

The Journal – Survey results 2007

This is the third journal survey we have carried out, and the second relating specifically to the *Journal of the Royal College of Physicians of Edinburgh* (the *Journal*). The first surveys showed that most College Fellows and Collegiate Members took several specialist and general journals, that among these the *Journal* was read significantly, and readers gave substantial support to the *Journal* and its continuation as a print journal. This survey aimed to find out our readers' views on the individual components of the *Journal*, its international medical coverage, its frequency of publication, and sought individual readers' views.

RESULTS

The survey coincided with issue 3 of the *Journal* in September of this year, and four weeks were allowed for responses to be received. The *Journal* was sent to 7,486 subscribers and 1,483 (20%) responses were received (note that % is given to the nearest whole number or one decimal place for single numbers – see Myerscough in this issue).¹ Responses from readers in the UK accounted for 60%; the response rates from readers in the UK (19%) and from readers outside the UK (20%) were almost the same. Responses were received from across the five age ranges used; 79% came from readers aged 65 years or under (and likely, therefore, to be in active practice). The percentage of responses from individual age ranges was: <36 years 11%, 36–45 years 24%, 46–55 years 24%, 56–65 years 20%, and >65 years was 21%.

Readers were asked whether they would prefer the *Journal* as it is currently (four issues annually, each 96 pages) or as six shorter issues every two months. This was answered fairly unequivocally as 73% preferred the current arrangement. Readers were also asked whether they thought the level of international coverage was satisfactory. A total of 64% was satisfied with the present balance, but 34% would like to see more international contributions. Only 2% thought the level of international coverage should be reduced.

Readers were asked to rate the various subsections of the *Journal* on a scale of 1–5 based on the frequency of reading them as this was thought to be the best simple overall indication of interest, quality or value. The overall rating was 3.2, with individual sections ranging from 2.7 to 3.5. Individual ratings are shown in Table 1. The percentage of readers who 'usually' or 'always' read each section of the *Journal* is shown in Table 2. This table also gives in parentheses the % achieved when those who 'sometimes' read the sections are added.

Finally, readers were asked to give free text comments on the *Journal*. Three hundred and fifty-one provided

Editorials	3.5
Clinical Opinions	3.5
Papers	3.4
CME	3.3
BTMH	3.3
History	3.2
Image of the Quarter	3.2
Symposium Reports	3.1
Symposium Abstracts	3.0
Medibytes	3.0
Letters	3.0
Etcetera	2.7

TABLE 1 Individual ratings of *Journal* sections. Rating, out of 5, based on frequency of reading.

Editorials	54% (89%)
Clinical Opinions	51% (88%)
CME	45% (77%)
BTMH	42% (82%)
Papers	41% (88%)
History	40% (75%)
Image of the Quarter	40% (76%)
Symposium Reports	32% (75%)
Symposium Abstracts	32% (70%)
Medibytes	31% (71%)
Letters	29% (67%)
Etcetera	17% (57%)

TABLE 2 Percentage of respondents who 'usually' or 'always' read each section of the *Journal* (percentages in parentheses include those who 'sometimes' read each section).

general comments; 182 of these comments were favourable, 22 were adverse and 147 were neutral. Three hundred and sixty-eight commented on specific matters they would like to see included or increased in the *Journal*.

Areas attracting 10 or more responses included; case reports/Grand Rounds discussions (30), new developments in general medicine and the specialties (30), light articles and College news (24), reviews (21), paediatrics (15), guidelines (15), international coverage (14), more therapeutics (12).

COMMENT

The response to this survey was encouraging and I would like to thank all who took the time and the trouble to take part. At the same time, we would like to know the opinions of those who did not reply as they may include those with less positive views. We will never know. Our first survey² attracted 950 responses, our second³ attracted 1,140 responses and, at 1,432 responses, this has been the best return yet. A total of 1,432 responses is a substantial number from which it should be reasonable to draw conclusions. One particularly good aspect of the responses is that they came from across the whole age range of our membership, and another is that they came equally from our membership inside and outside the UK. Not only does this contradict a view, sometimes expressed, that the *Journal* is probably read mainly by our retired Fellows, but it supports the view of our College as having a single membership irrespective of where we live. Furthermore, it seems clear that the readership wishes to continue with the *Journal* with 4 issues per year.

Two thirds of readers thought that coverage of international medicine was satisfactory, but a substantial minority thought it should be increased. The editorial team will have to consider this, but any change will bear in mind the comment of several that the best of medicine should be reported wherever it comes from. However, we also need to consider under international coverage increasing the input to our *Journal* from those working outside the UK. This is an important issue, and ways of encouraging good quality articles from outside the UK will be explored, perhaps through our Regional Adviser network. Meanwhile, readers' ideas on how to do this are welcome and readers themselves should consider submitting more work to the *Journal* and encouraging others to do the same.

Finally, there are the assessments made by our readers on the various sections of the *Journal* and their free text

comments. Encouragingly, no section of the *Journal* was considered poor enough to get an assessment of <2.5, but there was no section where there was not room for improvement. It would seem that the well-known school report 'Satisfactory but could do better' applies. The editorial subgroups will have to reflect on the readers' judgements but, for example, the high score of the 'Clinical Opinions' section (in which specialists comment on specialist papers for general physicians) by comparison with 'Medibytes' (which simply reports what is published in the medical literature), suggests that readers want more access to specialist judgment.

Perhaps predictably, the free text comment showed that more of everything was wanted! However, a few trends emerged. Requests for more paediatrics were prominent and this could be of general interest if transitional medicine and implications of paediatric disease for adults were included (e.g. Fibrocystic disease, congenital heart disease and childhood cancer). There were also requests for more clinical articles such as case reports, Grand Round discussions and images, several requests for therapeutics and a number for updates on basic science underpinning clinical practice. Many also mentioned important areas related to clinical medicine including public health, preventive medicine, social and political aspects of medicine and ethics. Finally, there were requests for the *Journal* to be listed in databases such as PubMed and EMBASE, and this is a matter your editorial team is already addressing.

N Finlayson

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REFERENCES

- 1 Myerscough P. *J R Coll Physicians Edinb* 2007; **37**:382.
- 2 Finlayson IRC. Survey of Fellows and Members' usage of print and electronic publications and of the internet. *J R Coll Physicians Edinburgh* 2003; **33**:215–220.
- 3 Finlayson NDC. The *Journal* – survey results. *J R Coll Physicians Edinb* 2005; **35**:291–293.

CHRISTMAS AND NEW YEAR GREETINGS

The Communications Department would like to send our best wishes to our Readers as we move towards what is now virtually a global holiday period. We hope you get some time away from everyday pressures to spend with family and friends (and to read this issue of the *Journal*!), and that you enter 2008 refreshed and

reinvigorated. We also hope you have found the *Journal* useful and pleasurable over this year, and we send a special 'thank you' to everyone who contributed to a very encouraging Questionnaire response.

The *Journal*, of course, does not just happen, and we want to take this

opportunity to thank our commissioned authors and our reviewers without whose freely given work we would be nowhere. Your efforts on our behalf will shortly be acknowledged individually on the College website.

Niall DC Finlayson (Editor)