



FEDERATION OF NATIONAL SPECIALTY SOCIETIES OF CANADA
FÉDÉRATION NATIONALE DES SOCIÉTÉS DE SPÉCIALISTES DU CANADA

FNSSC Member Survey

April 2008

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Introduction

In January 2008, the Board of Directors of Federation of National Specialty Societies of Canada (FNSSC) began to prepare a three-year strategic plan. As part of its deliberations, the Board decided that it would be important to learn more about FNSSC's national specialty society members, their priorities, and their views on the strategic priorities that FNSSC had identified.

To obtain our members' views, FNSSC conducted a confidential member survey from April 16 to 30, 2008 (for a list of members, see Annex A). Four senior staff officers from our member societies – Ms. Michelle Albagli, Ms. Rita Assabgui, Mr. Stan Mandarich and Mr. Alex Saunders – kindly reviewed a draft of the survey. An invitation to participate in the FNSSC survey was then sent to our 35 member societies' senior staff officers. A total of 20 members responded to the survey, for a response rate of 57.1%.

In this report, differences by size of membership have been considered. For this report, a small organization generally has fewer than 500 active members, 1 to 3 fulltime equivalent staff, and an annual budget of under \$500,000; mid-sized organizations generally have between 500 and 1500 active members, 4 to 10 staff, and an annual budget of between \$500,000 and \$2 million; and large organizations generally have over 1500 active members, over 10 staff, and an annual budget of over \$2 million.

The FNSSC Board would like to thank its members for their support, in particular those that were able to take the time to complete this survey.

About Our Member Societies

Membership Size

- Almost one-half (45%) of FNSSC respondents reported 100 – 499 active members within their own organizations, and 60% indicated fewer than 100 nonactive members.

	How many active members does your organization have?	How many nonactive members does your organization have?
Under 100	5%	60%
100 – 499	45%	30%
500 – 1499	25%	10%
1500+	25%	0%
Total # of responses	20	20

- Over one-half (53%) of FNSSC members employed only 1-3 full-time equivalent staff.

How many full-time equivalent (FTE) staff does your organization employ?	
1 – 3	53%
4 – 10	26%
11 – 19	5%
20 +	16%
Total # of responses	19

- Almost one-half (47%) of FNSSC members had annual budgets of under \$500,000.

What is your annual operating budget?¹	
Under \$100,000	16%
\$100,000 to \$499,999	32%
\$500,000 to \$999,999	16%
\$1,000,000 to \$1,999,999	11%
\$2,000,000 to \$4,999,999	11%
\$5,000,000 +	16%
Total # of responses	19

- As expected, organizations that reported smaller annual budgets also reported fewer paid staff and fewer active members. These are the “small” organizations discussed in this report.

Sources of External Funding

- Almost three-quarters (74%) of FNSSC members surveyed reported access to external funding.
- By far the most important source of external funding was from pharmaceutical companies (93% of members), followed by private foundations (43%), federal government (36%), and provincial governments (14%).
- Mid-sized to larger organizations were the ones receiving support from the federal government and private foundations; only the largest organizations received funding from provincial governments. However, even some smaller organizations received financial support from pharmaceutical companies.
- There has been little change in the level of external funding received by FNSSC members in the past three years, and organization size did not predict whether an organization’s funding level changed.

	How has the funding received from external sources changed over the past three years?	And how has the funding received from pharmaceutical companies changed over the past three years?
Increased	43%	18%
Stayed the same	29%	53%
Decreased	29%	18%
None received	0%	12%
Total # of responses	14	17

¹ In some cases, the total percentages add up to somewhat different than 100% due to rounding of individual numbers.

Accreditation Programs

- Over three-quarters (79%) of FNSSC respondents provide accreditation programs, although the smallest FNSSC member organizations do not do so.
- Whether an organization received external funding from any source or from pharmaceutical companies specifically did not correspond with whether they offered accreditation.
- All (100%) organizations reporting support from pharmaceutical companies indicated that pharmaceutical companies provided funding for continuing professional development (some of the funding from pharmaceutical companies was received for other purposes).
- Twenty percent of respondents only accredited in collaboration with medical organizations, while the remainder used some combination of their own accreditation programs, working with medical organizations, and working with non-medical organizations.

How does your national specialty society accredit?²	
Accredit with medical organizations	93%
Accredit with their own program	80%
Accredit with non-medical organizations	67%
Total # of responses	15

Challenges in Provision of Continuing Health Education

- FNSSC member organizations noted a number of key challenges in delivering continuing medical education (CME) / continuing professional development (CPD) to their members.

Key issues in delivering CME/CPD²	
Having sufficient funds to develop scientific content	63%
Having educational expertise to develop CME/CPD programs	58%
Administrative costs	53%
Having necessary expertise to develop scientific content	42%
Reaching a larger audience	37%
Developing a viable business model to deliver online events	37%
Developing a viable business model to deliver live events	32%
Competition from other CME/CPD providers	16%
Total # of responses	19

- 95% of respondents offer continuing health education as part of annual meetings. Other venues included specific training sessions (42%), exercises within their journals (37%), online training (32%) and resident courses (21%).
- Many FNSSC members surveyed reported that they had staff involved in professional development and education.

² Adds up to greater than 100% as respondents were asked to "check all that apply".

Involvement in professional development and education³	
Have dedicated staff to look after accreditation	63%
Have dedicated staff to look after CME/CPD	58%
Have dedicated staff or volunteer with expertise in education	68%
Total # of responses	19

Administrative Issues

- The vast majority of FNSSC member societies (94%) indicated an interest in holding the FNSSC annual meeting in Ottawa, with Toronto (70%), Montreal (65%) and Vancouver (30%) as the other options. There was no clear preference for a month in which to hold the FNSSC annual meeting.
- There is considerable support (88%) among FNSSC member societies for holding an informal meeting of CEOs in Ottawa. Almost half (47%) suggested that annually should be the frequency, while another third (33%) suggested informal semi-annual CEO meetings and 20% wanted them held quarterly.

Priority topics for informal CEO meetings⁴	
Information sharing	100%
Fundraising strategies	80%
Association management issues	73%
Use of technologies	67%
CME/CPD	60%
Web strategies	60%
Organizational governance	47%
Total # of responses	15

- Over two-thirds of respondents (65%) indicated that joint purchasing for meeting and accommodation requirements *was not* of interest to their organization at this time. However, a few members expressed particular interest in working jointly on air travel and accommodations.
- Suggestions for website and quarterly newsletter content were also made by some FNSSC member societies, with advocacy-related issues mentioned most often. Other suggestions included links to member societies' websites, guidelines, funding, CME/CPD, major conferences of other societies, and provincial and federal government actions in health that may have an impact on specialty medicine.

³ Adds up to greater than 100% as three separate questions were asked, and the answers are combined here.

⁴ Adds up to greater than 100% as respondents could check all that apply.

Strategic Priorities

Key Priorities of Member Societies

- Continuing medical education / continuing professional development and advocacy were identified as the most important priorities of FNSSC member societies.

Key priorities of national specialty societies⁵	
CME/CPD	69%
Advocacy	58%
Health human resources	42%
Membership recruitment	32%
Workforce issues	21%
Funding/fundraising	16%
Communications	16%
Website	5%
Retirement and health benefits	5%
Labour market issues	0%
Total # of responses	19

Ranking of Key Issues and Priorities

- The FNSSC Board identified a number of key issues and priorities as part of its strategic planning work, and asked member societies to indicate which were most important to them.

Key issues and priorities that were “very important” or “important” to national specialty societies⁶	
Specialist education and accreditation	100%
Specialist continuing education and re-certification	95%
Patient-focused health care	89%
Excellence in specialty medicine	89%
Need for more affordable ways of addressing health care problems in the future	79%
Need for improved structures for delivering health care services	74%
Insufficient and/or misaligned resources in the Canadian health care system	74%
Aging population and other demographic changes	63%
Physician remuneration	53%
Total # of responses	19

- While the relative order of these priorities was the same for small and mid-sized organizations, it was not the case for large organizations. For these organizations, specialist education and accreditation, specialist continuing education and re-certification, aging population and other demographic changes, and physician remuneration were most important.

⁵ Adds up to greater than 100% as respondents were asked to “check all that apply”.

⁶ Adds up to greater than 100% as respondents were asked to rate each issue.

- The FNSSC Board also asked for feedback on priorities related to policy development and advocacy, and to member services and benefits.

Policy development and advocacy priorities that were “very important” or “important” to national specialty societies⁷	
Promoting excellence in specialty care	94%
Health human resource shortages	89%
Patient safety	89%
Standardization of specialty care, standards of practice and education/ accreditation	89%
Effective representation in key national medical organizations	83%
New more cost-effective ways of providing specialty service	78%
Total # of responses	18
Member services and benefits priorities that were “very important” or “important” to national specialty societies	
Support for the development of guidelines to assist specialists in the effective and timely integration of new science in their clinical practice	88%
Effective representation and participation on issues that impact specialty care	82%
Improvement of online and other forms of CME/CPD	82%
Timely, relevant communications on federation and member society affairs	76%
Revision of the Rx&D's (Canada's Research-Based Pharmaceutical Companies) “Marketing Code” to conform with CMA guidelines on the relationship with the pharmaceutical industry	65%
A set of services for members that are not provided by other associations	65%
Support from government for peer-reviewed medical journals	59%
Total # of responses	17

- FNSSC member societies suggested other key issues and priorities:
 - Stricter guidelines and monitoring of interactions with industry.
 - The “chronically” poor application of therapeutics knowledge on the part of medical school graduates, specialty certificants and practitioners.
 - Training and development of clinician researchers.
 - Multi institutional cooperative clinical research.
 - Advocating for improved Canadian health.
- In addition, one member cautioned the FNSSC to maintain a clear focus for the organization, “to avoid spreading ourselves too thinly and then losing relevance to our membership.”

⁷ Adds up to greater than 100% as respondents were asked to rate each issue.

Conclusion

Conducting this survey has enabled the FNSSC to confirm that the strategic priorities identified by the Board are echoed by its member societies in terms of importance. It is very clear that the issues of primary importance to the FNSSC and its members continue to be:

- Accreditation.
- Continuing health education.
- Advocacy.

The information gathered from the survey will be used to inform the Board of Directors of the FNSSC as they finalize the organization's strategic plan.

Annex A: Members of the FNSSC

Association of Medical Microbiology and Infectious Disease Canada
Canadian Anesthesiologists' Society
Canadian Association of Gastroenterology
Canadian Association of Medical Oncologists
Canadian Association of Neuropathologists
Canadian Association of Nuclear Medicine
Canadian Association of Paediatric Surgeons
Canadian Association of Physical Medicine and Rehabilitation
Canadian Association of Radiation Oncology
Canadian Association of Thoracic Surgeons
Canadian Cardiovascular Society
Canadian College of Medical Geneticists
Canadian Dermatology Association
Canadian Geriatrics Society
Canadian Neurological Society
Canadian Neurosurgical Society
Canadian Paediatric Society
Canadian Psychiatric Association
Canadian Rheumatology Association
Canadian Society for Clinical Investigation
Canadian Society for Clinical Pharmacology
Canadian Society for Transfusion Medicine
Canadian Society of Allergy and Clinical Immunology
Canadian Society of Colon and Rectal Surgeons
Canadian Society of Endocrinology and Metabolism
Canadian Society of Internal Medicine
Canadian Society of Nephrology
Canadian Society of Palliative Care Physicians
Canadian Society of Plastic Surgeons
Canadian Thoracic Society
Canadian Urological Association
National Specialty Society for Community Medicine
Occupational Medicine Specialists of Canada
Society of Gynecologic Oncologists of Canada
Society of Obstetricians and Gynaecologists of Canada