CME and the role of the Journal of the Royal College of Physicians of London

RESULTS OF A SURVEY OF CONSULTANT AND TRAINEE PHYSICIANS

ABSTRACT—Aim: To assess (a) the views of Members and Fellows of the College on the role of reading general medical journals in continuing medical education (CME); (b) the place of the Journal of the Royal College of Physicians of London (JRCPL) in relation to seven other general medical journals; (c) the possible need for change in the content of the JRCPL and the demand for a systematic series of articles designed specifically for CME; (d) the extent of home ownership and use of computers and of readers’ readiness for interactive teaching and electronic books and journals.

Method: Distribution of a questionnaire to all Fellows and Collegiate members of the College, mailed with the JRCPL in May 1995.

Result: Responses were received from 2,600 (26.4% home recipients and 8.4% overseas recipients). Journal reading was rated the most important form of CME. All eight journals listed play a part in CME, the three weekly journals playing the most prominent role. There was strong support for the introduction of a series of articles covering topics systematically as part of CME. Seventy-six per cent of respondents own a home computer and 40% of these have either a CD-ROM drive or full multimedia facilities. Most use their computers mainly as word-processors and few have access to the Internet or E-mail.

Journals must evolve as circumstances change. In 1995 the Royal Colleges of Physicians, in concert with other Royal Colleges, launched a programme of CME for career grade doctors [1]. The scheme is voluntary but it has been almost universally adopted by consultants. In May 1995 a readership survey was conducted to explore the role of the Journal of the Royal College of Physicians of London (JRCPL), and of medical journals in general, in CME. We asked readers for their views on the current content of JRCPL and the need for a designated CME section. In view of the rapid development of electronic publishing we also enquired how well they were equipped to handle material distributed by disc, CD-ROM, E-mail or the Internet.

David Kerr, MB, MSC, FRCP, Editor, Journal of the Royal College of Physicians of London
Peter Toghill, MD, FRCP, Director of Continuing Medical Education, Royal College of Physicians
Bettina Klár, BSc, Data Analyst, Royal College of Physicians

METHOD

A questionnaire was distributed to 11,247 Fellows and Collegiate Members of the Royal College of Physicians (RCP) (9,172 in UK and 2,075 overseas). The questionnaire was piloted on College officers and revised in the light of their comments; copies of the final version are available on request. Questions covered four main areas: (1) the age, type of contract, specialty and region of respondents; (2) their views on the relative value of the various forms of CME in their own education; (3) their use of home computing equipment; (4) their views on JRCPL in relation to seven other general medical journals.

RESULTS

Response rate

By our cut-off date of 1st October 1995 we had received 2,600 replies: 2,421 from the UK (26.4% response rate) and 179 from overseas (8.3% response). All replies were used in the analysis although some respondents ignored one or more questions; for each analysis we have recorded a ‘no comment’ category for those who left the question or item blank.

The respondents

The replies were drawn from physicians in many specialties (Fig 1), the six with the highest response rate being cardiology, endocrinology and diabetes, gastroenterology, geriatrics, respiratory medicine and rheumatology. To check whether we had a representative sample of the different specialties, we compared the number of replies from consultants in these six specialties practising in England, Wales and Northern Ireland with the RCP 1995 census figures (Table 1). The results are sufficiently similar to suggest that we had a roughly representative sample in this respect, although rheumatology appears to be slightly over represented. The proportion of consultants with solely university contracts was 10.4% in the readership survey compared with 8.7% in the manpower survey. However, the proportion of consultants working in teaching and postgraduate hospitals (for which we have no comparative figures) seems high at 43%, suggesting...
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Relative value of CME activities

The questionnaire asked for the relative importance of the following activities:

- Reading medical journals;
- Reading textbooks;
- Attending medical meetings;
- Attending courses;
- In-hospital activities (staff rounds, Xray conferences, etc);
- Informal contacts, eg during cross referral;
- Distance learning (tape, video, CD-ROM).

Respondents were asked to rank from 1 to 8 the importance of any of these activities as a method of CME. We judged their overall importance according to three criteria: (1) the number of respondents who used the method; (2) the average score awarded by those who used it; (3) the overall score for all replies—a measure of overall utility. The results are shown in Fig 2. By all three criteria, journal reading was the most important. It was followed, in descending importance as judged by overall score, by attending medical meetings, in-hospital activities, informal contacts, attending courses, reading textbooks and distance learning.

Comments on the Journal of the Royal College of Physicians of London

Relative importance

By definition, all 2,600 respondents receive JRCPL. The numbers who either took personally or consulted in the library the other journals are shown in Table 2.

We judged the value of these journals as a source of information in three ways: (1) the number of

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Table 1. Six largest groups who responded to the questionnaire by specialty compared with total number of consultants in the specialty

| Specialty                  | Replies received | Total Consultants | % of specialties replied |
|----------------------------|-----------------|------------------|-------------------------|
| Cardiology                 | 73              | 383              | 19                      |
| E&D                        | 39              | 232              | 17                      |
| Gastroenterology           | 67              | 295              | 22                      |
| Geriatrics                 | 100             | 611              | 16                      |
| Respiratory medicine       | 62              | 290              | 21                      |
| Rheumatology               | 83              | 306              | 27                      |

*RCP census figure, September 1995, England, Wales and Northern Ireland only
†From specialist consultants in England, Wales and Northern Ireland only

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some over-representation of academic opinion in the survey.

Of the physicians who replied, 51% looked after adult patients only, 14% looked after children only, 4% cared for both age groups and 28% made no comment. The high ‘no comment’ rate in this question suggests that there are some adult specialists who occasionally see children and were uncertain how to classify themselves. The age distribution of the respondents peaked in the 46-55 age group; 3% were retired. Seventy per cent were consultants (including senior lecturers, readers and professors), 19% were in training grades ( registrar, senior registrar and lecturer) and 11% in other grades including general practitioners, clinical assistants, staff grades and associate specialists.

Fig 1. Response to questionnaire by specialty

Table 1. Six largest groups who responded to the questionnaire by specialty compared with total number of consultants in the specialty
respondents who took or consulted them; (2) the average rating score (1 to 8) of those who took them or consulted them; (3) the overall rating score of all respondents (a measure of overall utility). The results are shown in Fig 3; the British Medical Journal, Lancet and New England Journal of Medicine were rated most highly by those who read them and by all respondents, with JRCPL a close fourth. For the minorities who took these journals, JRCPL was slightly behind the Quarterly Journal of Medicine and Medicine International (data not shown).

We compared the proportions of consultant physicians and paediatricians (1,818) and trainees (492) who subscribed to the journals listed. By definition, 100% of both groups received the JRCPL. The British Medical Journal was taken by 81% of respondents, presumably as part of British Medical Association membership, and there was little difference in the subscription rates between consultants and trainees; the Journal of the Royal Society of Medicine and Quarterly Journal of Medicine were taken largely by consultants, presumably because consultants make up most of the Fellowship of the Royal Society of Medicine and almost all the membership of the Association of Physicians of Great Britain and Ireland. Medicine International was the only journal taken more often by trainees than consultants, but the difference was small; both groups are post-MRCP(UK) and therefore must use it for continuing education in general medicine rather than MRCP preparation.

Content

The questionnaire invited comment on the following sections of JRCPL: editorials; college lectures; college reports; original articles; occasional papers; book reviews; correspondence, from those who consulted these sections at least twice in six issues (one year). Respondents indicated whether they would like more, the same, or less of JRCPL devoted to these items. Each of the listed sections was consulted by 78-89% of respondents. There was no obvious mandate for radical change in the balance of JRCPL, but editorial...
articles are marginally the most popular section and the most requested change was an increase in original articles.

Systematic CME

The *Journal of the Royal College of Physicians of London* was founded as a medium of continuing education [2] and successive editors have aimed to fulfil that function by providing a varied menu from which readers can choose. There has been no attempt to cover the whole field of general medicine systematically. In view of the introduction in 1995 of formal CME, we asked respondents whether they would give high, low or no priority to (a) systematic coverage in general; (b) systematic coverage of clinical topics; (c) systematic coverage of relevant basic science. The responses are shown in Table 3. We interpret them as an encouragement to experiment with systematic CME of the type briefly described in the questionnaire (relatively short articles to update specialists on clinical aspects of specialties other than their own and of the basic science underpinning them).

Ownership and use of computers

Information was sought on ownership of a home computer, a CD-ROM drive and multimedia facilities. Those who did not possess a computer were asked if they planned to buy one within a year, and those with a computer but without CD-ROM or multimedia facilities were asked if they intended to upgrade their equipment. Questions were included on the use of distance learning techniques and their value to the individual, and the uses to which home computers were put.

Seventy-six per cent of respondents had a home computer and 30% of the remainder intended to buy one within a year. Of those with a home computer 40% had either a CD-ROM drive or full multimedia facilities and 50% of those with a computer but without either facility intended to upgrade. Owners of home computers used them predominantly for word processing and creating databases; only a small minority used them for literature searching, distance learning or electronic books, or were equipped for E-mail or the Internet. Of the 234 who were able to assess distance learning, 30% rated its value high, 39% medium and 31% low. Computer ownership peaked in the age group 36–45 years but the relationship to age

| Table 3. Priority assigned by respondents to systematic CME in JRCPL |
|---------------------------------------------------------------|
|                  | Total responses (No.) | High priority (%) | Low priority (%) | No priority (%) |
| Overall          | 2,520                 | 79                | 17               | 4               |
| Clinical topics  | 2,498                 | 67                | 29               | 4               |
| Basic science topics | 2,503            | 66                | 30               | 4               |

Fig 3. Rating of general medical journals. Note: average score is multiplied by 1,000 in order to bring it onto the scale of overall score
was not striking, and more than half of those aged over 65 who replied were computer owners.

Free text

Respondents were invited to express views on any topic related to JRCPL and CME; 219 did so. Many of the comments were simply explanatory, but over 100 had judgements or suggestions to make, ranging from the sternly critical to the mildly laudatory. Several colleagues wrote at length with helpful suggestions on distance learning, getting JRCPL on to the Internet, planning a CME section in JRCPL, etc. The survey was conducted while paediatricians were awaiting the Privy Council’s decision on the formation of a Royal College by the British Paediatric Association (BPA). Many of the 71 paediatricians who commented criticised JRCPL for its low content of paediatrics. In January 1996 it was announced that a Royal College formed by the BPA will be established.

DISCUSSION

Response rate

The 26.4% response from UK recipients of JRCPL is in line with the response rate encountered in other surveys by journals which are received as a ‘free good’, eg as part of an annual subscription [3], but clearly calls for caution in interpretation. Since the purpose of the survey was to guide the publications and CME departments of the College, we present the results of immediate relevance to those departments. A fuller version is available from the Editor on request and any investigator wishing to explore the anonymous database may gain access through him.

Role of journal reading in CME

The results of this survey are in line with those of a study in North West Thames Regional Health Authority [4]. Journal reading is the prime method of CME for most consultants followed closely by attendance at medical meetings. In the Royal College of Physicians’ CME scheme, credit is given for most forms of CME but not for reading journals or textbooks; the same is true of the other Royal Colleges except the Royal College of Surgeons. This problem is addressed in an Editorial in this issue.

Systematic CME in JRCPL

The original function of JRCPL was to keep readers up to date in general medicine while their specialist society meetings and specialist journals kept them abreast of their own specialty. The continuing need for this role is supported by the response to the last set of questions (Table 3). In view of this response JRCPL is planning a ‘Systematic CME’ section covering rapidly advancing areas of clinical medicine which should interest most physicians and paediatricians who wish to remain abreast of general medicine and general paediatrics. These subjects will be presented in concise commissioned articles and advances in basic science will be described in language accessible to practising physicians.

Place of the JRCPL among general medical journals

It was no surprise that the three widely read weekly journals (British Medical Journal, Lancet and New England Journal of Medicine) are consulted by a large majority of all respondents and rated the most important general medical journals among those listed; that must be taken into account in any proposed scheme to give CME credits for journal reading as must the substantial readership of other journals. The position of JRCPL immediately behind the ‘big three’ is partly due to its distribution to all Fellows and Collegiate Members of the RCP, and therefore to nearly all consultants in medical and paediatric specialties, as part of their College subscription. Being so widely distributed it could, if we get the formula right, contribute substantially to CME for physicians and paediatricians.

The place of paediatrics in JRCPL

JRCPL contains a fair proportion of articles on paediatric topics or of interest to both physicians and paediatricians except in the ‘original articles’ section; this defect is entirely due to a low submission rate. We welcome the birth of a Royal College formed by the BPA but we hope that the many paediatric Members and Fellows of this College will maintain their links with the RCP and we shall continue to publish paediatric articles. The mnemonic taught to children viewing limestone caves is that ‘mites come down and ’mites grow up’. Because mites grow up and are passed from paediatrician to physician, we believe there is a special role for JRCPL in presenting the interface between paediatrics and general medicine which has long been the topic of the ‘overlap’ questions in the MRCP(UK) examination.

CME and the electronic era

Are we ready for the electronic era? If our respondents are representative of the whole Fellowship and Membership, the answer to the question is ‘nearly’. Most possess home computers and a sizeable minority have CD-ROM drives with or without multimedia facilities and are therefore equipped for the rush of electronic textbooks and journals now reaching the market. However, few respondents have, as yet, access to either the Internet or E-mail and most use their computers primarily for word-processing. We suspect that many, like one of the authors of this paper, are timid about experimenting with home computers for
fear of losing stored data or disrupting essential software. The CME department would like to be in a position to communicate with all who are taking part in CME via the Internet as a prelude to greater use of distance learning and interactive learning. We plan to publish in JRCPL suggestions on how to connect to the Internet; the College will have access to it during 1996. Some of our publications are already advertised on the Internet; other College activities will follow soon.

CONCLUSIONS

1. The survey has focused our minds on the need to modify JRCPL in response to readers' views. We would welcome continuing spontaneous feedback to the Editor and Director of CME by letter or personal visit.

2. Fellows and Members are gearing up for the electronic age but need some encouragement to start negotiating the Internet and E-mail and to become familiar with multimedia facilities for the deluge of electronic publishing which is on the way.

3. There is a strong demand for concise and accessible updates on clinical medicine and basic science in JRCPL to help specialists keep up to date with general medicine.

4. Effective journal reading already forms a major and integral part of physicians' personal CME and some method must be found to ensure that this is appropriately assessed and recognised.

5. We wish to see paediatrics well represented in JRCPL and would welcome the help of paediatric Members and Fellows.

Acknowledgements

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