

FELLOWSHIP AND MEMBERSHIP SURVEY: THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

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During the summer of 1996, the President and Council felt the time was right to ascertain the future needs and requirements of Fellows and Members of the College. It was recognised that the resulting views would not necessarily be an endorsement of all College activities but would provide a basis for future policy and development of College affairs.

THE RESPONDENTS

A total of 1,395 postal questionnaires were distributed between 15 and 20 November 1996, with reminders to non-respondents between 12 and 17 March 1997. The distribution of questionnaires was randomised to Fellows and Members taking into account year of primary MB. In selecting the final cohort, we weighted the sample towards younger Fellows and Members as representing the future of the College (Appendix 1). Some 1,014 (73%) were returned of which 98% were completed (Figure 1). In all, 517 (73%) Fellows and 476 (69%) Members replied. The distribution of the last place of practice of respondents is shown in Figure 2, and the details of the questionnaire are shown in Appendix 2.

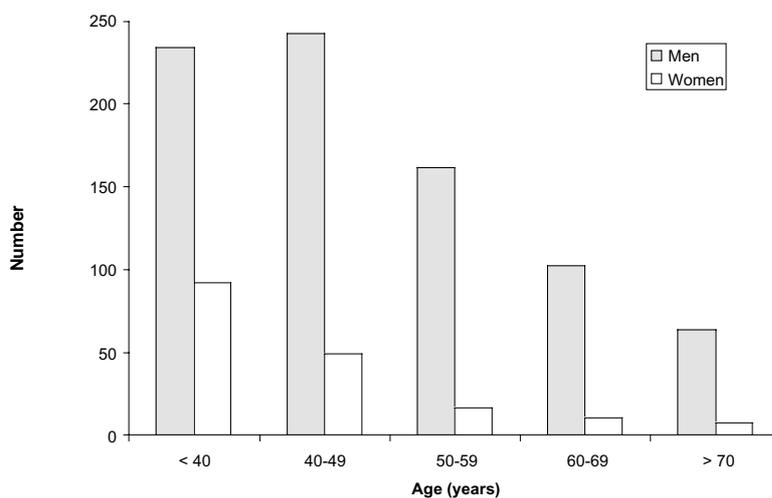


FIGURE 1
Age and sex distribution of respondents.

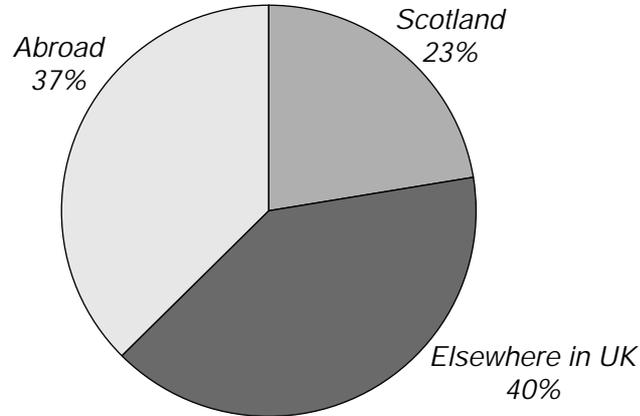


FIGURE 2

Place of last practice of respondents (n=993).

Where place of last practice was unspecified (n=137) the data are not shown, however the male/female ratio and age ratio of Fellows to Members is similar in the unspecified group to the other combined data sets.

EDUCATIONAL ACTIVITIES

The majority of Fellows and Members felt that the College had contributed to their medical education. However, 131 (13%) did not agree, most of whom were under 50 years of age and practised in the UK but outside Scotland, or abroad, i.e. those for whom access to facilities are currently poor and might be substantially improved with developments in information technology (IT) (Figure 3).

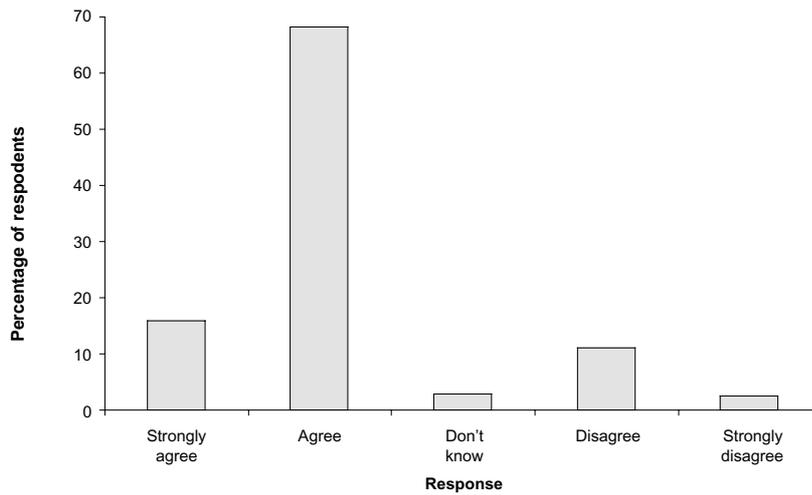


FIGURE 3

The College has contributed greatly to your medical education (n=983).

It was felt that the College should provide training for junior doctors (788 [84%] agreed) and consultants (861 [91%] agreed). Moreover, there was a strong call by Fellows and Members for continued provision of consensus documents and evidence-based clinical guidelines. There was also a call for provision of facilities for self-assessment of continuing medical competence of physicians, i.e. the ability to identify one's own weaknesses and correct them. Such facilities could be provided as part of the continuing medical education programme and would be greatly facilitated, especially for Fellows and Members residing abroad, by improvements in Information Technology within the College. The fact that such self-assessment could be undertaken anonymously was also noted and approved by a number of respondents.

Symposia were generally felt to be valuable for education (689 [72%]). Of those 689 respondents, 57% thought current charges for attendance were reasonable, though 34% did not know and 8% disagreed. At present the numbers attending symposia are relatively small. Of respondents, 50% favoured subscribing to a series of publications arising from the symposia, although it is recognised that preparation for a lecture and providing written material would make major additional demands upon speakers' time and may not be practical at present.

CAREER DEVELOPMENT

It could be argued that the College should play a major role in career development. Sadly, 37% of Fellows and Members (of whom the majority were Members) disagreed that the College assisted with the development of their career. Clearly, assisting physicians with their career development is a major concern, particularly of Members, and the College will need to consider setting up a careers office in the future.

There was strong support for the provision of external advisers able to give training support, both from Fellows and Members of all ages and independent of current location of practice (715 [74%]). Overall, only 10% disagreed with this proposition.

INFORMATION TECHNOLOGY

There have been a number of information technology (IT) initiatives originating in the College. We therefore felt it was particularly important to ascertain whether Fellows and Members were aware of these. At present almost half (427 [45%]) of the respondents had no idea whether IT was used for their benefit (Figure 4). This indicates the need for an awareness programme.

About half of the respondents felt that the College should provide them with training in use of IT but approximately one quarter did not know and one quarter disagreed. Clearly the role of IT in College affairs needs to be reviewed and enhanced. Such a development could assist in the provision of distance learning programmes and facilitate better use of our extensive library.

THE LIBRARY

Many developments in the library have taken place, making it an outstanding resource for training and practising physicians. In spite of much publicity in newsletters and extensive coverage in the annual report, 515 [57%] did not know if the library suited their needs. All age groups expressed these opinions, whether male or female, Fellow or Member. Not surprisingly, those in Scotland who presumably have greater personal access were slightly more likely to perceive the library as suiting their needs (Figure 5).

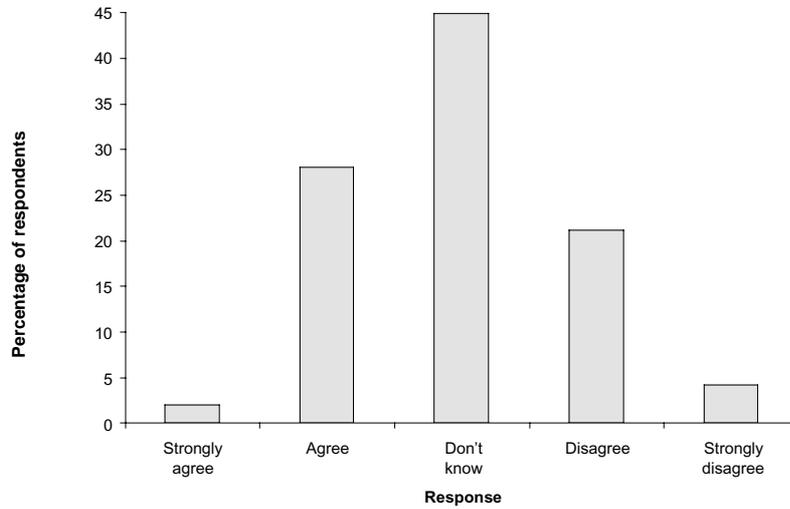


FIGURE 4
Does the College make sufficient use of IT for your benefit? (n=950)

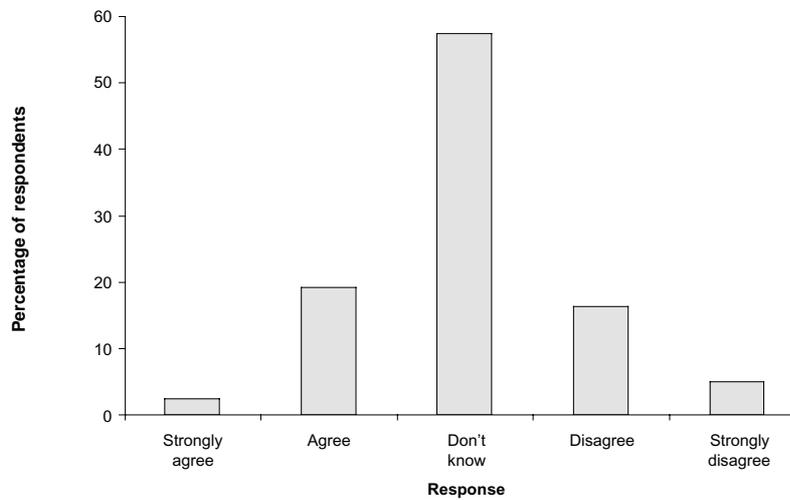


FIGURE 5
The RCPE library is suited to your needs (n=898).

PUBLICATIONS

The College publications are each designed for different purposes and for different populations. One might therefore expect differences in appeal. The College publications which were the most and least preferred respectively are shown in Figure 6.

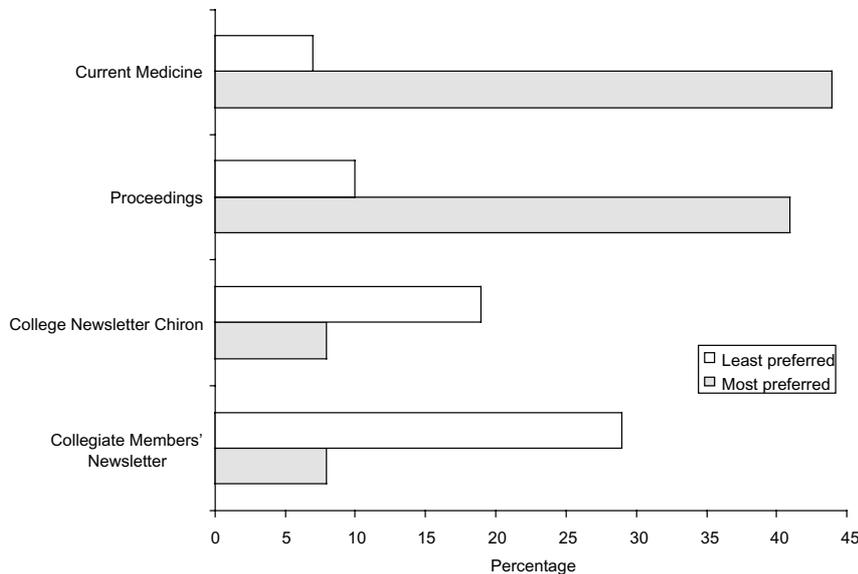


FIGURE 6

The College publications which were most and least preferred respectively (n=991).

Current Medicine is the most popular publication, with *Proceedings* coming a close second. There was a strong trend towards older respondents liking *Proceedings* the most. The preferences for *Current Medicine* peaked in the 50-59 year age group (50%).

Perhaps surprisingly, the place of practice did not affect the proportion of respondents choosing each publication as their first choice with the exception of *Chiron* which was most popular in Scotland.

Since the time of the questionnaire it will be noted that *Current Medicine* has been incorporated into the *Proceedings* and will therefore appear as a regular component of this publication.

FELLOWSHIP ISSUES

Some 58% of Fellows are also Fellows of another Royal College or Faculty, reflecting in part the breadth of experience available to this College both in the UK and abroad. Currently Fellows are elected by three routes:

- holders of MRCP(UK) or MRCP(Edin), nominated by Fellows.
- those without MRCP(UK), but particularly distinguished and at the peak of their career, nominated by Fellows (under Chapter II, paragraph 9 of the College Laws).
- Honorary Fellows, nominated by Council and elected at a quarterly meeting of the College.

The survey was keen to ascertain to what extent these routes and the process of election were known, understood, and considered satisfactory.

Whilst 448 (47%) of respondents felt the current process of selection for the Fellowship was satisfactory, 370 (39%) did not know (of whom about half practise outside Scotland but within the UK, and a quarter are abroad) and some 34 (4%) felt

the procedures were unsatisfactory. Thus we have a clear democratic need to explain our procedures for selection, particularly to those who are not practising in Scotland. The survey also indicates the desire of Members to be given an opportunity to debate procedures for selection to the Fellowship.

The majority supported the continuation of election to the Fellowship under the Laws Cap II, 9 (539 [56%] agreed, 227 [23%] disagreed and again 204 [21%] did not know). Members were somewhat less enthusiastic than Fellows in this regard, however. 532 (57%) of respondents did not know if the current numbers of Fellows elected under Law Cap II 9 were about right, too many or too few. 287 (31%) felt them to be about right and 31 (3%) thought there were too few, though it is difficult to draw strong conclusions from the data when nearly 60% of people have no idea.

It can be seen that Fellows have a general preference for the Fellowship to be awarded at the discretion of the Fellowship Committee. By contrast, and perhaps not surprisingly, Members have a stronger preference for earlier election to Fellowship than is currently the case.

Fellows	
At the discretion of the Fellowship committee.	205 (40%)
When fulfilling some other definite criterion.	79 (15%)
At Consultant appointment to the NHS or equivalent.	108 (21%)
After holding the MRCP for a prefixed interval, say eight years.	66 (13%)
On completion of specialist training.	52 (10%)
Members	
At the discretion of the Fellowship committee.	91 (19%)
When fulfilling some other definite criterion.	69 (15%)
At Consultant appointment to the NHS or equivalent.	99 (21%)
After holding the MRCP for a prefixed interval, say eight years.	122 (26%)
On completion of specialist training.	106 (22%)

COLLEGE UNIQUENESS

It may be supposed that specialist societies fulfil a role which is very similar to that of the College particularly in respect of educational activities. However, most Fellows and Members agreed (515 [55%]) that the College fulfils a role that their specialist society does not (Figure 7). It is concerning that 26% disagreed; there was no age or sex trend in this respect.

SUBSCRIPTION LEVELS

A total 748 (79%) of respondents agreed that the annual subscription was set at an appropriate level.

COLLEGE MEETINGS

Sadly, most ordinary meetings are poorly attended and one would expect many respondents not to be able to comment on this question. The survey confirmed this with 64% of respondents not knowing whether ordinary meetings are worth attending. Of those who do have an opinion, 22% feel they are worth attending and 14% feel they are not. Clearly work is needed to improve the understanding and format of the ordinary meetings of the College with Fellows and Members of all ages. This is a matter which the College has addressed and must continue so to do.

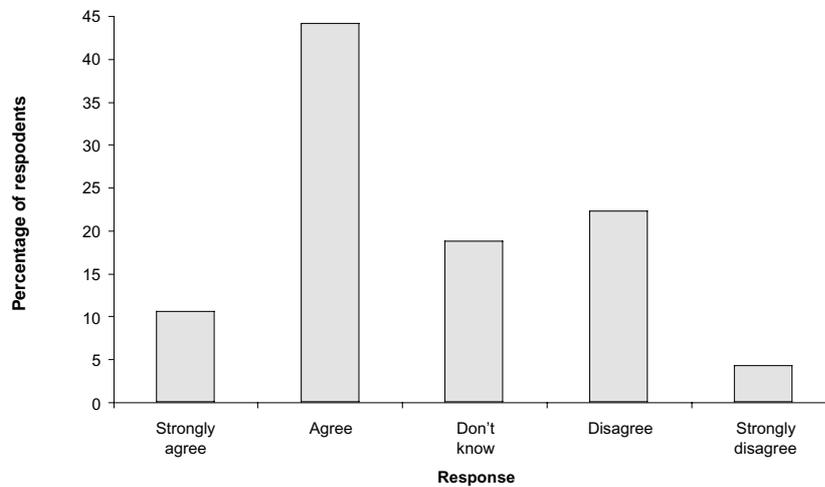


FIGURE 7

The RCPE fulfils a role that your specialist society does not (n=941).

THE NEED FOR CHANGE

When the survey was planned it was recognised not only that the College was changing, but that it must continue to change in response to its Fellows' and Members' needs in the rapidly changing world in which we practice. Unfortunately, 491 (52%) of Fellows and Members do not know if the College is changing to meet their needs. Only 36% agreed that it was and 11% disagreed.

Three quarters of respondents (666 [76%]) felt that the College should change by speaking out more frequently in matters relating to health, and medical education locally. Similarly high proportions felt that the College should speak out more frequently on national (86%) and international (81%) topics relating to health.

RECOMMENDATIONS FROM THE SURVEY FOR THE FUTURE

It is clear that the results of this questionnaire confirm the need for change in the College. Many issues have emerged as requiring attention. It is gratifying to find that a large number of respondents were willing to assist Council in achieving change within a realistic time frame.

Educational activities and career development

- The College should continue to provide training for junior doctors and consultants.
- More needs to be done to assist young physicians with their career development.
- There is enthusiasm for provision of facilities for self-assessment of continuing medical competence.
- It was felt that symposia offered good value educationally and financially.
- There was a strong call for continued provision of consensus documents and evidence-based clinical guidelines.

Information technology and the library

- Information technology needs to be used to its optimum potential in the College, not just for library use.
- Access to educational facilities for those practising outside Scotland should be improved, for example by use of IT, which should be advertised to Fellows and Members.
- The many benefits of the library should be made available to Fellows and Members worldwide by whatever means available, and make them aware of the facilities.

College publications

- Whether individuals actually read the College literature provided needs to be established.
- *Current Medicine* and *Proceedings* should continue. (Recent changes since the survey have combined these publications.)
- Improvement in the *Collegiate Members' Newsletter* and *Chiron* is required to increase their appeal to readers.

Fellowship issues

- Criteria for the timing of election to Fellowship need to be generally debated and thereafter adopted.
- Members need to be involved in this debate.
- The continuation of Cap II 9 Fellowships is supported.
- Fellows and Members need to be informed of the mechanisms for proposals and elections to all the different categories of Fellowship.

Change

- Work is needed to improve the understanding of the activities of the College with Fellows and Members of all ages.
- There is a clear support for the College to speak out more frequently on matters relating to health and medical education locally, nationally and internationally.

ACKNOWLEDGEMENTS

We wish to express our sincere thanks to all the Fellows and Members who took time to complete the questionnaire. Our thanks also go to Mrs Lesley Lockhart of the Administration Department, RCPE, for entering all the questionnaire data into a database for us.

APPENDIX 1

Total number of Fellows polled, as stratified by age.

Age	<40	40-49	50-59	60-69	>70
Total number of Fellows	78	723	852	1117	779
Fellows polled	78	200	200	200	

Total number of Collegiate Members polled, as stratified by age.

Age	25-29	30-39	40-49	50-59	60-69	>70
Total number of Collegiate Members	181	807	397	87	28	36
Collegiate Members polled	181	200	200	100		

APPENDIX 2

IN CONFIDENCE

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH
Fellowship and Membership Questionnaire

Please tick one of the boxes alongside each of the following statements (you may add comments on the dotted line below).

- | | <i>strongly
agree</i> | <i>agree</i> | <i>disagree</i> | <i>strongly
disagree</i> | <i>don't know</i> |
|--|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|
| 1. RCPE has contributed to your medical education. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How could this be improved?

.....

.....

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. The College has assisted with the development of your career. | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

How could this be improved?

.....

.....

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. RCPE should appoint advisors able to give training support for physicians (e.g. legal, ethical, subspecialty). | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

If so, what would be the most likely needs?

.....

.....

.....

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Do you feel the RCPE should provide: | | | | | |
| training for junior doctors | <input type="checkbox"/> |
| training for consultants | <input type="checkbox"/> |
| consensus documents | <input type="checkbox"/> |
| evidence-based clinical guidelines | <input type="checkbox"/> |

- | | <i>strongly
agree</i> | <i>agree</i> | <i>disagree</i> | <i>strongly
disagree</i> | <i>don't know</i> |
|---|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|
| 5. <i>The College should provide facilities for self-assessment of the continuing medical competence of physicians.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Specific comments would be welcome.

.....

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. <i>RCPE contributes to the maintenance of standards in the Profession.</i> | <input type="checkbox"/> |
| 7. <i>College Symposia are valuable for your education.</i> | <input type="checkbox"/> |
| 8. <i>Symposia charges are reasonable.</i> | <input type="checkbox"/> |
| 9. <i>You would subscribe to a series of publications from Symposia.</i> | <input type="checkbox"/> |

10. *Which publications from the RCPE have you found the most helpful/enjoyable? Please rank the following in order of preference (1=most preferred, 4=least preferred).*

- | | |
|---------------------------------------|--------------------------|
| <i>Collegiate Members' Newsletter</i> | <input type="checkbox"/> |
| <i>College newsletter Chiron</i> | <input type="checkbox"/> |
| <i>Proceedings</i> | <input type="checkbox"/> |
| <i>Current Medicine</i> | <input type="checkbox"/> |

Do you have any comments, suggestions or proposals?

.....

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. <i>The College makes sufficient use of Information Technology for your benefit.</i> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Have you any suggestions for change?

.....

strongly agree agree disagree strongly disagree don't know

12. The College should provide you with training in utilising Information Technology.

If you agree, please specify.

.....

13. The RCPE library is suited to your needs.

Have you suggestions for change?

.....

14. The current process of selection for the Fellowship is satisfactory.

Specific comments would be welcome.

.....

15. Please rank in order of preference (1 = most preferred, 5 = least preferred) whether you think that Fellowship should be given to those holding MRCP(UK):-

on completion of specialist training
 after holding the MRCP(UK) for a
 prefixed interval, say eight years
 at Consultant appointment or equivalent to the NHS
 when fulfilling some other definite criterion (please specify)
 at the discretion of the Fellowship Committee

16. Doctors without MRCP(UK) who are at the peak of their career have in the past been elected to the Fellowship under Laws Cap II 9. Do you feel this should continue?

yes no don't know

Do you feel the current numbers are

<i>too few?</i>	<i>too many?</i>	<i>about right?</i>	<i>don't know?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments?

.....

.....

17. Your annual subscription is set at an appropriate level.

<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>don't know</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments?

.....

.....

18. To those currently working outside the UK. The College meets your expectations or needs.

<input type="checkbox"/>				
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Any comments?

.....

.....

.....

19. Are you a Fellow of another Royal College or Faculty?
If so, please specify;

<i>yes</i>	<i>no</i>
<input type="checkbox"/>	<input type="checkbox"/>

.....

To which Physicians' College do you feel primary allegiance? (Please circle appropriate category.)

RCP E RCP L RCP and S G CCHPaed Other (please specify)

<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>don't know</i>
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20. The RCPE fulfils a role that your specialist society does not.

<input type="checkbox"/>				
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If you agree, please specify

.....

.....

	strongly	agree	disagree	strongly	don't know
	<i>agree</i>			<i>disagree</i>	

21. Ordinary meetings of the College are worth attending.

<input type="checkbox"/>				
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How could they be improved?

.....

22. The College is changing to meet your needs.

<input type="checkbox"/>				
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Please comment;

.....
.....

23. The College currently should speak out more frequently in matters relating to health and medical education

- locally	<input type="checkbox"/>				
- nationally	<input type="checkbox"/>				
- internationally	<input type="checkbox"/>				

Any comments?

.....
.....

24. In what other ways would you wish to see this College be more effective? (Please expand your comments on a separate sheet if desired.)

.....
.....
.....

25. What specialty of medicine do you or did you last practise? In which City or Town?

.....

26. M / F

Age

27. Please sign and print your name here.....

Thank you very much for your help

Please return to Mrs Lesley Lockhart, Royal College of Physicians,
9 Queen Street, Edinburgh EH2 1JQ.