

Results of the RCOphth Membership survey 2017

October 17

Purpose

This paper summarises key findings from the College's 2017 membership survey and sets out our response. The following sections are:

1. Background and method
2. Response rate
3. Key findings
4. Recommendations and College response

1. Background and method

Represent, Support and Engage with our members is Strategic Aim 3 of the [RCOphth Strategic Plan 2015 -19](#). We commissioned Ashridge Communications to carry out the membership survey to gain a better insight into the members' views on the College, professional challenges and the support they receive from the College. This is a follow up to our first membership survey in 2014 which formed the basis of our Strategic Plan.

The online survey was open to members between 22 June and 19 July 2017. Ashridge Communications analysed the responses and produced five recommendations to improve the College's ability to represent, support and engage with its members.

2. Response rate

830 complete responses were received, a 24% response rate of the total membership. Of these, 487 (59%) were made by consultants, 174 (21%) by trainees, 91 (11%) were by SAS doctors, 44 (5%) were retired and the remaining 34 (4%) recorded themselves as 'other' which included Fellows and academic roles.

Most respondents worked in the NHS (80%), of which 73% were in clinical roles and 7% in academic roles.

The vast majority of respondents were based in the UK (85%). This included 71% in England, 8% in Scotland, 4% in Wales and 2% Northern Ireland.

3. Summary of key findings

Perceptions of the RCOphth

Overall a large majority of respondents (81%) agreed that the College is relevant to the changing face of the ophthalmic profession. Many also considered that the College is forward thinking (70%) and inclusive (67%).

However, less than half considered that it is easy to provide comments and feedback on their membership (49%) or that the College provides ways to offer new ideas (47%).

Almost all respondents stated that they value the College as the UK's examining body and provider of qualifications (95%). A slightly smaller proportion valued the College's role as a training body (89%) and provider of education and skills (87%).

There was a high level of agreement that the College has a valuable role in safeguarding and advising on quality and safety standards (91%), and as an academic and scientific body (89%).

There was less agreement among responding members on the value of the College in influencing policy makers (75%), informing the public (73%) and representing policy and commissioning issues (69%).

Professional support

The top professional challenge indicated by respondents was volume of work and/or demand for services and/or capacity to deliver and/or high patient numbers (20%).

This was followed by resources (10%), maintaining clinical standards (9%) and finding time for professional development (7%).

The top priority for College support among respondents was increasing lobbying activity, engaging with policy makers and campaigning for more resources and funding (12%).

This was followed by increasing wider support with professional roles (10%), and strengthening educational support such as courses, seminars and regional activity (9%).

Support for trainees

We received several requests from trainees for further support, including guidance on the exam, signposting to books and formalised exam preparation courses for the Refraction Certificate and Part 1 and 2 Fellowship exams.

A small number of overseas trainees wanted more support, such as information on sitting the fellowship exams, and increasing the locations that exams are delivered.

4. Recommendations and College response

The research produced five recommendations which we have responded to below.

Topic	Recommendation	College response
<p>1. Enabling input from members</p>	<p>Review current opportunities for members to input and work with the College. Involve members and publicise new opportunities and methods for input in 2018.</p>	<p>The College relies on input from members to fulfil its role. The main channel for member input has been through committees, working groups and operational roles such as examiners and assessors. We are seeking to maximise uptake of these roles and the impact they have on the College and are therefore evaluating barriers and enablers to uptake including:</p> <ul style="list-style-type: none"> • Eligibility criteria • Awareness and understanding of roles • Time commitment and support <p>In 2015, we set up the Governance Working Party and the proposals to create a Trustee Board and open up College roles was overwhelmingly supported by the membership at the 2016 annual general meeting and then approved by the Privy Council.</p> <p>We introduced appointment by selection for the chairs of committees and subcommittees and widened the eligibility criteria so that chairs of standing committees (Education, Examinations, Professional Standards, Scientific and Training) no longer need to have served on Council as a prerequisite. The new Vice President role (Policy and Communications) was also appointed by competitive interview. Consequently, many more members are applying for College roles and it is notable that many more women have applied since a more open system is now in place. We also broadened the criteria for invited service review assessors and trainers of microsurgical skills following the previous membership survey.</p>

		<p>Vacant College roles are advertised on the website, in College News (quarterly magazine) and in EyeMail (bi-weekly e-newsletter). We will ensure that there is up to date information about all roles, including eligibility criteria to reflect the changes.</p> <p>Finding time to participate in College work is a recognised barrier. Virtual working has proven an effective way of creating more flexibility for College roles, enabling more members to input. We are seeking to increase our use of online working groups and document sharing tools and to make more use of our video conferencing facilities for all relevant areas of College activity.</p> <p>To support role holders, we are developing formalised training for College roles in partnership with other medical Royal Colleges. Training for Advisory Appointments Committee assessors will be made available in 2018.</p> <p>We will continue to communicate our participation strategy and we recognise the need to have a broad base of members engaged in College activities.</p>
	<p>Consider how to open up opportunities for co-creation and collaboration across the breadth of the membership, not just those who are involved with the work of the College.</p>	<p>Input from all sections of the membership is vital for ensuring that the College is representative and responsive to changing need. We recognise there are sections of the membership who are less engaged and are looking at how effectively our processes facilitate participation. We review equality and diversity data to monitor representation of the membership on committees and working groups. Since the 2016 governance changes we have observed an increase in diversity among College role holders and will continue monitoring to identify ways to increase participation.</p> <p>The membership survey is one way in which we have been working to open up opportunities for members to inform College strategy and planning. We are reviewing the methods and frequency with which we seek views from the membership. More ways in which members can input are discussed in the following sections.</p>

		Last year we created a new policy research function which seeks to improve how we use evidence in our decision making, including the views of our members. More on improving the use of evidence is discussed in the Professional Challenges section.
2. Communication with members	Consider more regular updates of College activity.	The survey indicated a need for improving communication with members. In particular, public affairs (stakeholder engagement) and campaigning activity were raised as areas of College activity with low awareness. As a result, we are developing our communications on this work which is discussed in more detail against the recommendations on professional challenges.
	Review the length and format of the Annual Report. Investigate good practice in the sector, re-work and test with members before the next issue.	We note that the Annual Report was indicated as rarely or never read by just over half of respondents. We are reviewing its format and content with a view to developing improving how we provide information to members about College activity and finances more effectively.
	Increase social media engagement. Establish the target audience for social media, and consider how to improve content to give the best offering for members.	We are developing a new social media strategy. This includes how we employ a more active voice and promote social media through our other communications channels to increase engagement.
	Website review: consider the suggestions and comments for improvements. Carry out more focused research and involve members in website development.	A proposal to audit and update the website is being developed, including changes to content, format and functionality to improve accessibility and user experience. This will seek to reflect the journey of the doctor, from training through to the end of career. We will be gathering user feedback as part of this work.

	Information for Trainees: take a proactive approach to delivering tailored information to Trainees, particularly within the first few months of joining.	We agree we must be proactive in integrating and engaging all new members in College activity, including trainees. We recently introduced a biannual newsletter for trainees and are updating our membership pack with a view to delivering an online replacement which signposts members to specific areas of useful information.
3. CPD and e-portfolio	Consider the comments made by key sub-groups of members, develop and test improvements with members, promote and launch.	We recognise there were difficulties with the e-portfolio relaunch. The team has been working hard to address these and notified trainees and trainers of the issues by enewsletter and on the e-portfolio itself. The system is now working as it should, and we continue to provide telephone support while any isolated issues are dealt with as promptly as we can.
4. Professional challenges	Review the practical help and information the College can provide	<p>The College has been broadening its range of activities from core training and exams to wider professional support and campaigns. As we continue to make this transition we will review the value of membership, how we communicate decisions to our members, as well as enable input.</p> <p>We acknowledge that members want more support with non-clinical areas of practice, including management issues, finances and improving services. The Royal Charter which sets out the role of the College, to advance ophthalmology, also prohibits involvement in terms and conditions of employment. While this restricts our ability to comment on contractual issues, we are developing our activities to support members and influence key bodies involved in the commissioning of eye services, including workforce development; we will improve how we communicate this to members.</p> <p>As part of this, we have been reviewing our overall membership support strategy. This includes increasing the number of sessions at Congress on non-clinical topics, including a targeted New Consultants session which will continue to run as a College course from 2018. We recently appointed a Lead for new Consultants and a Mentoring Lead who will be running our first mentoring course in December 2017. Early in 2018 we will be carrying out a more in-depth review of courses members would like to see from the College.</p>

		<p>The findings suggest that seminars are considered more effective than Congress. This may be because seminars cover a specific topic while Congress has a naturally broad programme. We have increased the number of sub-specialty days at Congress since 2014 and use extensive feedback from attendees to inform subsequent programmes. We introduced a new horizon scanning session this year which proved popular and plan to run it again next year in a larger room with more capacity. We encourage all members to submit suggestions via paper or electronic feedback forms after events, and plan to introduce a process to enable members to propose new seminar topics. New for members is the opportunity to suggest topics for clinical guidelines via a formal process for consideration by the Scientific Committee.</p> <p>The survey showed that increasing online resources were a key priority for members. As always, there are resource constraints, the College has a small membership base and limited income but we strive to respond to members' needs. We are also investigating the feasibility of making College educational sessions available online, as well as scoping out an Academic Research hub to promote research opportunities, shared resources and information to enhance academic research techniques and skills.</p> <p>The College is a member of the e-learning for healthcare project which supports the curriculum and is available for all NHS employees. We have appointed a new e-Learning Lead and will be looking at all aspects of our e-learning to make it more accessible and relevant to members.</p>
	<p>Consider a focus on the College's role in lobbying and raising awareness with policy-makers</p>	<p>We found it encouraging that representation of the profession to the media has improved since the 2014 survey. However, we acknowledge that raising awareness with policy-makers is a priority for improvement. This is a new and developing function for the College, and to increase our capacity, we have made several changes including:</p> <ul style="list-style-type: none"> • initiating a new stakeholder engagement strategy this year with the aim of increasing our influence on policy through engaging with ministers, MPs and cross-party interest groups. • strengthening links with other bodies including the Academy of Royal Medical Colleges, Clinical Council for Eye Health Commissioning and Health Education England.

		<ul style="list-style-type: none"> • improving our process for responding to external consultations, having written and published responses to 22 consultations on our website in 2017 to date. • improving our use of evidence, having created a dedicated policy researcher role. • increasing research activity, having published a BOSU study on sight loss due to service capacity • begun building our evidence base on workforce and capacity issues, and using this to raise awareness amongst decision makers. • begun planning regular updates about policy and stakeholder engagement work in Eyemail and College News in the coming months
	Consider a more regional focus, with members taking the initiative under College-wide guidelines	Local clinical leadership is recognised as important to service improvement and we recognise the need to support members.
5. Trainees as a key segment	Conduct further qualitative research to develop more detailed insight	We plan to carry out further qualitative research with trainees as part of our wider education and curriculum reviews.
	Consider improvements that Trainees have suggested and whether they could be tested with a survey, focus groups, online panel or interviews.	<p>We will be reviewing the content of the trainee welcome pack and seeking to make it available online as part of a wider review of online content for members.</p> <p>It was encouraging to read positive comments about the overseas exams we recently set up. We appreciate that our Part 2 exam includes content relating to ethics and standards that is UK-specific, such as DVLA requirements which overseas students may find more difficult. This is because the College is responsible for ensuring trainees are prepared for UK practice. However, we acknowledge that as we extend our overseas exam function, there is increasing need to review how trainees are supported with UK-specific elements and will ensure this is considered as part of our examinations and trainee support strategy.</p>