

Analysis of Canadian Ophthalmological Society 2017 Membership Survey Results

Overview

This report provides a summary of the results of the *Canadian Ophthalmological Society 2017 Membership Survey* as well as offers some thoughts on ways the society could both improve their members' experience as well as remain relevant to Canada's ophthalmological community.

Methodology

An invitation to complete the *Canadian Ophthalmological Society 2017 Membership Survey* was sent via email to 1180 Canadian Ophthalmological Society (COS) members on May 16, 2017, with 2 follow up reminders on May 23rd and May 30th. The survey was closed on June 8th. The questionnaire was mounted online using the SurveyGizmo survey platform and was available in both French and English.

Upon completion of the survey participants were presented with the option to download a *Personal Learning Project* form to guide them through an exercise to earn continuing profession development (CPD) credits. Participants were also directed to a draw ballot allowing them to enter to win a free registration to the 2018 COS annual meeting. These incentives were advertised in the cover email.

Summary of findings

- A total of 278 members responded to the survey for a response rate of 23.6%. Note that not all respondents completed the survey through to the final question; however, partial responses were retained for analysis as the questions were independent of each other and any responses provided were deemed valuable member insight.

Respondent demographics

- Responses were received from members in various stages of their careers and having practiced for varying lengths of time. The majority of respondents were in full time practice (70%), while 10% indicated practicing part-time. Four percent were semi-retired and an additional 4% were fully retired. The latter were skipped past questions that were not relevant to them, such as questions regarding their practices or CPD. Residents made up 12% of respondents.
- Male ophthalmologists made up 68% of the sample, while 31% were female and 1% identified as another gender. There was also representation from all age groups in the response sample, as well as all geographic regions, with most not surprisingly from Ontario (33%). Five percent of the responding sample indicated that their main practice is outside of Canada.
- About half of participants indicated they practiced comprehensive ophthalmology (51%), while the other half (49%) subspecialized in a variety of different subspecialties. A little less than half (45%) practiced predominantly in the community, while 29% worked primarily in an academic setting and 26% in a mix of both.

Programs and services

- The most commonly selected reasons for being a COS member were the annual scientific meeting, with 71% of members indicating this, followed by CPD activities (67%) and loyalty (55%). Fewer than half of the members indicated the Canadian Journal of Ophthalmology (CJO) (48%), clinical practice guidelines (CPG) (44%) and opportunities for networking (38%) as their primary reasons for being members. Nevertheless, virtually all of the services offered by the COS were deemed important by the majority of members. The annual scientific meeting was deemed *important* or *very important* ('important') by 81% of members. Over three quarters felt the same about COS's CPD activities (78%), CPG (78%) and advocacy (77%). Two thirds (66%) also believed the CJO to be important. While almost 1 in 5 (18%) felt the COS website was *unimportant* or *very unimportant* a larger proportion (43%) continue to find the site important, and the vast majority (89%) indicated that none of the services should be discontinued.
- When asked what additional activities the COS should start doing, almost three quarters (72%) wished that COS would take a more active role in advocacy, including raising awareness amongst the public and other stakeholder about the skills and training of ophthalmology, as well as safe-guarding against scope-creep from optometry. Sixty-two percent also indicated that COS should be actively involved in developing online CPD activities for credit. Relatively few members (16%) believe COS should be involved in collecting membership fees for all subspecialty societies.

New COS Initiatives

- Three quarters of members suggested that supporting a strong residents' and young ophthalmologists' program would be an *important* or *very important* initiative in terms of providing further value for COS membership, while 70% felt the same about studying and quantifying the extent of underemployment in ophthalmology.

Advocacy and lobbying

- Members were asked to rank their top 3 priorities from amongst 6 stated advocacy and lobbying activities and another option of their choice. When rankings were scored and tallied the ranked order of the activities in terms of importance to members resulted in health human resources being the most important, followed by support for quality patient care, and timely access. The full set of activities in rank order are as follows:
 1. Health Human Resources (ensuring appropriate supply of physicians and other health providers, residency positions, etc .)
 2. Support for quality patient care (including development and uptake of clinical practice guidelines)
 3. Timely access to care (e.g., Wait Times)
 4. Scope of practice
 5. Inter-professional collaboration (e.g., Eye Health Council)
 6. Efficiency and system sustainability
 7. Other
- Members were split in terms of whether they understood the difference between advocacy and lobbying with 57% believing they understood the difference and 43% stating they did not; however, 3 out of 5 of them (61%) indicated a willingness to participate if COS was to lead an advocacy campaign on one of their priority issues.

- Members were again split with respect to their awareness about COS's national public awareness campaign about the role of ophthalmologists in healthcare, with 54% indicating they knew about the campaign and 46% unaware.
- When asked to rank the three key priorities of the Council on Advocacy in order of importance, members prioritized the initiatives in this order:
 1. Creating infrastructure at the provincial level to assist with advocacy and government lobbying activities
 2. A three-year public awareness campaign to raise awareness about the skill and innovation of ophthalmologists through a patient-led media campaign (year one to launch May 2017)
 3. The formation of eye health councils (inter-professional collaborative working groups including ophthalmology, optometry, opticians, family medicine and their respective regulatory bodies and provincial government)
- Members indicated receiving their advocacy updates in a variety of ways through a variety of entities. Despite over two thirds (69%) stating they are affiliated with a provincial ophthalmological group, the COS was the most often cited source of advocacy updates with 76% receiving these updates from COS. Sixty-one percent receive updates from provincial associations and 21% from sub-specialty societies. These updates arrive to member through email, websites, newsletters as well as simply speaking with others.

Continuing professional development

- Ophthalmological practices naturally vary from one physician to the next; however, certain areas of ophthalmology span the majority of practices. The largest proportions of members indicated that glaucoma (62% of respondents), lens and cataracts (61%), general medicine as applies to ophthalmology (52%) and external disease and cornea (51%) were significant to their current practice.
- When asked to think about the next few years, ophthalmologists anticipated seeing increases in certain conditions. Notably, over half (56%) of respondents believed glaucoma cases will increase. Similarly cases of age-related macular degeneration (ARMD) (55%), diabetic retinopathy (52%) and lens and cataracts (51%) are expected to increase by over half of physicians. Not surprisingly, therefore, 41% suggested they need more CPD around glaucoma and 37% see a need for more education around ARMD and diabetic retinopathy (36%). The greatest number, however, indicated further CPD in general medicine as applies to ophthalmology is needed (49%) followed by 44% stating the same for neuro-ophthalmology.
- When ask about what is important to them with respect to CPD, about 9 in 10 respondents indicated that new drugs and/or drug therapies (92%), difficult clinical problems (91%), and new diagnostic approaches and equipment (90%) were *important* or *very important* ("important"). Almost as many (88%) also indicated common clinical problems were important. Practice management was considered the least important with 10% saying it was *unimportant* or *very unimportant*; however, two thirds continue to believe it an important part of CPD.

- The majority of members were familiar (40%) or very familiar (31%) with the Royal College of Physicians and Surgeons of Canada CanMEDS framework while fewer were not very (11%) or not at all (7%) familiar. Of those unfamiliar with the framework, 68% indicated a willingness to participate in further CPD specifically about CanMEDS.
- Of the seven CanMEDS roles outlined, half of COS members who responded (51%) suggested there was a need for more CPD programs related to the medical expert role (i.e., they indicated a *need for more CPD or high need for more CPD*). Almost as many (48%) felt the same about the health advocate role. Many also saw a need for further education in the remaining roles as well; professional (45%), scholar (43%), leader (43%), collaborator (36%) and communicator (28%).
- Almost four out of five members surveyed (78%) indicated that communicating with patients on complicated topics was significant to their practice. Other areas that were significant to the practices of over half of respondents included fostering positive work/life balance (69%), continuous quality improvement (61%), integrating research and evidence into my practice (55%), and working with an inter-professional team (53%). Fewer (23%) indicated medico-legal implications of using social media were significant to them; however, 39% indicated a need for further CPD in this area. Other areas for further CPD flagged by over a third of respondents included continuous quality improvement (44%), integrating research and evidence into practice (36%), and fostering positive work/life balance (34%).

Sources of CPD Programs and Services

- Meetings and conferences were the preferred manner by which 92% of members receive their MOC Section 1 CPD and over half (54%) said they preferred rounds. Unaccredited activities were a less popular method of receiving this type of CPD with less than a quarter (22%) selecting this option. While journal clubs were a preferred way to receive MOC Section 1 CPD for just 37% of respondents, journals and textbooks were the most popular way to receive MOC Section 2 CPD with 72% indicating such. Personal learning projects and internet searching were popular among more physicians (54% and 41% respectively) than CPG development (30%) and podcast/video or audiotapes (24%). In terms of receiving MOC Section 3 CPD, two thirds (66%) liked self-assessment activities, while 39% preferred surgical skills transfer courses. About a quarter stated chart and audit feedback was a preferred method of received Section3 credits, while 1 in 5 liked study groups, performance assessments, simulation activities or annual performance reviews (19% selecting each).
- The vast majority of respondents (84%) indicated that they regularly participated in the COS annual meeting and over half (55%) also regularly attended the American Academy of Ophthalmology. University sponsored meetings and the Sally Letson Syposium were regularly attended by about half of survey participants (50% and 48% respectively). The least frequently used programs were mdBriefcase/AdvancingIn.com (2%) and the Rotman School (4%).

General CPD opinions

- When asked about obstacles encountered in applying new knowledge to practice, some of responses included a lack of access to resources and to new or state-of-the-art technologies and treatments, whether because of lack of finances or lack availability in local facilities. Funding and other financial barriers as well as time were frequently cited as obstacles to applying new learning.

Challenges in ophthalmology

- Balancing work/family/leisure time was most frequently specified when members were asked about their top two challenges with a third (32%) noting this. A third (31%) also noted access to operating room resources as one of their main challenges. Increasing overhead and decreasing fees were also concerns observed by 27% and 26% of respondents respectively.

Communication

- For virtually all members (96%) email remains the main way they prefer to receive information from COS. One in five (20%) indicated that mail is accepted as well. Few (4%) prefer to receive information through social media. Most respondents (57%) also indicated that once a month is sufficient for electronic communications, though a quarter (22%) would prefer quarterly communications only.

Canadian Journal of Ophthalmology

- Print remained the preferred way for most respondents (43%) to read the CJO, while 21% liked to read it online. Many (32%), however, preferred having access to both print and online version. Few (4%) favoured the CJO app.
- The clinical focus of the articles within CJO was *important* or *very important* ('important') to the vast majority (91%) of respondents. Over two thirds (68%), also noted the importance of including case reports. Over half (57%) found the Canadian focus of the articles to be important, though as many as 11% felt this was *unimportant* or *very unimportant*. Several topics for future content were also suggested by respondents.

Interpretation and recommendations

The COS members have clearly indicated they perceive great value in the services offered by their society. While they see the COS's educational activities such as the annual scientific meeting and CPD activities as particular benefits, there is also a clear appreciation for the advocacy work conducted by the society as well as for the Canadian Journal of Ophthalmology (CJO). With the information gathered through this survey and via other avenues, COS could structure its products and services to further increase its value to members and remain relevant to Canada's ophthalmologists.

In terms of advocacy, almost three quarters (72%) of member respondents wished to see COS take an even more active role in the advocacy and awareness of their specialty and the skills and training involved in ophthalmology, though 46% indicated they were unaware of COS's current national public awareness campaign. This suggests that further communication on COS's advocacy efforts may be needed, or different methods of communication explored. Members have also prioritized health human resources, support for quality patient care, and timely access to care as issues for advocacy work, and the importance of these areas is in echoed in their support for proposed new endeavours that support future ophthalmologists as well as look into the extent of underemployment in ophthalmology.

Many (61%) also indicated a willingness to participate if COS were to lead an advocacy campaign on one of their priority issues. This enthusiasm could be intensified by further exploring the various ways in which members would be willing to participate and allowing them to help plan and shape future advocacy efforts. Encouraging such participation could also allow for greater awareness of the advocacy work that COS is doing.

While thinking of the future of their practices, survey respondents noted that they expect to see an increase in certain conditions presenting over the next few years, many of which could be related to an aging population. With this in mind, these physicians have noted a need for continued CPD in certain areas such as new drugs and/or drug therapies, difficult clinical problems, and new diagnostic approaches and equipment. Beyond the direct clinical CPD learning, many members felt there would also be benefit to learning more about continuous quality improvement, integrating research and evidence into their practices, and fostering positive work/life balance, the latter being the most frequently noted challenge by those who were surveyed. This survey allowed members plenty of opportunity to indicate where they feel further development is required. While the CPD offered by COS is already appreciated by members, COS could tailor its offerings to what members need and want most to further increase its value. Furthermore, COS could explore other existing research and mine the media and other sources to assess trends and anticipated changes in the profession in order to predict the future needs of ophthalmologists. Learning offered by the society can then be structured to keep COS members ahead of the curve.

The COS appears to be the main avenue by which members receive advocacy updates, and they continue to want the COS to keep them updated about their profession on a monthly or quarterly basis. Respondents to the survey have indicated that email is their clear preference in terms of mode of communication; however, when it come the CJO, most still prefer a paper copy. The “apps” and social media avenues currently available are not popular among members in terms of receiving updates or reading the journal. These avenues could be explored further to assess why they are not widely used and whether improvements could be made to make these tools more useful to members.

The *Canadian Ophthalmological Society 2017 Membership Survey* allowed members to share many of their thoughts around the services that the society offers as well as inform the COS about what they would like their society to provide for them in future in terms of CPD and advocacy. A detailed examination of the results is warranted to ensure the society satisfies its members’ wishes; however, in order to continue to stay relevant to the community of Canadian ophthalmologists, the COS would do well to continue to find more ways to interact with its members to better understand and react to their evolving needs. Furthermore, consulting non-members to determine what they would want from a specialty society could help the COS develop strategies to appeal to a broader audience and perhaps recruit new members. Additional data gathering via surveys of other ophthalmological societies or environmental scans of the news and social media, may also help the COS stay on top changes in the profession so that they may keep their members informed and prepared for what is to come.