

Leadership & Strategic Direction	<ul style="list-style-type: none"> ▪ Strength: PGME Leaders were recognized as a key strength of the PGME Office. They were described as committed, caring, accessible, knowledgeable, and strong leaders. They provided effective oversight of residency education and helped Faculty Leads and Program Directors manage issues and solve problems related to residency programs. Leaders demonstrated awareness of future trends and have a vision for postgraduate education. ▪ Area for Improvement: One-third of respondents were not clear on the strategic direction and priorities for PGME for the next three years. This was consistent with 2019 findings.
Governance Structure	<ul style="list-style-type: none"> ▪ Strength: The overall governance structure was perceived as strong, responsive, and effective. Committees delivered effective oversight of residency programs and the PGME Office. Meetings were informative, valuable, and well-run, and this was an improvement compared to 2019. The system of Faculty Leads was seen as effective to support residency programs. ▪ Strength: Administrative staff, particularly leadership, were a key strength. They were described as knowledgeable, supportive, skilled, responsive, accessible, and collaborative. Centralized support for strategic areas (CBME, accreditation), resident administration, and technology were valued. The administrative structure has improved since 2019, possibly due to the restructuring. ▪ Area for Improvement: Committee meetings could include more engagement among attendees, such as more time for questions, discussion, and idea generation coming from members.
Policies & Procedures	<ul style="list-style-type: none"> ▪ Strength: Policies and procedures were seen as fairly/equitably implemented, developed with input from partners, and were clearly communicated; this has improved since 2019. ▪ Area for Improvement: When developing policies and procedures, distributed sites in Family Medicine would like their perspectives to be more systematically considered.
Resource Allocation	<ul style="list-style-type: none"> ▪ Strength: PGME Leaders were seen as strong advocates for resources on behalf of residency programs. ▪ Area for Improvement: Multiple respondent groups thought change was needed in the model for funding distributed medical education. Site Directors provided significantly lower ratings on almost all survey items.
Quality Improvement	<ul style="list-style-type: none"> ▪ Strength: The quality improvement process was generally well-regarded, and respondents had a better understanding of it compared to in 2019. ▪ Areas for Improvement: Administrative staff would like more input into quality improvements.
Residency Program Support	<ul style="list-style-type: none"> ▪ Strength: The Office provided effective support and collaborated with residency programs to deliver PGME. ▪ Area for Improvement: Site Directors, a few Residency Program Directors, and a Division Head expressed a lack of familiarity with what supports/ services were offered by the PGME Office. ▪ Strength: Support for resident wellness was a key strength of the PGME Office; this and support for CBME and accreditation have improved since 2019. The Office also provided strong support for activities to promote positive educational environments in clinical settings. ▪ Area for Improvement: Resident wellness services were in high demand and respondents would like capacity to be increased.

Support for Faculty	<ul style="list-style-type: none"> ▪ Strength: Program leaders felt well supported to develop skills relevant to their role, and faculty development resources were valued and appreciated. ▪ Area for Improvement: Faculty compensation was considered insufficient for the amount of work required, which was consistent with 2019 findings.
Support for Admin Staff	<ul style="list-style-type: none"> ▪ Strength: Many PGME Office and Residency Program administrative staff had more clarity about their roles and responsibilities compared to 2019, possibly due to having completed the restructuring. Administrative staff valued professional development opportunities and guidance from senior managers, and staff onboarding training had improved since 2019. ▪ Area for Improvement: A few PGME Office and Residency Program administrative staff thought small improvements could be made to clarify their roles, responsibilities, and oversight. Staff requested better coverage for vacancies, more opportunities for career growth, and more professional development funding. Some Residency admin staff wanted more training on financial procedures.
Partnerships	<ul style="list-style-type: none"> ▪ Strength: Relationships with internal partners were strong and positive, and evolved in recent years. ▪ Strength: The PGME Office communicated well and engaged effectively with external partners. ▪ Area for Improvement: More engagement with external partners was suggested in order to bridge gaps between PGME, Health Authorities, and hospitals in areas that affect residents' educational experience. Residency program administrative staff would like more collaboration with external partners on orienting residents to on-site logistics in hospitals.
Social Accountability	<ul style="list-style-type: none"> ▪ Strength: PGME was recognized for its commitment to improving equity, diversity, and inclusion, and to advancing reconciliation with Indigenous Peoples. ▪ Area for Improvement: Given the current issues with healthcare access in the larger context, more than a quarter of respondents did not agree that PGME was sufficiently meeting needs in the areas most needed by society, particularly in primary care and high priority specialties. ▪ Area for Improvement: Addressing health care needs across geographic areas was an area of concern for more than a quarter of respondents. They suggested further distributing high priority specialty training (e.g., residency positions and/or clinical experiences), and revisiting the distributed education model. ▪ Area for Improvement: Indigenous reconciliation and equity, diversity, and inclusion were seen as ongoing challenges. A few respondents commented that tangible resources (materials, funding) were needed at the program level to act on these issues in a meaningful way. ▪ Area for Improvement: More than a quarter of respondents were not well-informed about what interprofessional education activities were taking place.