



Preparedness for community practice following general surgery residency, are we ready, willing and able? Results from a CAGS resident questionnaire

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Background General Surgery in Canada varies from a single system subspecialty practice in larger centres to multisystem broad-based practice in smaller communities (1). Community surgery can be defined by demographics, surgeon to population ratio, or access to subspecialties. A community general surgeon can be defined as a surgeon who provides comprehensive surgical care in most or all of the procedures traditionally associated with general surgery as well as some non-general surgery procedures depending on the need of the community in which he or she practices (5). Most recent data from demographic studies suggest that there are roughly 4.67 surgeons/100,000 population in the community compared to 6.53 urban surgeons/100,000 population (2). With the drift towards specialisation rapidly increasing, there is a definite threat that future trainees will not be able to attain the competencies needed to practice in rural surgery (8). To this point all the voice of general surgery residents has not been represented in this discussion. **Objectives** As current and future stakeholders in general surgery, the purpose of this study was to assess resident perceptions of preparedness for community practice following General Surgery Residency. **Methods** All residents in a Canadian general surgery program were sent a link inviting them to participate in a survey study. The online survey was available in French and English via SurveyMonkey. There were a total of 632 residents in 17 general surgery programs at the time of the survey. Université de Montréal did not participate. Of the remaining 589 residents there were 233 responses. This led to an overall response rate of 40%. **Results** Residents from all population demographics continue to desire to work in larger urban centres, regardless of the size of their hometown. This demonstrates a continued trend towards desire for subspecialization among general surgery residents. Residents displayed a varied interest in terms of plans for subspecialization. Surgical interest and role modelling appear to be key factors in decision-making regarding subspecialization. The majority of residents feel that their programs expose and prepare them well for acute care and community surgery. There is some support by residents for extra (subspecialization) training in community general surgery. 40% of residents feel that a fellowship in community surgery would be beneficial. **Conclusions** It appears that general surgery residents share similar perspectives on community general surgery when compared with their staff colleagues. Based on the results of this survey,

residents appear ready and able to work as community general surgeons but are seemingly not willing.