	11.7%	30.5%	29.1%	21.8%	754	3.47	1.15	17
	2022	6.9%	16.9%	31.8%	30.9%	13.6%	761	3.27	1.11	17
	2023	7.5%	18.7%	25.7%	31.0%	17.1%	728	3.32	1.18	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."

	Survey	Strongly	Disagree	Neutral	Agree	Strongly	Count	Mean	Standard	Programs		
	Year	Disagree				Agree			Deviation			
	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		
	2023	1.1%	5.1%	18.5%	57.8%	17.4%	726	3.85	0.80	17		

Family Medicine Longitudinal Survey Time 2 (Exit) 2023

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).

24a. In the last month, estimate your average number of ON-CALL WORK HOURS (planned onservice and off-service): _____ hours/month

24b. Based on your response above, what is the average % of time spent providing direct patient care (in-person or virtual including phone): _____ %/month

25. EXCLUDING ON-CALL ACTIVITIES, how many HOURS IN THE LAST WEEK did you on average spend on the following activities? Please assume each activity is mutually exclusive (i.e., if an activity spans two categories, please report hours in only one category). The sum should reflect your total average hours in the last week

- a) ____ hrs/week Direct patient care, regardless of setting and amount of supervision received
- b) ____ hrs/ week Indirect patient care (e.g., charting, reports, phone calls, etc.)

- c) ____ hrs/ week Independent and/or group learning (e.g., reading, studying, journal club)
- d) ____ hrs/ week Research and/or other scholarly work for academic project(s)
- e) ____ hrs/ week Providing teaching, supervision, or other education service, with or without concurrent patient care
- f) ___ hrs/ week Administrative tasks (e.g. emailing, scheduling, etc.) related to residency
- g) ___ hrs/ week Other (please specify) _____

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.