Analysis of responses to the FCI membership survey

Introduction

The Faculty of Clinical Informatics has been provided funding from the Building a Digital Ready Workforce (BDRW) programme within Health Education England to support its establishment as the professional membership organisation for clinical informaticians. As part of this funding agreement, the Faculty must conduct an annual survey of its members and report back to BDRW. Also, the last membership survey was conducted in 2017 (in the very early days of the Faculty), so this second survey provides an updated perspective of the membership.

This survey was designed in conjunction with Faculty Executive and released online to members on 14 January 2020, with members having until 11 February 2020 to complete the survey. Responses were collected through the Survey Gizmo website and analysed to identify the breakdown of Faculty membership and identify common themes from each work discipline (medical, nursing, allied health and pharmacy).

These themes will be used to inform development of the Faculty business plan and provide direction for future activities including conferences, interest groups, education and training requirements, as well as areas and activities that may not be providing a perceived benefit for members.
The following pages present analyses of the survey responses, including the key themes emerging from the open-ended questions.

Number and type of respondents

There were 169 responses in total, of which 111 were complete (67% completion rate). Incomplete responses have been excluded from the analysis[1]. Table 1 and Figure 1 below present a detailed breakdown of responses by discipline. Numbers in Table 1 add up to more than the total number of respondents as multiple responses were allowed for this question.

Discipline	Number of respondents	Percentage
Medical	71	64.0%
Nursing	13	11.7%
Allied Health	11	9.9%

[1] Of the partially completed surveys, approximately 70% only completed the first question on professional discipline.

Pharmacy	10	9.0%
Social Care	2	1.8%
Biomedical/Clinical Scientist	2	1.8%
Academia	8	7.2%
Government/Arm's Length Body	7	6.3%
Industry/Supplier	6	5.4%
CIO/Hospital IT	6	5.4%
Other	11	9.9%

Table 1: Number of survey responses from each discipline. NB The total count of responses is higher than the actual number of respondents because multiple answers were allowed for this question and where this occurred, each discipline listed was counted as a unique response. There were several instances where the same individual respondent indicated they belonged to three or four separate disciplines.

64% of respondents that completed the survey were from the medical discipline, although 28% of these also list at least one other discipline (typically academia or Government/Arm's Length Body).

There were 11 responses listed against the 'Other' category, where the option existed for free-text entry. 11 unique responses were provided here, including dental, digital transformation, EMR and EHR, health assessments, information scientist, learning and development, membership organisation, pharmacy technician, professional body, professional society and freelance informatician.

Priorities for the Faculty

Figure 2 shows what members believe should be the main priorities for the Faculty over the next five years. The top five should be (in order of priority):

1. Embedding clinical informatics into core health and care training
2. Professional accreditation for clinical informaticians
3. Professional competency standards for job roles
4. Professional development and career progression pathways
5. Influencing national policy.

It should be noted that the five lowest ranked priorities are activities/services the Faculty already undertakes/provides (support with appraisals and revalidation, conferences and events, accrediting health and social care information systems, accrediting training courses, and mentorship).

1. Which discipline or area do you work in? (Can select more than one)
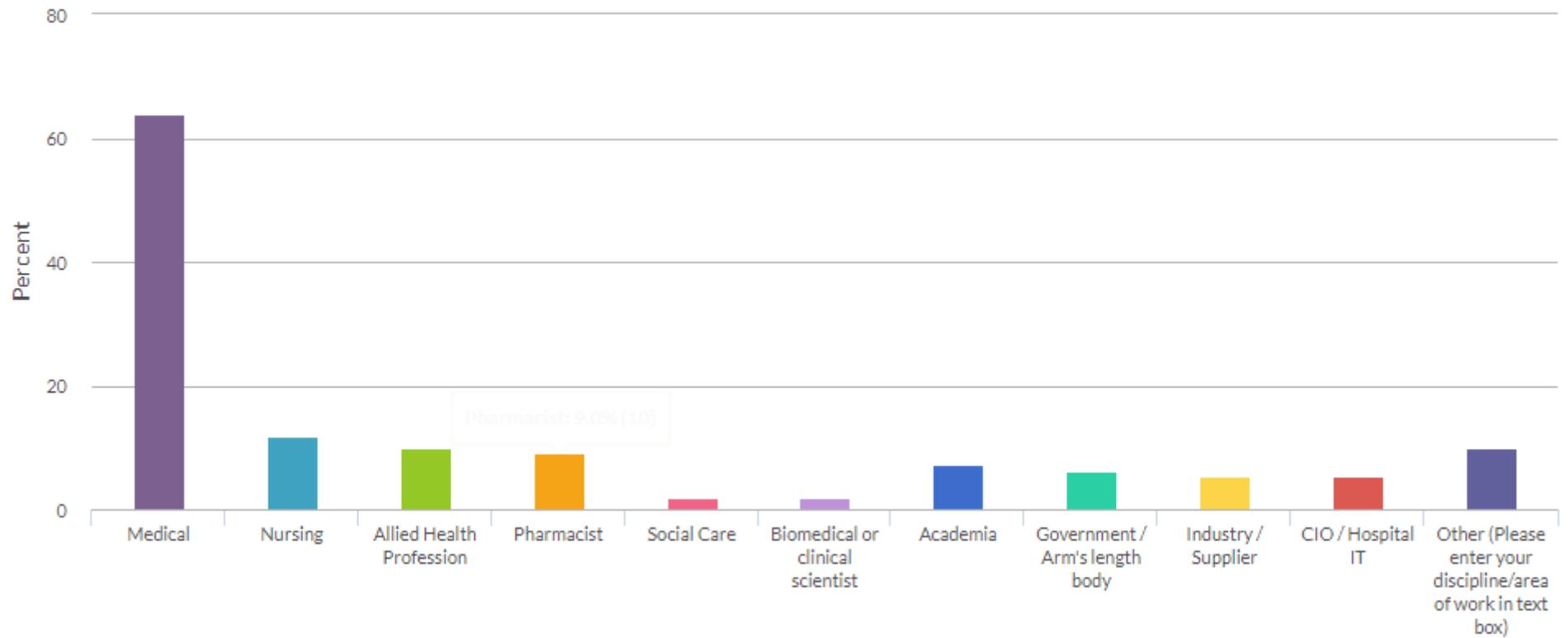
Figure 1: Percentage of survey respondents from each discipline. NB The percentages here total more than 100%. This is because multiple answers were allowed for this question and where this occurred, each discipline listed was counted as a unique response. There were several instances where the same individual respondent indicated they belonged to three or four separate disciplines.

2. From the list below, please rank your top five priorities for the FCI over the next five years (with 1 being the highest priority and 5 the lowest).

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Embedding clinical informatics into core health and care training	1		319	87
Professional accreditation for clinical informaticians	2		233	72
Professional competency standards for job roles	3		214	63
Professional development and career progression pathways	4		189	64
Influencing national policy	5		153	54
Leadership - internally, locally, nationally, internationally	6		149	53
Providing collaboration and networking opportunities	7		111	50
Support with appraisals and revalidation	8		81	31
Conferences and events	9		72	25
Accrediting health and care information systems	10		58	23
Accrediting training courses	11		51	20
Mentorship	12		35	13

Lowest Rank   Highest Rank

Figure 2: Ranking of priorities for the Faculty over the next five years. Respondents were asked to rank their top five priorities. The rank distribution shows what proportion of respondents that included a particular priority in their top five had it as their first, second, third etc priority.

Thematic analysis

A series of open-ended questions were asked of members to gauge their opinions on what the Faculty should be doing less and more of, specific areas to be the focus of a conference/webinar, activities to influence national health and social care policy and priorities for health and social care training.

Responses were grouped for each discipline. Within each discipline, individual responses were reviewed to identify the main theme/s being presented against each question. Commonly repeated themes were then grouped together to form the discipline-specific list of themes for each question, presented in Table 2 below.

Across all disciplines, the most common themes for each question are as follows:

1. Are there things that the FCI isn't doing, but should be?
    - Providing greater value for money from membership
    "There needs to be a focus on value for money for membership, this is difficult for many to justify at present"
    - Networking opportunities with colleagues
    "Events where members can share their work with others for learning opportunities."

2. What would you like to see more of from FCI in the future?
    - Conferences/events/networking opportunities
    "More learning and sharing resources. As a health system there is so much happening. We can speed up progress by providing opportunities for members to share their work with other members."
    - CPD opportunities
    "Short courses and development programmes, either as provider or encouraging HEI to provide and accrediting them"
    "Online personal development courses (for those of us unable to attend the formal programmes available)"
    - Career progression/role development advice
    "More events, more social gatherings, more conferences. Bigger community feel. Mentoring for junior members. How to progress from associate to member/ member to fellow etc"
    - Nursing, social care and allied health engagement
    "Larger nursing voice – possibly proportional representation on groups to reflect the workforce - need more AHPs and Social Workers"

3. Are there specific areas that you would like to see as the focus of a conference, webinar or workshop?
    - Change management
    "Leading digital change. Working with and influencing senior managers"

- Clinical safety
  "Standards – setting, implementing, the cycle of improving use of standards, especially those around clinical safety"
- Career progression/professional development
  "Career progression in informatics for allied health professional"
  "Networking Career coaching Early careers - how did people get where they are as CIOs etc"

4. What should the FCI be doing to influence national policy for health informatics over the next five years?
   - Professional accreditation/professional standards
     "Working more closely with GMC and NHS organisations to get the importance of accreditation recognised"
   - Demonstrating impact of informatics on health and social care
     "Ongoing work to demonstrate impact of clinical informatics roles and also cost of not funding posts"
   - Engaging with relevant stakeholders
     "Engaging with ALBs, consulting with the clinical informatics community regarding national direction & relaying, engaging with Universities & training providers"
     "Working closely with NHS X and NHS Digital"

5. What elements of health informatics would you like to see included as part of core health and social care training?
   - Using data for quality improvement
     "The use of informatics in improving outcomes for patients, via improved information, improving efficiency, supporting system transformation etc."
     "The importance of collecting, storing, and using data to drive better care for individuals."
   - Importance of accurate clinical coding
     "Clinical coding is a useful thing for the average clinician to know. However, the heterogeneity of clinical systems and how codes are handled or not handled within them makes generic education on this very hard to do. Perhaps FCI should be campaigning for better similarity between how systems work. Without commonality across systems there's no way to do good quality education, especially undergraduate level."
   - Clinical safety
     "We need to build awareness of the clinical risks of use of electronic systems in clinical use – to build greater sophistication in our interaction with systems so we can develop a balanced approach to reliance on system alerts/functionality and clinical judgement."
   - Change management
     "What is clinical informatics? Why is it important? What is data? How can we use data more efficiently to generate better patient outcomes? What can everyone do to promote better informatics approaches?"

Discipline	Are there things that the FCI isn't doing, but should be? If so, what are they?	What would you like to see more of from the FCI in the future?	Are there specific areas that you would like to see as the focus of a conference, webinar or workshop?	What should the FCI be doing to influence national policy for health informatics over the next five years?	What elements of health informatics would you like to see included as part of core health and social care training?
Medical	Membership cost/value, educational resources/courses, networking with colleagues, clinical safety leadership and training, standards, jobs page for external informatics jobs	Conference/events/networking, CPD, Royal College status, professional competency standards, educational resources for junior members, clinical safety/accreditation, diversity – gender, ethnicity	Career progression advice/examples, change management, clinical risk/safety, integration/ interoperability, information governance, innovation/tech hack events, genomics, AI	Professional accreditation/standards, career roles/ progression, visibility of profession, influence of FCI, CPD, connections within government, clinical curricula	Clinical coding, record keeping, uses of data, clinical safety, quality improvement, change management, information governance, basic informatics training
Nursing	Membership too expensive/member benefits not worth cost, should provide networking/social opportunities, ensure RCN is engaged	Social care engagement, support with revalidation, training and certification, local events/communication, links with other informatics groups, promotion of the variety of informatics professionals i.e. not just medical	Health and social care integration, best practice, change management, clinical terminology, nursing informatics, role of nurses, clinical safety	Integration, interoperability, wider stakeholder engagement, education, promotion of benefits of having a CCIO/CNIO	Using data for improvement, importance of accurate coding and recording, digital change, embedding digital technology, project management
Allied health	Increase visibility of informatics as a profession in allied health	Recognition of informatics as profession, jobs page/careers, webinars, career progression, role guidance, mentorship	Career progression, standards	Stakeholder engagement, demonstrate impact, government liaison, advocate role of AHPs, competencies	General IT skills, purpose of data collection, purpose of informatics, information standards
Pharmacy		Information and resources/newsletters as part of membership, policy development, professional recognition, visibility i.e. raising the profile of informatics in pharmacy	Career development, using informatics to enhance productivity	Clinical safety reviews, accreditation, investment in digital resources, government engagement	Data for improvement, understanding of informatics, clinical safety, general IT skills, interoperability

Table 2: Commonly occurring themes from the open-ended questions in the membership survey