

### Practice management:

The majority (58%) of residents prefer learning about practice management on the job. 26% prefer academic half day, and 12% prefer external seminars.



### Job opportunities:

Fewer than 1 in 5 residents definitely know where to access job opportunities.



### Location of practice:

The majority of residents (65%) intend to stay and practice in the province where they are training.



### Motivation:

50% say that proximity to family is the top reason for location of practice.



### Locuming:

18% plan to locum outside their province/territory of primary practice upon completion of residency. 50% would locum if there were no additional licensing requirements.



### Expected duties:

Once in practice, residents expect to spend 66% of time in clinical work.



### Generalism:

When asked to consider the importance of generalism, 82.4% of residents gave a score of 7 or more on the importance of generalism on a scale of 1 to 10, where 10 means ‘Very important’.



### Debt:

Average estimated total debt at the end of residency training: \$127,496. At the two extremes, 20% of residents expect to be debt-free by end of residency, while 12% of residents are anticipating a total debt of at least \$250,000.



### Billing codes:

10% of final year residents rated their knowledge as good or very good in utilizing billing codes, with the majority of final year residents (60%) rating their confidence as moderate. 30% of final year residents rated their knowledge as poor.



### Remuneration:

- 54% of residents are willing to practice with reduced clinical autonomy in exchange for a salaried compensation model that includes health benefits, pension, vacation time, and other benefits.
- The majority of residents (41%) indicated that the salaried model was the most appealing payment schedule, while 19% preferred the blended model\* and 18% preferred fee-for-service.

\*Blended Model: i.e. Family Health Teams, Family Health Organizations with blended capitation / fee for service