THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CFPC Blueprint Project

SAMP Examination Blueprint and Content Specifications

The College of Family Physicians of Canada

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How to cite this document

College of Family Physicians of Canada. *SAMP Examination Blueprint and Content Specifications*. Mississauga, ON: College of Family Physicians of Canada; 2026.

Acknowledgement

The College of Family Physicians (CFPC) thanks the members of the Examination Blueprint Working Group, departments of family medicine, partner organizations, and individuals (CFPC members, professional colleagues and CFPC staff) who contributed to the development of this document.

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Executive Summary

The College of Family Physicians of Canada (CFPC) certification assures a nationally recognized standard of excellence in family medicine. Certified family medicine specialists are expert generalists, integrating a breadth and depth of medical knowledge with longitudinal person- and family-centred care. Family physicians granted Certification in the College of Family Physicians of Canada (CCFP) are a resource to their communities and function as leaders, promoting team-based care and delivering culturally safe high-quality, adaptive, comprehensive care across care settings to all people in Canada.[1]

Passing the Certification Examination in Family Medicine (the Exam)—a two-part examination consisting of a written component, the short/select-answer management problem (SAMP)* examination, and a performance component, the simulated office oral (SOO) examination—is one of the requirements for certification.

The SAMP Examination Blueprint (the Blueprint) was developed to inform what will be tested on the written Exam, ensure fairness and consistency from year to year and from one test form to another, and to provide a framework for reporting results post-administration. The SAMP Examination Blueprint consists of three parts: the Assessment Objectives – priority topics and key features; the clinical encounter and context of care; and the social and developmental context.

The CFPC's SAMP Exam Committee will use the Blueprint to create content reflective of what is learned and experienced through family medicine residency training at an accredited Canadian residency training program.

The CFPC staff will use the Blueprint to build the SAMP exam test forms in a fair manner, ensuring all candidates have a similar testing experience.

Family medicine residency programs leaders can use the framework to guide development of practice SAMP questions to prepare residents for the SAMP exam. The Blueprint is an assessment framework that represents the curriculum; however, it is not meant to be used to create a curriculum.

Exam candidates should view the Blueprint as an assessment reflection of the family medicine residency curriculum in Canada. The Blueprint is published for information only, and is not meant as a study guide.

* In 2026 the SAMP will either be short- or select-answer management problems. In 2027 the SAMP will be select-answer management problems.

Background

The College of Family Physicians of Canada (CFPC) is committed to leading family medicine to improve the health of all people in Canada—by setting standards for education, certifying and supporting family physicians, championing advocacy and research, and honouring the patient-physician relationship as being core to the profession.[2]

CFPC certification assures a nationally recognized standard of excellence in family medicine. Certified family medicine specialists are expert generalists, integrating a breadth and depth of medical knowledge with longitudinal person- and family-centred care. Family physicians granted Certification in the College of Family Physicians of Canada (CCFP) are a resource to their communities and function as leaders, promoting team-based care and delivering culturally safe high-quality, adaptive, comprehensive care across care settings to all people in Canada.[1]

There are several routes to certification. For residents and practice-eligible candidates, meeting or exceeding the passing standard of the Certification Examination in Family Medicine (the Exam) is one of the requirements to be granted certification in family medicine.[3]

The Exam is a two-part examination consisting of a written component, the short/select-answer management problem* (SAMP) examination, and a performance component, the simulated office oral (SOO) examination. It is designed to assess the knowledge and skills deemed important to care effectively for patients in Canada at the level of graduating residents entering independent (unsupervised) practice. More specifically, the Exam assesses clinical reasoning, selectivity, and patient-centred care in qualified candidates using cases chosen to reflect common and important patient encounters in family medicine.

The SAMP examination consists of vignettes (cases) that are built around patients presenting with a wide variety of health and life complexity issues† in family medicine practices. Cases reflect the diversity of patient interactions, settings, contexts, and available resources. Each case contains a few questions. The SAMP cases are designed to test candidates' ability to recall factual knowledge, and to use their clinical reasoning skills to identify, manage, and think critically about health problems. For each case, information regarding the patient is provided (i.e., the case stem) and is followed by a variable number of questions.

The SOO examination consists of interactions between a candidate and a physician-examiner. The examination assesses how a candidate comes to understand and manage the patient's health problems using a patient-centred approach.

The current SAMP exam is based on priority topics and key features detailed in the CFPC's Assessment Objectives for Certification in Family Medicine (Assessment Objectives).[4] The document describes the essential skills and observable competencies that are expected from residents at the end of their training, and as such, serves as a major guide to both in-training assessment and the content of the Exam.

* In 2026 the SAMP will either be short- or select-answer management problems. In 2027 the SAMP will be select-answer management problems.

† Life complexity acknowledges that a multitude of interconnected factors and experiences influence our patients' daily lives and long-term trajectories. These include personal relationships, emotions, societal norms, cultural influences, and unpredictable events. These issues may impact care and require a personalized, integrated approach to be effective.

Family Medicine Examination Quality Improvement Initiatives –

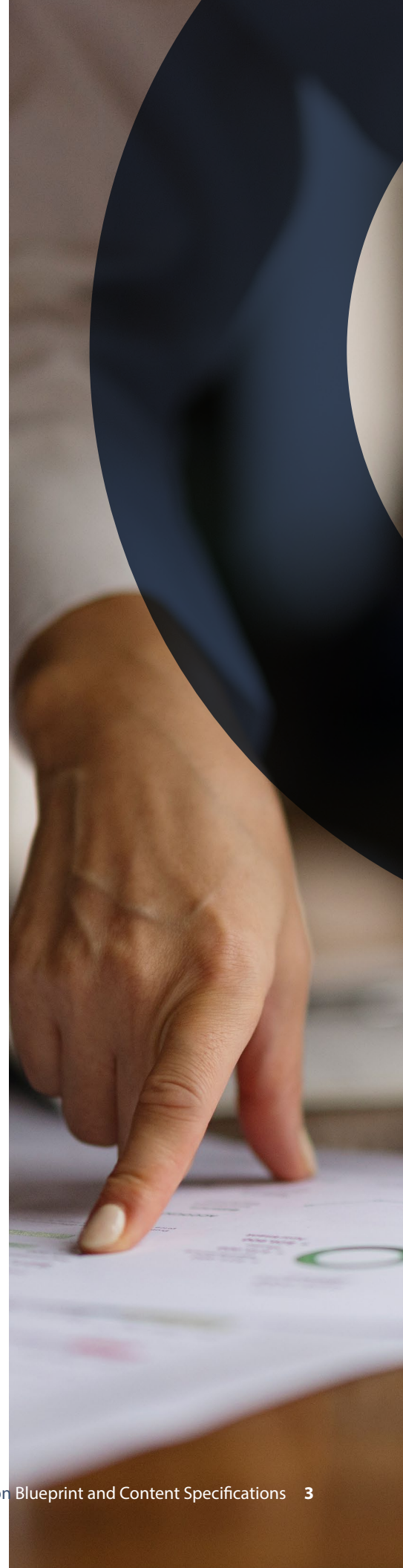
The SAMP Examination Blueprint

In 2022 the CFPC Board of Examinations and Certification (BEC) approved the *Re-envisioning the Future of Assessment, Certification, and Examination*[5] (ReFACE) project, which encompasses several quality improvement initiatives designed to strengthen and enhance family medicine certification decisions and make sure that family medicine graduates are being prepared for independent (unsupervised) practice.

Creating comprehensive examination blueprints for the SAMP and SOO components of the Exam is part of the ReFACE project. Examination blueprints provide a national framework for certification standards, further defining the scope, expectations, and objectives to determine and assemble the content for the Exam and incorporate the latest knowledge on the breadth and scope of practice of family physicians. The blueprints will guide the CFPC in designing certification examinations that are comparable over time, make sure the assessment objectives are appropriately and consistently met from year to year, and inform candidates about what will be tested and how much is covered based on the constructs outlined. Blueprints also provide important evidence to support valid score interpretation for examination results.

The Examination Blueprint Working Group (EBWG) started its work in 2024. It was tasked with developing a comprehensive family medicine examination blueprint for the SAMP component of the Exam (the Blueprint). The blueprint for the SOO component of the exam will be developed at a later date.

In addition to the Assessment Objectives, the group's work was informed by the Family Medicine Professional Profile (FMPP)[6] and the Residency Training Profile for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence[7] (the Residency Training Profile or RTP) to make sure the Blueprint details both the comprehensive scope of work for which family medicine residents are being prepared to enter unsupervised practice, and family physicians' contributions and commitment to the people in Canada.



The **Assessment Objectives** describe the essentials skills and observable competencies that are expected from residents at the end of their training and, as such, serves as a major guide to both in-training assessment and the Exam content.

The **FMPP** is a position statement that defines the discipline of family medicine, describes the scope of practice and training for family physicians, and highlights the CFPC's distinctive approach and philosophy of care.

The **RTP** provides a detailed snapshot of the practice for which residents are being prepared—now and into the future—with an emphasis on adaptability and an ability to challenge racism and improve health equity,[8] reflecting our aspirations for a socially accountable family medicine workforce, meeting the needs of everyone in Canada. Taken together, the FMPP and RTP communicate what family physicians do and the expected scope of training and practice in family medicine.[8]

The resulting blueprint will serve as a framework to assess the knowledge and skills required of family physicians who are prepared to enter and adapt to independent (unsupervised) practice of comprehensive family medicine anywhere in Canada. The Blueprint, intended to be a living document, will be updated accordingly.



The Recommended SAMP Examination Blueprint and Content Specifications

The following Blueprint is proposed by the working group. It consists of three distinct parts: the Assessment Objectives; the clinical encounter and context of care; and the social and developmental context.

Specifications guide how to sample each domain when developing an examination form. As is the case with our Blueprint, the proposed content specifications cover the fundamental competencies required for family physicians to provide comprehensive medical care for all people, ages, life stages, and presentations.[6]

The Assessment Objectives for certification in family medicine – priority topics and key features

The priority topics and key features detailed in the Assessment Objectives remain the basis for the development of each SAMP case.

The Assessment Objectives describes 105 priority topics. A sampling of cases across the 105 priority topics is used for each SAMP Exam. It is important to note that family medicine practice is evolving, and topics or issues of importance to the practice of family medicine not yet published in the Assessment Objectives may occasionnally be used to develop SAMP cases.

Clinical encounter and context of care

A two-dimensional assessment blueprint was proposed based on the clinical encounter and the context of care (**Figure 1**). For the purpose of developing SAMP questions that can easily be associated to a given category, the phases of the clinical encounters described in the Assessment Objectives have been grouped together into four different categories that are described in the glossary.

Each category was assigned a weight indicating the proportion to be present on the exam. Weights were determined by a rapid blueprinting exercise,[9] where the members individually assigned a weight to each category and then came to consensus as a group. These values were determined to be acceptable during the wide consultation process of the blueprint, taking into consideration what can be realistically tested on an exam.

Figure 1. The clinical encounter and context of care two-dimensional assessment table

		The Clinical Encounter				
		History, physical examination, and problem identification	Differential diagnosis, investigation, and diagnosis	Management and follow-up	Disease prevention and health promotion	
Context of Care	Office and clinic					55 ±5%
	Hospital care					15 ±5%
	Emergency department and urgent centre care					15 ±5%
	Care in the home and long-term care settings					15 ±5%
	100%	20 ±5%	35 ±5%	30 ±5%	15 ±5%	100%

Social and developmental context/test requirement

The social and developmental context portion of the Blueprint represents the diversity of the patient population and societal contexts that residents are expected to encounter during their family medicine residency.

Each SAMP Examination form that is developed, when considered as a whole assessment, contains a reasonable sampling of additional specifications described in **Figure 2**.

Figure 2. Social and developmental context



Patients from across the life-cycle spectrum
Across the entire course of life from birth to death: infant, child, adolescent, adult, older adult.



Acuity of care
Acute, chronic, and acute exacerbation of a chronic condition.



Genders and sexual identities
Sex at birth, gender, and sexual identity.



Case complexity
The degree of difficulty in diagnosing and treating a patient's condition due to various interacting factors. These can include medical, psychosocial, and systemic factors.



Geographical setting
Encounters occurring in urban/suburban centres or rural and remote settings.

Urban/suburban centres: population having access to tertiary care centres where typically more resources are available.

Rural and remote settings‡: populations living in towns and municipalities outside of the commuting zone of larger urban centres, where resources are typically less available than urban/suburban centres.



Encounters occurring in virtual settings
Any direct patient care or clinical interaction, using communication or information technology, between a physician and a patient and/or members of their care team regardless of setting that does not require patients and providers to be in the same physical space.



Indigenous health
First Nations, Inuit, or Métis.[10]



Health equity deserving groups
People who, because of systemic discrimination, face barriers accessing the resources and opportunities available to others. This includes social determinants of health.[§,11]

It includes but is not limited to: immigrants; people with disabilities; people experiencing income, housing, or food insecurity; racialized groups; people experiencing religion-based discrimination.



Procedural knowledge and skills
The assessment of procedural skills is currently outlined in the Assessment Objectives for Certification in Family Medicine. The document describes the essential skills and observable competencies that are expected from residents at the end of their training.



Maternity care
Care of patients throughout the stages of family planning, pregnancy, childbirth, and postnatal period.



End-of-life care
End-of-life care can happen to patients across the life-cycle spectrum.

‡ Rural medicine involves medical care in areas where access to specialists and resources is limited or far away, while remote medicine describes situations where accessing specialist care or resources is too risky or impossible. Society of Rural Physicians of Canada .

§ The term "social determinants of health" describes the many social conditions that interact to influence risks to our health and well-being and affect how vulnerable we are to disease and injury.

Glossary of Key Terms

The clinical encounter

A clinical encounter is any therapeutic interaction with a patient, group of patients, and/or their families or caregivers,†† regardless of context. It integrates clinical reasoning and data synthesis, from initial presentation to final resolution and follow-up. This dimension of the Blueprint consists of defined steps or phases that may or may not occur in all patient visits. These phases are further detailed below.

History, physical examination, and problem identification

This component uses clinical competencies to systematically acquire and synthesize information from the patient, family, caregivers, or other sources including but not limited to medical and health records, to construct a clear and logical understanding of the patient's problem(s) and to support the diagnostic process.

Differential diagnosis, investigation, and diagnosis

This component uses information gathered from the patient history and physical examination to define a list of potential explanatory causes, and to guide test ordering to arrive at a working diagnosis.

Management and follow-up

This component involves planning, prescribing, and organizing safe effective treatment and ongoing care in collaboration with the patient and their support system(s), and other health professionals.

Disease prevention and health promotion

This component involves disease prevention and health promotion by incorporating strategies such as screening, periodic health exams, health maintenance, patient education and advocacy, and community and population health tools for patients to take ownership over their health and its determinants.

†† Caregiver status refers to whether or not a person spent time and resources, over the past 12 months, to someone whose needs are related to long-term health condition, a physical or mental disability or problems related to aging. (Statistics Canada)

Context of care

This dimension of the Blueprint includes comprehensive care for all people, life stages, and presentations. Context of care includes all clinical domains, both acute and chronic, and all stages, from preventive to palliative care. Family physicians work across care settings and regulatory environments, including:

- Office and clinic
- Hospital care
- Emergency department and urgent care
- Care in the home and long-term care

The following context of care descriptions are summarized from the RTP practice narratives:

Office and clinic

Family physicians provide care to their patients in offices and clinics as part of the commitment to having a practice. Caring for a group of patients over time with all that this entails is the essence of being a family physician. By caring for patients in the office or clinic, family physicians accompany patients on their care journeys over time, get to know them personally, and understand what matters in the context of their lives. These are core to the work and professional identity of family physicians.

This context also includes walk-in or after-hours clinics and community health centres, Centre Local de Service Communautaire (CLSC), and Groupe de médecine familiale (GMF)s for the purpose of the Blueprint.

Hospital care

Family physicians provide care to their patients who are admitted to hospital as part of a commitment to continuity, and in doing so they strengthen their relationships with local colleagues from other specialties. This includes maternity care and palliative care. They attend to the whole picture of the hospitalized patient and communicate with families/supports, establish goals of care, and navigate care transitions. They pay close attention to the social realities, support needs, and coordination of care for patients who are ready for discharge back into the community.

Emergency department and urgent care

Family physicians provide emergency care as part of the comprehensive care for their patients and communities, either in urgent care centres or emergency departments.

Care in the home and long-term care

Home is broadly defined as anywhere that patients live or require care, which encompasses a range of settings including long-term care. Family physicians provide care in the home‡‡ or in long-term care as part of the commitment to care in a different context with patients who may have complex medical and social situations, and where the focus is often on supporting patients' function, safety, and quality of life.

‡‡ Family physicians acknowledge a broad definition of home as anywhere that patients live or require care, which encompasses a range of settings including long-term care (LTC).



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