

Highlights from COS 2010 Membership Survey

Methodology

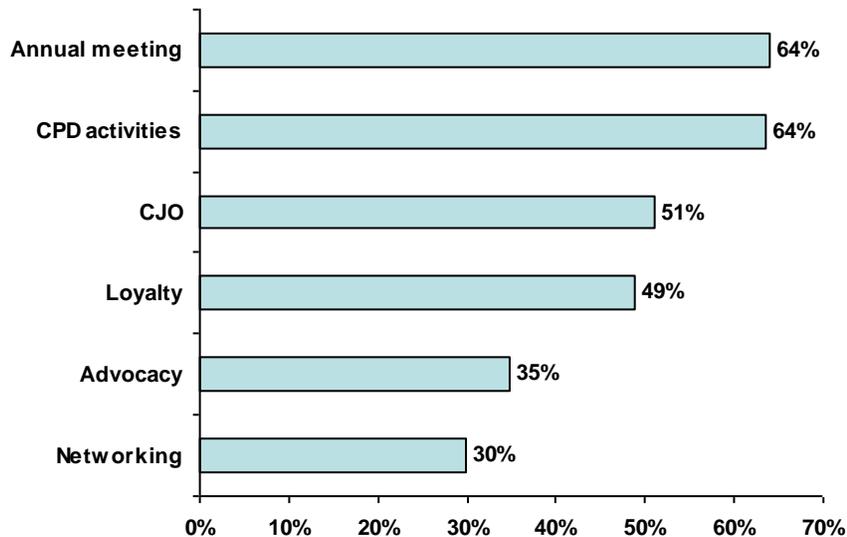
An invitation to complete an on-line survey was sent on April 29, 2010 to 624 members of the Canadian Ophthalmological Society (COS). The survey was promoted in the Society's newsletter and a reminder email was sent on May 27, 2010. A total of 264 ophthalmologists completed the survey for a response rate of 42.3%.

Overall Results

Two thirds of the ophthalmologists who answered the survey were practising full-time, 10% were part-time or semi-retired, 7% were retired and 18% were residents or fellows. Four out of five (79%) were male and 77% graduated from a Canadian medical school. Exactly half were under 50 years of age and half were over 50. The largest proportion of respondents came from Ontario (40%), followed by Quebec (18%) and Alberta (14%).

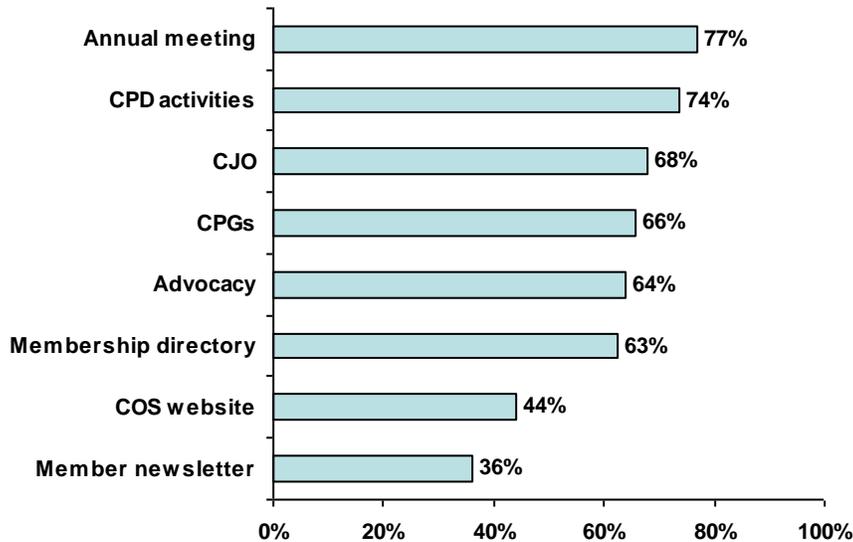
From a list of primary reasons for being a member of the Canadian Ophthalmological Society almost two thirds of physicians (64%) indicated both continuing professional development activities and the annual scientific meetings as among their primary reasons. Just over half (51%) also cited the *Canadian Journal of Ophthalmology* and close to half (49%) indicated loyalty as a primary reason.

Figure 1: Percent indicating a primary reason for being member of COS



With respect to various programs and services of the COS, those with the highest importance ratings were continuing professional development activities and the annual scientific meeting with 38% and 37% of ophthalmologists rating them **very** important. The graph below shows the percentage of respondents rating activities either very important or important on a five point scale. Less than 3% considered any of the listed programs/services to be very unimportant.

Figure 2: Percent rating programs/service of COS important /very important



Only 35 of the 264 (13%) respondents made any suggestions as to what the COS should stop doing. Comments included suggestions for the annual meeting (nine mentions), clinical practice guidelines (four mentions) and having a paper journal (2 comments).

Respondents commented in greater numbers when asked what the COS should start doing.

Physicians completing the survey were asked to rate the importance of three proposed initiatives: 1) web-based learning programs for continuing professional development credit; 2) residents' program (to support, educate, and mentor residents and fellows in ophthalmology in Canada); and 3) improve online presence by updating COS website (eyesite.ca).

Respondents gave web-based learning programs and the residents' program almost equal importance; 72% and 73% rated it important or very important respectively. Improving COS's online presence was considered important or very important by almost two-thirds (65%) of ophthalmologists.

Over three quarters of respondents (78%) wanted to be contacted electronically on a monthly basis or less.

Gender Differences

There were no significant differences between male and female respondents in their primary reasons for being a member of COS, with the exception of advocacy activities which was cited more often by men than women (31% vs 19%). Interestingly, when rating the importance of advocacy work, about 70% of both genders said it was very important or important (70% and 68%). There were no significant differences in importance ratings for the programs/activities items listed on the questionnaire.

There were also no significant differences in results by gender for proposed COS initiatives or with respect to electronic contact by COS.

Age Differences

Given the small number of respondents in each of the original six age groups and few clear trends, it was decided to aggregate the age categories for analytical purposes. Since half of respondents were over 50 and half under, the results were tabulated for these two cohorts.

When looking at the primary reasons for becoming a member of the COS, those 50 or older were more likely to check off advocacy (42% vs 30%) and loyalty (58% vs 44%) whereas those under 50 were more like to consider networking as a primary reason for membership (36% vs 27%).

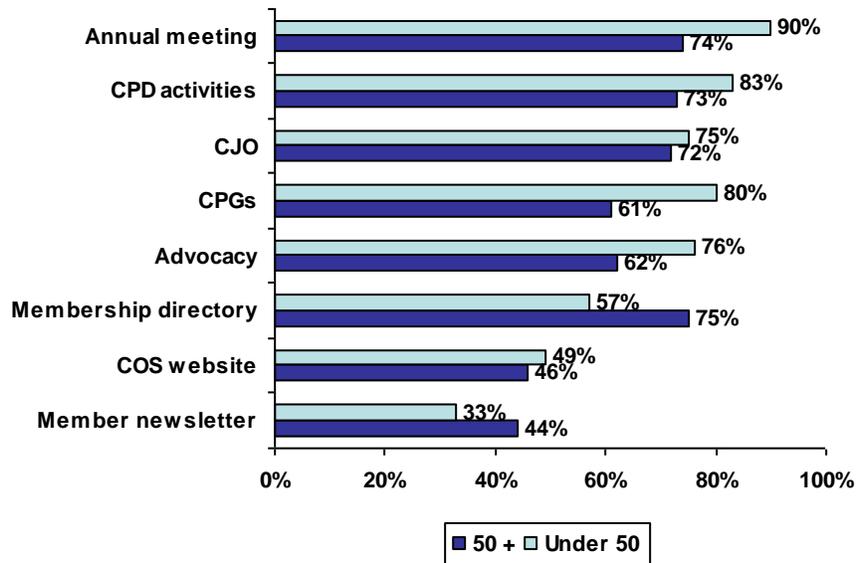
Six out of eight program/services itemized in the questionnaire saw statistically significant differences in importance ratings by age group. Younger physicians (under 50) assigned higher importance ratings to continuing professional development activities, the annual scientific meeting, advocacy, clinical practice guidelines. The older physicians placed more importance on the member newsletter and the membership directory. The two age groups agreed on the importance of the journal (over 70% for both rating it very important or important) and about half assigned the website a similar rating.

With respect to new initiatives, both age groups were equally supportive of web-based learning programs for continuing professional development credit with 78% considering it very important or important. Those under 50 (which included residents) were more supportive of the proposed residents' program than their older colleagues (85% vs 74%). The younger age cohort also gave greater importance ratings to improving COS's online presence compared to those 50 and over (76% vs 64%).

Over two-thirds (68%) of ophthalmologists under the age of 50 would like to be contacted either weekly or monthly compared to just over half (52%) of those in the older cohort.

There was no significant difference in the proportion of comprehensive or subspecialist ophthalmologists by age group.

Figure 3: Percent rating programs/service of COS important/very important by age group



Comprehensive versus Subspecialty Practice

Subspecialists were more likely (74%) to indicate the primary reason for membership is the annual meeting than were comprehensive ophthalmologists (58%).

Half of the comprehensive cohort rated continuing professional development activities as **very** important compared to 29% of subspecialists. When combining very important and important the difference is smaller (84% vs 74%) but still statistically significant.

The membership directory was very important or important to 80% of subspecialty ophthalmologists compared to 58% for the comprehensive group.

In terms of proposed initiatives, those with a comprehensive practice were slightly more supportive of web-based learning programs for continuing professional development for credits at 84% than those with a subspecialty practice (75%).

There was no significant difference in how often the two groups wanted to be contacted electronically.