The Association of Anaesthetists of Great Britain and Ireland

Membership Survey

Final Report

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Executive Summary

The aim of the research was to gain up to date information from the membership of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) to provide the organisation with a better understanding of what its members think and expect of their membership.

A survey was conducted online and on paper, sent out with members’ September editions of ‘Anaesthesia’ and ‘Anaesthesia News’. In total, 2,556 AAGBI members completed the survey, 25% of the entire membership.

Respondent Profile

A larger proportion of survey respondents were male at 64%.

60% of the sample was aged between 31 and 50.

The majority of respondents were based in England (71%) and worked full time within the NHS (80%). 5% of responses came from overseas.

The largest proportion of respondents had an AAGBI membership status of Ordinary & Associate (salary greater than £40k) at 66%. 19% of respondents were trainees, half of whom were in years five to seven of their training.

74% of respondents had been a member of the AAGBI for less than 20 years.

Communications and Publications

Just over half of respondents (51%) read the fortnightly AAGBI e-newsletter and the most popular feature was updates on AAGBI activities.

The majority of respondents (67%) read Anaesthesia News every month and the most popular features included feature articles, the letters, and the editorial.

The most desired frequency for receiving both the e-newsletter and Anaesthesia News was monthly.

58% of respondents were aware that the AAGBI website had been redesigned. Over half (51%) used the website less than once a month. The most useful areas of the website were identified as publications, education, and professional.

Almost half of respondents (48%) had accessed the new secure members’ area of the AAGBI website. The majority of these respondents said that
the members’ area was neither easy nor hard to access. Those who found the area hard to access cited problems with login and password details.

Three quarters of respondents (75%) indicated that they would like to be communicated with by email. 60% said that they would prefer the distribution of AAGBI publications to be in both paper and electronic format and 36% said this should be electronic format only.

**The AAGBI Membership**

Over four in five respondents (85%) rated their experience of interacting with the AAGBI as either good or excellent.

The benefit that most attracted respondents to joining the AAGBI was the free subscription to the international journal Anaesthesia, followed by free copies of the AAGBI guidelines. From the current membership subscription package, most value was also given to the free subscription to Anaesthesia.

Respondents indicated that the most important element of their membership was the AAGBI guidelines, followed by access to current topics and trends.

The majority of respondents (91%) said that they thought the AAGBI membership offers value for money.

Of the other suggested membership benefits, financial and retirement advice, lobbying government policies and discounts on travel and priority hotel booking were the most popular.

Almost all respondents (90%) were also members of the Royal College of Anaesthetists and 61% were members of the British Medical Association.

**Technology and Social Networks**

The most common mobile devices used were iPhones (51%) and non-smart phones (25%). The most common computer devices used were windows laptops or desktops (74%).

57% of respondents indicated that they did not use any social networking sites. The most popular site used was Facebook at 40%.

Of the mobile apps suggested, the most popular were the CPD logbook and the safety guidelines.
Events

84% of respondents had attended an AAGBI event. The most commonly attended event was seminars (58%) followed by the Annual Congress (40%).

16% had not attended any events. The majority of these respondents (52%) indicated that this was due to budget constraints and cost.

Professional Development

50% of respondents said that they had not yet used the CPD matrix to guide their professional development.

86% said that they wanted to AAGBI to provide on-line facilities to help support their revalidation CPD.

Respondents indicated that the most important aspects of on-line learning were convenience and ease of use.

Venue Hire

44% of survey respondents were aware that the AAGBI headquarters could be hired as a venue, but only 24% would consider doing so.

36% said that they would use a members’ room/lounge at the AAGBI headquarters.

Other AAGBI activities

65% were aware of the AAGBI’s charitable foundation. The majority of respondents felt that the spending priorities of the foundation should focus on education events and seminars.

In terms of strategic areas of focus for the AAGBI, patient safety issues and providing more guidelines and standards were given the most importance.

32% of respondents indicated that they had previously worked with a Physician’s Assistant (Anaesthesia) [PA(A)]. 46% said that they would be happy to work with a PA(A) in some role, but 27% said that they saw no role for PA(A)s.
The Research Programme

Introduction

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) commissioned Enventure Research to carry out a survey of its entire membership, consisting of 10,422 members. As it was five years since the last membership survey, the AAGBI were keen to hear from their members in order to better understand its membership and ensure that the organisation continues to reflect the needs, views and opinions of members so that it can continue to provide support to them for years to come.

Research Objectives

The survey aimed to provide the AAGBI with an up to date understanding of its membership, particularly focusing on:

- Members’ views of the AAGBI
- Members’ opinion of their membership and its benefits
- How members view their communication from and with the AAGBI
- What is important to members
- Members’ priorities in terms of the future of the AAGBI

Methodology

A survey was designed by Enventure Research and the AAGBI which covered relevant topics including:

- The AAGBI membership and its benefits
- Communications and publications
- Technology and social networks
- Events
- Professional development
- Venue hire
- Other AAGBI activities

A paper copy of the survey was printed and sent out to members contained on the distribution list (9,531 including overseas members) with their September 2011 editions of ‘Anaesthesia’ and ‘Anaesthesia News’, along with a pre-paid return envelope. A copy of the paper survey can be found in Appendix A.

The survey was also hosted online by Enventure. The AAGBI provided a database of 8,365 working email addresses of its membership. These members received an email inviting them to take part, along with two
reminder emails. The initial invitation email was sent on 23rd August 2011, with reminders following on 13th and 27th September 2011. The online version of the survey was also promoted in the AAGBI e-newsletter and at the AAGBI Annual Congress.

A screenshot of the online survey is shown in Figure 1.

**Figure 1 – Screenshot of the online survey**

![Screenshot of the online survey](image)

**Survey Output**

A total of 2,556 completed questionnaires were returned by AAGBI members. 74% (1,900 members) took part in the survey online, and 26% (656 members) took part by returning a paper copy.

If looking at the overall membership of the AAGBI of 10,422, this is a response rate of 25%. However, if based on the distribution lists made available to promote the survey, both online (8,365) and postal (9,531), this is a response rate of 27%.
Interpretation of the Data

This report contains several tables and charts that present survey results. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- The question may have been passed over by the respondent
- A response of between 0% and 1% will be shown as 0%.

As a self-completion questionnaire was used, not all respondents have answered all the questions. Therefore, the base size may vary slightly by question.

The survey was designed so that low scores (1 and 2) related to a higher ranking compared to high scores (5 and 6) which relate to a lower ranking. Therefore, when mean scores are analysed, lower scores represent the top rated response in terms of importance, value etc.
Research Findings

Respondent Profile

A total of 2,526 respondents indicated their gender; almost two thirds of respondents (64%) were male and 36% were female.

As shown in Figure 2, the largest proportion of survey respondents were aged 31 – 40 (30%) and 41 – 50 (30%).

Figure 2 – Age
Base: 2,540

As shown in Table 1, the largest proportion of respondents (71%) worked in England followed by 10% who worked in Scotland.

Table 1 – Location of work

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>1,796</td>
<td>71%</td>
</tr>
<tr>
<td>Scotland</td>
<td>266</td>
<td>10%</td>
</tr>
<tr>
<td>Wales</td>
<td>126</td>
<td>5%</td>
</tr>
<tr>
<td>International (Overseas)</td>
<td>119</td>
<td>5%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>59</td>
<td>2%</td>
</tr>
<tr>
<td>Eire</td>
<td>62</td>
<td>2%</td>
</tr>
<tr>
<td>Retired</td>
<td>111</td>
<td>4%</td>
</tr>
</tbody>
</table>

Total number of respondents 2,539

One in twenty respondents (5%) worked overseas, in countries including:

- Australia (27 respondents)
- New Zealand (15 respondents)
- Canada (11 respondents)
- United States (7 respondents)
- India (5 respondents)
- Nigeria (4 respondents)
The majority of respondents at 80% gave their employment status as *full time NHS*.

**Table 2 – Employment Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time NHS</td>
<td>2,021</td>
<td>80%</td>
</tr>
<tr>
<td>Less than full time NHS</td>
<td>218</td>
<td>9%</td>
</tr>
<tr>
<td>Academic</td>
<td>52</td>
<td>2%</td>
</tr>
<tr>
<td>Full time independent practice</td>
<td>31</td>
<td>1%</td>
</tr>
<tr>
<td>HM Forces</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>174</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total number of respondents</strong></td>
<td><strong>2,524</strong></td>
<td></td>
</tr>
</tbody>
</table>

One in fourteen respondents (7%) described their employment status as *other*. The majority of these respondents indicated that they were retired or were in other full or part time roles abroad.

Two in five respondents indicated that they *do some independent practice* or said that they had *never done independent practice*, both at 40% respectively. One in six respondents (17%) said that they *used to do independent practice* and just 3% said that they *only do independent practice*.

**Figure 3 – Description of independent practice**

*Base: 2,506*
Two thirds of respondents (66%) had an *Ordinary and Associate (salary greater than £40k/€45K)* AAGBI membership.

**Figure 4 – AAGBI membership status**  
**Base: 2,517**

- Ordinary & Associate (salary greater than £40k/€45k) 66%
- Trainee 19%
- Retired (receiving Journal & Anaesthesia News) 4%
- SAS grade 4%
- Overseas 3%
- Retired (receiving Anaesthesia News only) 1%
- Ordinary & Associate (salary less than £40k/€45k) 1%
- Joint membership 1%
- Overseas limited income 1%
- Ordinary & Associate (salary less than £20k/€22k) 0%

A large proportion of respondents at 19% had *trainee* membership status. Half of trainee respondents (50%) were in *years 5 – 7* of training and 34% were in *ST 3 or 4*. No respondents to the survey indicated that they were in *Foundation Year 1 & 2*.

**Figure 5 – Year of training**  
**Base: Trainees (494)**

- Foundation Year 1 & 2 0%
- CT 1 or 2 10%
- ST 3 or 4 34%
- Years 5 - 7 50%
- Other 6%
Other trainee levels mentioned included:

- SPR5 (8 respondents)
- Post CCT Fellow (3 respondents)
- CT2 Plus (2 respondents)
- Senior Clinical Fellow (2 respondents)
- Overseas trainee year 5 (1 respondent)
- CT3 (1 respondent)

Almost two in five respondents (23%) had been a member of the AAGBI for 6 to 10 years. Over a quarter (26%) had been a member for over 21 years.

**Figure 6 – Length of AAGBI membership**
**Base: 2,535**

![Bar chart showing the length of AAGBI membership distribution](chart.png)
Communications and Publications

E-Newsletter and Anaesthesia News

Just over half of members (51%) said that they read the fortnightly AAGBI e-newsletter. The sample shows that respondents aged between 41 and 60 were more likely to read the e-newsletter when compared with the younger age groups at 55% (compared to 51% overall).

Respondents who read the e-newsletter were asked to indicate what they liked best about the e-newsletter, and 42% suggested updates on AAGBI activities, followed by featured AAGBI events/seminars at 24%. Results to this question are shown in Figure 7.

Figure 7 – Favourite features of the e-newsletter
Base: 1,276

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates on AAGBI activities</td>
<td>42%</td>
</tr>
<tr>
<td>Featured AAGBI events/seminars</td>
<td>24%</td>
</tr>
<tr>
<td>Links to external websites of interest</td>
<td>19%</td>
</tr>
<tr>
<td>Links to Anaesthesia articles</td>
<td>15%</td>
</tr>
</tbody>
</table>

Two thirds of respondents (67%) said that they read Anaesthesia News every month, and 32% claimed to read it once in a while. Just 2% of respondents (43 members) said that they never read Anaesthesia News. This frequency can be seen in Figure 8.

Figure 8 – Frequency of reading Anaesthesia News
Base: 2,549

<table>
<thead>
<tr>
<th>Frequency of Reading</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every month</td>
<td>67%</td>
</tr>
<tr>
<td>Once in a while</td>
<td>32%</td>
</tr>
<tr>
<td>Never</td>
<td>2%</td>
</tr>
</tbody>
</table>
Respondents aged over 51 most commonly read Anaesthesia News every month (72% compared to 67% overall), where as younger respondents aged 23 to 30 read it once in a while (49% compared to 32% overall).

Those who indicated that they read the e-newsletter were significantly more likely to read Anaesthesia News every month at 75% (compared to 67% overall).

Those who read Anaesthesia News were then asked to state what they liked about it. Top rated elements of the journal included feature articles (85%), the letters (52%) and editorial (52%). Full results to this question are shown below in Figure 9.

Figure 9 – Favourite features of Anaesthesia News
Base: 2,484

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feature articles</td>
<td>85%</td>
</tr>
<tr>
<td>The letters</td>
<td>52%</td>
</tr>
<tr>
<td>Editorial</td>
<td>52%</td>
</tr>
<tr>
<td>Columns from Scoop O’ Lamine/Victor</td>
<td>44%</td>
</tr>
<tr>
<td>History of Anaesthesia page</td>
<td>37%</td>
</tr>
<tr>
<td>Anaesthesia digested</td>
<td>29%</td>
</tr>
<tr>
<td>Particles</td>
<td>24%</td>
</tr>
<tr>
<td>GAT Pages</td>
<td>17%</td>
</tr>
<tr>
<td>The adverts</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Other responses (1%) included information about upcoming events, SAS information, the President’s report and information of particular relevance to the respondent’s field.

Survey respondents were asked to indicate how frequently they would like to receive the e-newsletter and Anaesthesia News in the future. The majority of respondents stated that they would like to receive them both on a monthly basis at 52% and 63% respectively, highlighted in Table 3.
Table 3 – Desired frequency of receiving the e-newsletter and Anaesthesia News

<table>
<thead>
<tr>
<th>Frequency</th>
<th>E-newsletter</th>
<th>Anaesthesia News</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Monthly</strong></td>
<td><strong>52%</strong></td>
<td><strong>63%</strong></td>
</tr>
<tr>
<td>Bi-monthly</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Twice yearly</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Annual</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Not at all</td>
<td>11%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Total number of respondents: 2,506 (E-newsletter) 2,525 (Anaesthesia News)*

It is interesting to note that just 15% of respondents said that they would want to receive the e-newsletter on a **fortnightly** basis, the current frequency that it is issued by the AAGBI. However, the majority of respondents felt that Anaesthesia News was currently at the right frequency at **monthly**.

One in nine respondents (11%) indicated that they did not want to receive the e-newsletter, whereas just 2% of respondents said that they did not want to receive Anaesthesia News.

### The AAGBI Website

Almost three in five respondents (58%) were aware that the AAGBI website (www.aagbi.org) had been redesigned. Those who read the e-newsletter were much more likely to be aware of this at 69% (compared with those who did not read it at 46%).

Respondents were asked how frequently they used the AAGBI website. Just over half (51%) indicated that they used it **less than once a month**. Smaller proportions of respondents said that they used the website more frequently, with just 2% claiming to access it **1-3 times a week or less**.

**Figure 10 – Frequency of using the AAGBI website**

*Base: 2,553*
Respondents who had accessed the AAGBI website were asked to indicate how useful they found particular sections of it. Figure 11 shows responses to each section, highlighting whether respondents found them useful, not useful, or whether they had not accessed it.

*Publications, education and professional* were seen as the most useful sections, receiving 67%, 65% and 62% useful scores respectively. The *new secure members’ area, international and research* were sections that were not accessed by a larger proportion of respondents.

**Figure 11 – Rating sections of the AAGBI website in terms of usefulness**  
**Base: 2,280**

<table>
<thead>
<tr>
<th>Section</th>
<th>Not useful</th>
<th>Neither</th>
<th>Useful</th>
<th>Not accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications</td>
<td>13%</td>
<td>15%</td>
<td>67%</td>
<td>4%</td>
</tr>
<tr>
<td>Education</td>
<td>13%</td>
<td>18%</td>
<td>65%</td>
<td>4%</td>
</tr>
<tr>
<td>Professional</td>
<td>15%</td>
<td>19%</td>
<td>62%</td>
<td>3%</td>
</tr>
<tr>
<td>Safety</td>
<td>21%</td>
<td>18%</td>
<td>56%</td>
<td>4%</td>
</tr>
<tr>
<td>Secure Members’ Area</td>
<td>52%</td>
<td>30%</td>
<td>30%</td>
<td>6%</td>
</tr>
<tr>
<td>Public and press</td>
<td>36%</td>
<td>26%</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td>About us</td>
<td>31%</td>
<td>27%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>International</td>
<td>40%</td>
<td>24%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Research</td>
<td>40%</td>
<td>23%</td>
<td>18%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Table 4 shows the mean scores for each section of the website (where lower scores represent more useful sections) and standard deviation (which indicates dispersion of scores around the mean). In line with Figure 11, *Publications* received the best mean score in terms of usefulness at 1.9, followed by the *Education* and *Professional* sections with mean scores of 2.0.
Table 4 – Most useful sections of the AAGBI website

<table>
<thead>
<tr>
<th>AAGBI website section</th>
<th>Mean score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications</td>
<td>1.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Education</td>
<td>2.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Professional</td>
<td>2.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Safety</td>
<td>2.1</td>
<td>0.9</td>
</tr>
<tr>
<td>New secure members’ area</td>
<td>2.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Public and press</td>
<td>2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>International</td>
<td>2.9</td>
<td>1.0</td>
</tr>
<tr>
<td>About us</td>
<td>3.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Research</td>
<td>3.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Over half of respondents (52%) had not accessed the new secure members’ area.

Of the 48% who had used the new secure members’ area, half indicated that it was neither easy nor hard to access. However, four times as many respondents said that the members’ area was easy to access when compared with those who said that it was hard to access.

Table 5 – Ease of using the new secure members’ area

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>407</td>
<td>40%</td>
</tr>
<tr>
<td>Neither easy nor hard</td>
<td>462</td>
<td>50%</td>
</tr>
<tr>
<td>Hard</td>
<td>104</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total number of respondents</strong></td>
<td></td>
<td><strong>1,024</strong></td>
</tr>
</tbody>
</table>

Respondents who found the members’ area hard to access were asked to explain why. Of the 65 responses, almost all focused on login issues surrounding usernames and passwords, particularly having to remember specific login details that cannot be customised. Common responses included:

- “Link to area can be difficult to find”
- “Unclear instructions about dropping the 00 (or not) from membership number. Website occasionally drops out halfway through booking meetings - I always end up telephoning anyway”
- “Failing to recognize my password”
- “Can’t remember my login. Would be good if the website allowed us to create our own login”
- “It does not allow for customisation of user name and password. Few are capable of remembering their user number, along with many other numbers required to survive the 21 century”
The survey asked respondents if there was anything else they would like to see on the AAGBI website. 160 respondents commented, with common suggestions including:

- A Twitter feed
- Access to the anaesthesia journal via the website
- Better search facility
- Calendar of all UK/European meetings, courses and events
- Discussion forums
- Easier way to log in
- E-learning and CPD
- International Anaesthesia news
- Job advertisements
- Link with Facebook
- More useful links
- Retired members section

**Communication and Distribution**

Survey respondents were asked, given that the AAGBI is seeking to become an ‘on-line’ organisation, how they would prefer the AAGBI to communicate with them. As seen in **Figure 12**, three quarters of respondents (75%) said that they would prefer the AAGBI to communicate with them by email.

**Figure 12 – Preferred communication method**

*Base: 2,530*

![Pie chart showing communication preferences: 75% by email, 15% by post, 10% online via AAGBI website.]

The sample shows that younger respondents were significantly more likely to say that they would like the AAGBI to communicate with them by email, and older respondents would prefer communication by post, as shown in **Table 6**.
The survey also explored how members would prefer the AAGBI to distribute publications to its membership, including guidelines, journals and event handouts. Three in five respondents (60%) indicated that they thought the AAGBI should distribute publications to its members in both paper and electronic format. Just over a third (36%) would prefer electronic only and just 5% would prefer paper only.

Table 6 – Difference in communication method preference by age

<table>
<thead>
<tr>
<th>Communication method</th>
<th>Younger (under 50)</th>
<th>Overall</th>
<th>Older (over 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By email</td>
<td>78%</td>
<td>75%</td>
<td>69%</td>
</tr>
<tr>
<td>By post</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Again, the sample suggests that younger respondents were more likely to say that they would like the AAGBI to distribute publications electronic only, and older respondents would prefer paper only. However, no difference was seen by age from those indicating that they would prefer distribution by both paper and electronic format, as shown in Table 7.

Table 7 – Difference in communication method preference by age

<table>
<thead>
<tr>
<th>Communication method</th>
<th>Younger (under 50)</th>
<th>Overall</th>
<th>Older (over 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both paper and electronic</td>
<td>59%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Electronic only</td>
<td>37%</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>Paper only</td>
<td>3%</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Respondents who, later in the survey, indicated that receiving free copies of AAGBI guidelines was the most valuable element of their subscription package were more likely to say that they would want both paper and electronic distribution of publications (64% compared to 60% overall).
The AAGBI Membership

Interaction with the AAGBI

When asked to rate their experience of interacting with the AAGBI, two thirds of survey respondents (68%) said that their experience of interacting with the AAGBI had been good, with 17% claiming that it had been excellent.

Figure 14 – Experience of interacting with the AAGBI
Base: 2,453

The sample shows that respondents who were working in Eire, working internationally, or who were retired were more likely to rate their interaction with the AAGBI as excellent, whereas a higher proportion of respondents working in Scotland rated their interaction as fair. This is shown in Table 8.

Table 8 – Difference in experience of interacting with the AAGBI by location of work

<table>
<thead>
<tr>
<th>Rating of experience</th>
<th>Overall</th>
<th>Eire</th>
<th>International</th>
<th>Retired</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>17%</td>
<td>31%</td>
<td>23%</td>
<td>30%</td>
<td>14%</td>
</tr>
<tr>
<td>Fair</td>
<td>15%</td>
<td>10%</td>
<td>6%</td>
<td>12%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Membership Benefits

To investigate the benefits package of the AAGBI membership, respondents were asked to indicate which benefits most attracted them to join. The free subscription to the international journal *Anaesthesia* was the most popular benefit that attracted respondents to join the AAGBI at 78%, followed by free copies of the AAGBI guidelines on issues affecting anaesthetists at 66%. Results to this question are presented in Figure 15.

**Figure 15 – Benefits that most attracted members to join the AAGBI**
*Base: 2,534*

- Free subscription to the international journal *Anaesthesia*: 78%
- Free copies of the AAGBI guidelines on issues affecting anaesthetists: 66%
- Personal injury & life insurance cover of up to £1 million for patient transfer: 58%
- Free subscription to the AAGBI monthly newsletter *Anaesthesia News*: 39%
- Discounted rates for all AAGBI meetings: 38%
- Representation of your views in medical politics: 32%
- Tax relief on your subscription: 19%
- The essential GAT Handbook and GAT Survival Guide for trainees: 17%
- Welfare including Mentoring services: 10%
- 20% discount on books from Oxford University Press & Blackwell Publishing: 8%
- Our fortnightly e-Newsletter @aagbi: 6%
- Opportunities for grants and awards for research: 6%
- Handbook for SAS doctors: 3%
- Other: 5%

Whilst many respondents who had selected *other* explained that they had joined the AAGBI because they were told to by colleagues or managers, or to enhance their CV, *other* benefits suggested by respondents that attracted them to join included:

- To be part of a professional organisation within the field
- To be kept up to date with developments within the field
- To be able to attend AAGBI events

Respondents were then presented with a list of the current AAGBI membership subscription package and asked to rate how valuable each benefit was. As seen in Figure 16, free subscription to the international journal Anaesthesia and free copies of the AAGBI guidelines were seen as the most valuable subscription package benefits at 85% and 84% respectively.

Opportunities for grants and awards for research and the fortnightly e-newsletter @aagbi were seen as less valuable, with a greater proportion of respondents rating them as either 4 or 5 (40% and 39% respectively).

**Figure 16 – The value of the current AAGBI membership subscription package**
**Base: 2,460**
The results from Figure 16 are also reflected in the mean scores found for each subscription package element, with free subscription to the international journal Anaesthesia and free copies of the AAGBI guidelines receiving the top mean scores of 1.7. Table 9 presents the mean scores (where a lower score represents a higher level of value) and the standard deviation (showing the dispersal of scores around the mean).

**Table 9 – Value given to membership subscription package elements**

<table>
<thead>
<tr>
<th>Subscription package element</th>
<th>Mean score</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free subscription to the international journal Anaesthesia</td>
<td>1.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Free copies of the AAGBI guidelines</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Personal injury &amp; life insurance cover of up to £1 million for patient transfer</td>
<td>1.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Discounted rates for all AAGBI meetings</td>
<td>2.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Representation of your views in medical politics</td>
<td>2.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Free subscription to the AAGBI monthly newsletter Anaesthesia News</td>
<td>2.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Welfare including mentoring services</td>
<td>2.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Professional ‘Handbooks’ e.g. GAT Survival Guide for trainees &amp; Handbook for SAS doctors</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td>20% discount on books from Oxford University Press &amp; Blackwell Publishing</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Opportunities for grants and awards for research</td>
<td>3.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Our fortnightly e-Newsletter @aagbi</td>
<td>3.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>
Respondents were asked to indicate what was important to them as a member of the AAGBI. **Figure 17** shows that **AAGBI guidelines** were ranked as most important with 88% of respondents classing them as important. This was closely followed by **access to current topics/trends** at 86%. Again, these results are reflected in the mean scores found in **Table 10** (where a lower mean score represents a higher level of importance).

**Figure 17 – What is important to members of the AAGBI**  
**Base: 2,436**
Table 10 – Most important aspects of being an AAGBI member

<table>
<thead>
<tr>
<th>Subscription package element</th>
<th>Mean score</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAGBI guidelines</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Access to current topics/trends</td>
<td>1.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Having a representing body</td>
<td>1.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Being part of a professional body within the field</td>
<td>1.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Quality of events</td>
<td>2.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Insurance cover</td>
<td>2.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Discounted rates on AAGBI educational programme (CPD)</td>
<td>2.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Individual advice</td>
<td>2.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Opportunity to network</td>
<td>3.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Travel grants</td>
<td>3.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Research grants</td>
<td>3.6</td>
<td>1.2</td>
</tr>
</tbody>
</table>

The survey asked if respondents thought that the AAGBI membership offers value for money. Of the 2,506 respondents who answered this question, nine in ten (91%) said that they thought that it did.

Figure 18 – Do you think the AAGBI membership offers value for money?  
Base: 2,506

Respondents who did not think the AAGBI membership offered value for money were asked to provide reasons why. 189 responses were given which generally focused on the following themes:

- It is too expensive
- I don’t get enough use out of my membership
- There are a lot of benefits I don’t use
Respondents were asked what other membership benefits would be of interest to them. The suggested membership benefits that were of most interest included financial and retirement advice (48%), lobbying on government policies (46%), discounts on travel and priority hotel booking (44%) and discounts on IT hardware purchases (44%).

**Figure 19 – Other membership benefits of interest**
**Base: 2,422**

Other suggested membership benefits included:

- Events and meetings for retired members
- Discounts on medical hardware purchases
- Access to other medical journals
- Additional benefits for overseas members on accommodation
- Discounts on accommodation in London if attending AAGBI events
Memberships of Other Professional Organisations and Societies

When asked what other professional organisations they were a member of, the majority of respondents (90%) indicated that they were also members of the Royal College of Anaesthetists (RCoA). Three in five (61%) were members of the British Medical Association.

Figure 20 – Membership of other professional organisations
Base: 2,496

Respondents were also able to suggest any other specialist societies that they were members of. The most common societies and organisations mentioned are shown in Figure 21 overleaf (which shows numbers of respondents, not percentages).
**Figure 21 – Membership of other specialist organisations and societies**

*Base: 1,365*

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric Anaesthetists' Association</td>
<td>377</td>
</tr>
<tr>
<td>The Intensive Care Society</td>
<td>350</td>
</tr>
<tr>
<td>Difficult Airway Society</td>
<td>299</td>
</tr>
<tr>
<td>The Association of Paediatric Anaesthetists of Great Britain and Ireland</td>
<td>146</td>
</tr>
<tr>
<td>The European Society of Regional Anaesthesia</td>
<td>91</td>
</tr>
<tr>
<td>The British Pain Society</td>
<td>83</td>
</tr>
<tr>
<td>Vascular Anaesthesia Society of Great Britain &amp; Ireland</td>
<td>75</td>
</tr>
<tr>
<td>Association of Cardiothoracic Anaesthetists</td>
<td>70</td>
</tr>
<tr>
<td>European Society of Intensive Care Medicine</td>
<td>68</td>
</tr>
<tr>
<td>Neuroanaesthesia Society of Great Britain and Ireland</td>
<td>56</td>
</tr>
<tr>
<td>European Society of Anaesthesiology</td>
<td>51</td>
</tr>
<tr>
<td>The Scottish Intensive Care Society</td>
<td>46</td>
</tr>
<tr>
<td>Anaesthetic Research Society</td>
<td>44</td>
</tr>
<tr>
<td>The Royal Society of Medicine</td>
<td>43</td>
</tr>
<tr>
<td>Society for Computing and Technology in Anaesthesia</td>
<td>40</td>
</tr>
<tr>
<td>British Association of Day Surgery</td>
<td>39</td>
</tr>
<tr>
<td>Age Anaesthesia Association</td>
<td>31</td>
</tr>
<tr>
<td>The Scottish Society Of Anaesthetists</td>
<td>30</td>
</tr>
<tr>
<td>British Society of Orthopaedic Anaesthetians</td>
<td>29</td>
</tr>
<tr>
<td>The Faculty of Intensive Care Medicine</td>
<td>28</td>
</tr>
<tr>
<td>World Anaesthesia Society</td>
<td>24</td>
</tr>
<tr>
<td>Society for Intravenous Anaesthesia</td>
<td>23</td>
</tr>
<tr>
<td>Regional Anaesthesia United Kingdom</td>
<td>22</td>
</tr>
<tr>
<td>The Society of Bariatric Anaesthetians</td>
<td>20</td>
</tr>
<tr>
<td>Anaesthetists in Management</td>
<td>20</td>
</tr>
<tr>
<td>The History of Anaesthesia Society</td>
<td>18</td>
</tr>
<tr>
<td>The European Association of Cardiothoracic Anaesthesiologists</td>
<td>16</td>
</tr>
<tr>
<td>The Liverpool Society of Anaesthetians</td>
<td>14</td>
</tr>
<tr>
<td>Association of Dental Anaesthetians</td>
<td>11</td>
</tr>
</tbody>
</table>
Technology and Social Networks

The survey contained questions which covered the use of mobile devices, computers devices and social networks.

Just over half of survey respondents (51%) said that they used an *iPhone* as their mobile phone device, followed by 25% who indicated that they used a *non-smart phone*.

Younger respondents aged 23 to 40 and also trainee respondents were more likely to use an *iPhone* compared to the rest of the sample at 66% and 64% respectively (compared to 51% overall).

**Table 11 – Mobile phone devices used**

<table>
<thead>
<tr>
<th>Device</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone</td>
<td>1299</td>
<td>51%</td>
</tr>
<tr>
<td>Non-smart phone</td>
<td>631</td>
<td>25%</td>
</tr>
<tr>
<td>Android smartphone</td>
<td>270</td>
<td>11%</td>
</tr>
<tr>
<td>Blackberry</td>
<td>197</td>
<td>8%</td>
</tr>
<tr>
<td>Other smartphone</td>
<td>93</td>
<td>4%</td>
</tr>
<tr>
<td>Windows smartphone</td>
<td>32</td>
<td>1%</td>
</tr>
<tr>
<td>None of these</td>
<td>99</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total number of respondents</strong></td>
<td></td>
<td><strong>2,534</strong></td>
</tr>
</tbody>
</table>

Almost three quarters of respondents (74%) used a *windows laptop/desktop* as their computer device and 38% used an *apple laptop/desktop*.

**Table 12 – Computer devices used**

<table>
<thead>
<tr>
<th>Device</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows laptop/desktop</td>
<td>1883</td>
<td>74%</td>
</tr>
<tr>
<td>Apple laptop/desktop</td>
<td>961</td>
<td>38%</td>
</tr>
<tr>
<td>Tablet</td>
<td>394</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
<td>1%</td>
</tr>
<tr>
<td>None of these</td>
<td>28</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total number of respondents</strong></td>
<td></td>
<td><strong>2,552</strong></td>
</tr>
</tbody>
</table>

Other computer devices that were used by respondents were mainly laptops or desktops running a Linux operating system (as opposed to Windows/Apple) and Kindle e-readers.
In terms of social networks, the majority of respondents (57%) claimed to use no social networking sites. However, a significant proportion of respondents said that they used Facebook at 40%.

**Table 13 – Social networking sites used**

<table>
<thead>
<tr>
<th>Website</th>
<th>Number of members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1,443</td>
<td>57%</td>
</tr>
<tr>
<td>Facebook</td>
<td>1,005</td>
<td>40%</td>
</tr>
<tr>
<td>Twitter</td>
<td>204</td>
<td>8%</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>175</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total number of respondents</strong></td>
<td><strong>2,537</strong></td>
<td></td>
</tr>
</tbody>
</table>

Respondents aged between 23 and 30 and trainees were significantly more likely to use Facebook when compared with other age groups at 87% and 72% respectively (compared with 40% overall).

The other social network that was suggested was ‘Doctors.net.uk’.

Survey respondents were then informed that the AAGBI is considering developing ‘apps’ to be used by its membership on mobile devices, and were asked to indicate, from a list of suggestions, which apps they would consider using.

A CPD logbook app was the most favoured idea by trainee respondents at 66%, closely followed by a safety guidelines app at 65%.

**Figure 22 – Favoured AAGBI mobile apps**

*Base: 2,533*
Other common ideas for mobile apps included:

- An Anaesthesia journal app
- A drug dose calculator app
- An exam revision app
Events

Survey respondents were asked to indicate which AAGBI events, if any, they had attended. The most common AAGBI event attended was seminars at 58%, followed by the Annual Congress (40%) and Regional Core Topics (39%).

**Figure 23 – AAGBI events attended**
**Base: 2,546**

- Seminars: 58%
- Annual Congress: 40%
- Regional Core Topics: 39%
- WSM London: 31%
- GAT ASM: 21%
- Scottish Standing Committee Open Meeting: 6%
- Irish Standing Committee Open Meeting: 2%
- None: 16%

One in six respondents (16%) said that they had not attended any AAGBI events. The sample shows that respondents with trainee, overseas, and Ordinary and Associate (salary less than £40k) memberships were significantly more likely to have not attended events at 39%, 31% and 27% respectively (compared to 16% overall).

Respondents who had not attended events were asked why this was the case. Just over half (52%) said that this was due to budget constraints/cost.

**Figure 24 – Reasons for not attending events**
**Base: 389**

- Budget constraints / cost: 52%
- I am unable to take time away from work: 28%
- They are not held near to me: 27%
- Week days are not convenient: 12%
- The content is of no interest: 10%
- I am unaware of the AAGBI events programme: 3%
- Other: 17%
Other reasons provided for not attending AAGBI events were mainly from retired members who no longer participated in activities, or from trainees who explained that they had no time to attend due to studies and exams. A small number indicated that they were new members and intended to start attending events.

Respondents were then asked whether they thought that AAGBI events offered good value for money. Of the 2,468 respondents who answered this question, 89% said that they thought the events did offer good value for money.

The 11% who did not think this were asked to explain their reasons. The vast majority of responses said that they felt events were too expensive, focusing on the cost of attending events, including paying to attend, travel and accommodation, particularly when they attended events held in London. Typical responses included:

- "The cost of a meeting, including travel, will usually exceed a couple of hundred pounds. While interesting, a chance to network, and a pleasant change from ‘daily work’, I think the impact on working practice of the educational value of such gatherings is limited, and hard to justify within current budget restraints"
- "Like most London based conferences and meetings they are significantly overpriced. Seminars are better and ones out of London tend to be better but there is a culture of significant overcharging that affects not only the Association but other professional organisations as well”
- "Expensive for trainees whose study budget barely covers essential courses”
- "Very expensive to attend Annual Congress, including travel and stay becomes unaffordable to attend more than once a year."
- "I have a £500 allowance and the fee for a 2 day meeting devours nearly all of this”
Professional Development

The survey asked whether members had used the AAGBI’s CPD matrix to guide their professional development. Half of the respondents (50%) answered *not yet*, with just one in six (16%) indicated that *yes* they had.

**Figure 25 – Use of the CPD matrix**
**Base: 2,505**

The sample shows that those with an SAS grade membership were more likely to have used the CPD matrix at 24% (compared to 16% overall), and that those with trainee membership were more likely to indicate that they had *not yet* used the matrix at 60% (compared to 50% overall).

Respondents were asked whether they wanted the AAGBI to provide on-line facilities to help support their revalidation CPD, to which almost nine in ten (86%) answered that they did.

Respondents were then asked to rank aspects of on-line learning in terms of importance. As shown in **Table 14**, the aspects given the most importance were *convenience* and *ease of use*, both receiving mean scores of 2.6 (where a lower mean score represents a higher level of importance).

**Table 14 – Importance of on-line learning aspects**

<table>
<thead>
<tr>
<th>Online learning aspect</th>
<th>Mean score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience</td>
<td>2.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Ease of use</td>
<td>2.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Study when I want to</td>
<td>3.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Interesting and engaging</td>
<td>3.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Cost/affordability</td>
<td>3.7</td>
<td>1.6</td>
</tr>
<tr>
<td>It's my choice</td>
<td>5.0</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*Total number of respondents* 2,408
The majority of respondents (81%) indicated that the AAGBI should provide materials for Consultants to assist them with exam related materials, and that they would be interested to see some short examination articles in Anaesthesia News (80%).

**Table 15 – Professional development**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want the AAGBI to provide on-line facilities to support your revalidation CPD?</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Total number of respondents: 2,442</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the AAGBI provide materials for Consultants to assist them with exam related materials for trainees?</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Total number of respondents: 2,480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would it interest you to see some short examination articles in Anaesthesia News</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Total number of respondents: 2,501</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Venue Hire

Over two in five respondents (44%) were aware that the AAGBI headquarters could be hired as a venue, but three quarters (76%) would not consider doing so.

Just over a third (36%) would use a members’ room/lounge at the AAGBI headquarters.

Figure 26 – Venue hire
Base: 2,534

Did you know that you can hire 21 Portland Place as a venue?

- 44% Yes
- 56% No

Would you consider hiring rooms at the AAGBI?

- 24% Yes
- 76% No

Would you use a members’ room/lounge at the AAGBI headquarters?

- 36% Yes
- 64% No

A larger proportion of retired members indicated that they would use a members’ room/lounge at 52% (compared to 36% overall).
Other AAGBI Activities

The AAGBI Foundation

Of the 2,500 members who responded to the question, almost two thirds (65%) were aware that the AAGBI has a charitable foundation with a mission to improve patient care and safety in anaesthesiology, including research and professional education.

Respondents were asked to rank the spending priorities of the charitable foundation in terms of their importance. Figure 27 below shows each priority and the level of importance it received. *Education events and seminars* received the highest level of importance at 80%. *Heritage and history of anaesthesia* was by far seen as the least important priority, with just 13% ranking it as in some way important.

**Figure 27 – Importance of spending priorities for the charitable foundation**

Base: 2,556

<table>
<thead>
<tr>
<th>Priority</th>
<th>More Important (1 &amp; 2)</th>
<th>Less Important (3 &amp; 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education events and seminars</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>International support for anaesthesia in developing countries</td>
<td>55%</td>
<td>44%</td>
</tr>
<tr>
<td>Research grants (in association with NIAA)</td>
<td>53%</td>
<td>48%</td>
</tr>
<tr>
<td>Heritage and history of anaesthesia</td>
<td>13%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Table 16 presents the mean scores (where a lower score represents a higher level of importance) and standard deviations received for each priority, showing again that *education events and seminars* were perceived to be the most important option with a mean score of 1.7.
Table 16 – Importance of spending priorities for the charitable foundation

<table>
<thead>
<tr>
<th>Spending priority</th>
<th>Mean score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education events and seminars</td>
<td>1.7</td>
<td>0.9</td>
</tr>
<tr>
<td>International support for anaesthesia in developing countries</td>
<td>2.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Research grants (in association with NIAA)</td>
<td>2.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Heritage and history of anaesthesia</td>
<td>3.5</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The sample shows slight differences in priorities for respondents depending on their AAGBI membership status. Those with Ordinary membership status gave a greater level of importance to the spending priority of education events and seminars (83% compared with 80% overall), trainees gave more importance to international support for anaesthesia in developing countries (61% compared with 55% overall), and those with SAS Grade membership gave more importance to education events and seminars (87% compared with 80% overall).

Retired respondents, however, were the only membership status that gave greater importance to heritage and history of anaesthesia as a spending priority (35% compared with 13% overall).

The survey asked respondents what strategic areas they thought the AAGBI should focus on, and ranked a series of options in terms of importance. Figure 28 presents each strategic area and shows the amount of importance it received from respondents. Patient safety issues was perceived to be the most important strategic area of focus, with over four in five respondents (85%) ranking it was important, followed by providing more guidelines and standards at 79%. 
Table 17 presents the mean scores and standard deviations received for each strategic area, also highlighting the importance given to patient safety issues with a mean score of 2.7. Far less importance was given to the areas of private practice and international and Third World aid with mean scores of 6.5 and 5.5 respectively.
Respondents were asked to suggest other areas that the AAGBI should consider focusing on. 158 members responded to this question, suggesting the following key areas:

- Education of members (11%)
- Career development advice (10%)
- Raising awareness of anaesthesia with the public and NHS (6%)
- Anaesthesia research (5%)
- Further guidelines (3%)
- Environmental issues (2%)

The sample shows slight differences in importance of for these strategic areas of focus in terms of AAGBI membership status. As shown in Table 18 below, trainee differences can be seen in results for trainee respondents in comparison to overall results, where more importance is given to providing more guidelines and standards, wellbeing and international and Third World aid and far less importance is given to private practice.

Table 18 – Importance of strategic areas to focus on for trainee respondents

<table>
<thead>
<tr>
<th>Strategic area</th>
<th>Overall importance</th>
<th>Trainee importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing more guidelines and standards</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Wellbeing (advice/information on career, family and personal life issues)</td>
<td>43%</td>
<td>47%</td>
</tr>
<tr>
<td>International and Third World aid</td>
<td>29%</td>
<td>37%</td>
</tr>
<tr>
<td>Private practice</td>
<td>17%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Differences were also seen when looking at respondents with SAS Grade AAGBI membership status, who gave more importance to innovation (60%) and wellbeing (56%) when compared with the overall results (46% and 43% respectively. Retired members also gave more importance to wellbeing (48% compared with 43% overall) and overseas members gave significantly more importance to international and Third World aid (53% compared with 29% overall.)
Physician’s Assistants (Anaesthesia)

The survey asked respondents whether they had ever worked with a Physician’s Assistant (Anaesthesia) [PA(A)]. A third of respondents (32%) indicated that they had previously worked with a PA(A).

When asked how to describe their view of PA(A)s, just over a quarter of respondents (27%) said that they see no role for PA(A)s. A large proportion of respondents (19%) were not sure.

Figure 29 – Views on Physician’s Assistants (Anaesthesia) [PA(A)]
Base: 2,497

When looking at these results together, it can be seen that those who had previously worked with a PA(A) were more likely to suggest that they would be happy to work with a PA(A) in an extended role (26% compared with 11% for those who had not) and also in the role currently specified (27% compared with 12% for those who had not). The sample also shows that a larger proportion of those who had not previously worked with a PA(A) indicated that they see no role for PA(A)s (30% compared with 22% for those who had). These findings are shown in Table 19 below.

Table 19 – Views on Physician’s Assistants (Anaesthesia) in relation to experience

<table>
<thead>
<tr>
<th>View of Physician’s Assistant (Anaesthesia)</th>
<th>Previously worked with a PA(A)</th>
<th>Not worked with a PA(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’d be happy to work with a PA(A) in an extended role</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>I’d be happy to work with a PA(A) in the role currently specified</td>
<td>27%</td>
<td>12%</td>
</tr>
<tr>
<td>I see no role for PA(A)s</td>
<td>22%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Conclusions and issues for the AAGBI to consider

The readership of the e-newsletter and Anaesthesia News

Readership of Anaesthesia News is much higher than that of the fortnightly e-newsletter, which was only read by half of the survey sample. As only a fraction of respondents claimed to have no computer access, which suggests that the e-newsletter needs further promotion as many members may not be subscribed.

In terms of frequency of receiving these publications, the majority of respondents suggested that they should both be monthly. This suggests that the e-newsletter may be too frequent and would perhaps be more likely read if it was sent out on a monthly rather than fortnightly basis. The frequency of Anaesthesia News, however, appears to be correct.

Respondents also highlighted that their favourite aspect of the e-newsletter was the updates on AAGBI activities, suggesting that these should be focused on more heavily to increase readership.

The use of the AAGBI website

The survey results suggest that the website is being under-utilised, with the majority of respondents accessing the website less than once a month and many areas of the website not being accessed at all, particularly the secure members’ area.

The website needs further promotion to encourage members to use it more frequently, many of whom will be unaware of its recent redesign and new features.

The new secure members’ area could also benefit from further promotion in order to increase its usage and also to ensure that members understand how to access it correctly, as only 40% claimed that it was easy to access.

Becoming an ‘on-line’ organisation

It appears that the majority respondents would be open to the idea of the AAGBI becoming an on-line organisation, with many preferring communication from the AAGBI by email only. However, in terms of the distribution of publications, members want to have the option of both electronic and paper versions. If moving to communication by email only, it is recommended that the AAGBI ensures that it has up to date and correct email addresses for all its members.
**Positive rating of interaction with AAGBI**

The majority of respondents were happy with their interaction with the AAGBI, with 85% rating their experience as *good* or *excellent*. This is a very positive result for the AAGBI, showing that when people need to contact their membership organisation, their needs are met. This is a result which should be promoted to those within the AAGBI.

**Valued and important membership benefits**

The majority of survey respondents felt that their AAGBI membership offered them value for money. In terms of benefits they receive from their membership, the free subscription to the Anaesthesia journal is definitely key, seen as both the main attraction for joining the AAGBI and the most valued benefit of the subscription package. Other aspects of an AAGBI membership given importance by respondents were the free guidelines, personal injury and life insurance cover, access to current topics and trends, and having a representative body, suggesting that members appreciate the professional support that they receive.

It is recommended that there is a focus on these benefits when promoting the AAGBI membership package, particularly to new members who may not be aware of all the benefits that are offered.

In terms of additional benefits not currently provided, most interest was given to financial and retirement advice, lobbying on government policies, and discounts on travel/priority hotel booking and IT hardware purchases. These are potential areas to consider if looking to increase the scope of the members subscription benefits package.

**Potential to introduce a Facebook page and mobile apps**

The iPhone is the most popular mobile device used, and a large proportion of members use the social networking site Facebook. There is, therefore, potential to introduce an AAGBI Facebook page which would allow members using the site to ‘like’ the page and receive any updates from it as part of their ‘news feed’. Additionally these updates could be accessed by mobile devices such as the iPhone.

There is also potential to develop mobile apps, as over half of respondents had an iPhone and many had other types of smart phone. A CPD logbook app or a safety guidelines app would be utilised by members if developed, with large numbers of survey respondents favouring these suggestions.

It is likely that a Facebook page and mobile apps would be utilised more by younger members and trainees who are more likely to have access to an iPhone and have a Facebook account.
Make events more accessible

AAGBI events are popular amongst the membership, with the majority of respondents having attended, particularly seminars and the Annual Congress. Budget constraints were by far the key reason for members not attending events, as could be expected in the current economic climate.

The majority of respondents thought that the AAGBI events offered value for money. However, those who did not think this focused on the cost of the events and the amount they had to spend on travel and accommodation, particularly when the events are based in London. To encourage further attendance and to allow those who struggle to afford to attend events, discounts on accommodation and alternate event venues could be explored. Discounted rates for trainees and retired members could also be looked into as these types of members struggle to attend.

Venue hire

If wanting to encourage members to hire the AAGBI headquarters as a venue, further promotion of the facility is needed, as less than half the survey sample were aware. However, it is important to take into account that the majority of respondents would not consider hiring rooms or using a members’ room or lounge.

Future priorities

It appears that the AAGBI’s charitable foundation could be promoted further as not all members are aware of it. From the members’ perspective, the focus of the charitable foundation should be on education events and seminars. Very little importance was given to the heritage and history of anaesthesia, suggesting that members want to see more practical and useful benefits.

In terms of future strategic focus of AAGBI, members gave most importance to patient safety issues and providing more guidelines and standards, two areas which complement each other.
Appendix A – Paper Survey

AAGBI Membership Survey

Please complete this questionnaire and return it in the prepaid envelope provided to Enventure, Bradford Chamber Business Park, New Lane, Laisterdyke, Bradford, BD4 8BX. Alternatively, you can complete this survey online by clicking on the link found in your emailed invitation, or by visiting www.enventure.co.uk/aagbi/survey.htm.

If you have already completed this survey online, please disregard this questionnaire.

If you have any questions about completing or accessing the questionnaire, please call the survey helpline on 0845 345 9110 or email aagbi@enventure.co.uk

Confidentiality - This survey is being carried out independently on behalf of the AAGBI by Enventure, a market research agency, bound by the Market Research Society’s Code of Conduct. This ensures that your personal details and other information will only be used for the purposes of the survey and will not be disclosed to any third parties.

Please return the completed questionnaire by Monday 3rd October 2011.

Communications and Publications

Q1  Do you read the fortnightly AAGBI e-newsletter?
  □ Yes  □ No

Q2  If yes, what do you like the most about e-newsletter? Please select one feature
  □ Links to external websites of relevant interest  □ Featured AAGBI events/seminars
  □ Updates on AAGBI activities  □ Links to Anaesthesia articles

Q3  How often do you read Anaesthesia News?
  □ Every month  □ Once in a while  □ Never

Q4  What do you like about Anaesthesia News? Please tick all that apply
  □ The articles  □ The adverts
  □ The letters  □ Anaesthesia digested
  □ Particles  □ Editorial
  □ History of Anaesthesia page  □ GAT Pages
  □ Columns from Scoop O’Lamino/Victor  □ Other please specify _______

Q5  How often would you like to receive the e-newsletter and Anaesthesia News in the future?

<table>
<thead>
<tr>
<th></th>
<th>Weekly</th>
<th>fortnightly</th>
<th>Monthly</th>
<th>Bi-monthly</th>
<th>Quarterly</th>
<th>Twice yearly</th>
<th>Annual</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-newsletter</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Anaesthesia News</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Q6  Are you aware that the AAGBI website (www.aagbi.org) has been redesigned?
  □ Yes  □ No

Q7  How often do you use the AAGBI website?
  □ Never  □ Less than once a month  □ Once a month  □ 1-3 times a month  □ 1-3 times a week  □ Once a day  □ More often

Q8  How useful do you find the following sections of the AAGBI website? 1 = not useful, 5 = very useful

<table>
<thead>
<tr>
<th></th>
<th>1 Not valuable</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 Very valuable</th>
<th>Haven’t accessed this section</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Us</td>
<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
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<td>Research</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>International</td>
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<td>□</td>
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<td>Safety</td>
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</tbody>
</table>
### AAGBI Membership Survey – Final Report

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Have't accessed this section</th>
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<tr>
<td>Professional</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Public and press</td>
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<tr>
<td>Publications</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>New secure members' area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Q9** If you have used the new secure members’ area, how easy or difficult did you find it to access?
- ☐ Very hard
- ☐ Quite hard
- ☐ Neither hard nor easy
- ☐ Quite easy
- ☐ Very easy

**Q10** If you have found the new secure members’ area hard to access, please explain why?

**Q11** Is there anything else you would like to see on the AAGBI website?

**Q12** The AAGBI is seeking to become a ‘on-line’ organisation, but we would like to know how you would prefer us to communicate with you. Please tick one method.
- ☐ By email
- ☐ On-line/via the AAGBI website
- ☐ By post

**Q13** How do you think the AAGBI should distribute publications to its members (including guidelines, journals and event handouts)?
- ☐ Paper only
- ☐ Electronic only
- ☐ Both paper and electronic

## Technology and Social Networks

**Q14** Which of the following mobile phone devices do you use? Please tick all that apply.
- ☐ iPhone
- ☐ Blackberry
- ☐ Android smartphone
- ☐ Windows smartphone
- ☐ Other

**Q15** Which of the following computer devices do you use? Please tick all that apply.
- ☐ Tablet
- ☐ Windows
- ☐ Apple
- ☐ Laptop/desktop
- ☐ None of these
- ☐ Other

**Q16** Which of the following social networking sites do you use? Please tick all that apply.
- ☐ None
- ☐ LinkedIn
- ☐ Twitter
- ☐ Facebook
- ☐ Other

**Q17** The AAGBI is considering developing ‘apps’ to be used by its membership on mobile devices. Listed below are some ideas for apps which could be developed. Please indicate which apps you would use. Tick the box to indicate which apps you would use.
- ☐ AAGBI Annual Congress/WSM/GAT
- ☐ Hospital Induction pack
- ☐ Calendar of AAGBI events
- ☐ Clinical Logbook
- ☐ SPA Logbook
- ☐ CPD Logbook
- ☐ Safety guidelines
- ☐ None of these / I would not use apps
- ☐ Other

## Events

**Q18** Which of the following AAGBI events have you attended? Please tick all that apply.
- ☐ WSM London
- ☐ Annual Congress
- ☐ Regional Core Topics
- ☐ Seminars
- ☐ GAT ASM
- ☐ Scottish Standing Committee Open Meeting
- ☐ Irish Standing Committee Open Meeting
- ☐ None
Q10. If you haven’t been to any of the AAGBI events, why not? Please tick all that apply.
- [ ] They are not held near to me
- [ ] I am unable to take time away from work
- [ ] I am unaware of the AAGBI events programme
- [ ] The content is of no interest
- [ ] Budget constraints / cost
- [ ] Other please specify:

Q20. Do you think AAGBI events offer good value for money?
- [ ] Yes
- [ ] No

Q21. If you do not think AAGBI events offer good value for money, please explain why:

Professional Development

Q22. Do you use the CPD matrix to guide your professional development?
- [ ] Yes
- [ ] No
- [ ] Not yet

Q23. Do you want the AAGBI to provide on-line facilities to help support your revalidation CPD?
- [ ] Yes
- [ ] No

Q24. What aspects of on-line learning do you think are the most important? Please rank from 1 to 5 in terms of importance (1 being most important, 5 being least important).

- Convenience
- Ease of use
- Interesting and engaging
- Study when I want to
- It's my choice

Q25. Should the AAGBI provide materials for Consultants to assist them with exam related materials for trainees?
- [ ] Yes
- [ ] No

Q26. Would it interest you to see some short examination articles in Anaesthesia News?
- [ ] Yes
- [ ] No

Venue Hire

Q27. Did you know that you can hire 21 Portland Place (AAGBI Headquarters) as a venue?
- [ ] Yes
- [ ] No

Q28. Would you consider hiring rooms at the AAGBI?
- [ ] Yes
- [ ] No

Q29. Would you use a members' room/lounge at the AAGBI headquarters?
- [ ] Yes
- [ ] No

Other AAGBI Activities

Q30. Do you know the AAGBI has a charitable foundation with a mission to improve patient care and safety in anaesthesiology including research and professional education?
- [ ] Yes
- [ ] No

   The foundation funds the following activities: educational events, research and international development and a heritage centre.

Q31. Looking to the future, what do you think should be the spending priorities for the charitable foundation? Please rank from 1 to 4 in terms of importance (1 being most important, 4 being least important).

- Research grants (in association with NIAA)
- Education events and seminars
- International support for anaesthesia in developing countries
- Heritage and history of anaesthesia
Q32. What strategic areas do you think the AAGBI should focus on? Please rank from 1 to 8 in terms of importance (1 being most important, 8 being least important)

- International and Third World aid
- Working with other specialties/disciplines
- Lobbying and more involvement with the NHS reforms
- Patient safety issues
- Providing more guidelines and standards
- Innovation
- Private practice
- Wellbeing (advice/information on career, family and personal life issues)

Q33. What other areas should the AAGBI consider?

Q34. Have you ever worked with a Physician’s Assistant (Anaesthesia) (PA(A))?

- Yes
- No

Q35. Which of the following statements best describes your views on PA(A)s?

- I'd be happy to work with a PA(A) in an extended role
- I don't want to work with a PA(A) but don't mind if others do
- I see no role for PA(A)s
- Don't know

Q36. Where do you work?

- England
- Scotland
- Wales
- Northern Ireland
- Eire
- I am retired
- Other Please answer Q37 below

Q37. If you do not work in any of the countries listed above, please indicate which country you work in

Q38. Which best describes your employment status?

- Full time NHS
- Less than full time NHS
- Academic
- HM Forces
- Full time independent practice
- Other Please specify

Q39. Which best describes your independent practice?

- I have never done independent practice
- I used to do independent practice
- I do some independent practice
- I only do independent practice

Q40. What is your age?

- 23 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 +

Q41. What is your gender?

- Male
- Female

Q42. What is your AAGBI membership status?

- Ordinary & Associate (salary greater than £40k/€45k)
- Ordinary & Associate (salary less than £40k/€45k)
- Ordinary & Associate (salary less than £20k/€22k)
- Overseas
- Overseas limited income
- Overseas limited income
- Trainee
- Joint membership
- Retired (receiving Anesthesia News)
- Retired (receiving Anaesthesia News only)
Q43 If you are a trainee, what year of training are you currently in?
- Foundation Year 1 & 2
- CT 1 or 2
- ST 3 or 4
- Years 5 – 7
- Other: Please specify

Q44 Approximately how many years have you been a member of the AAGBI?

Q45 When you interact with the AAGBI, how would you rate your experience?
- Poor
- Fair
- Good
- Excellent

Q46 Which benefits most attracted you to join the AAGBI? Please tick all that apply
- Personal injury & life insurance cover of up to £1 million for patient transfer
- Free subscription to the monthly newsletter Anaesthesia News
- Handbook for SAS doctors
- Opportunities for grants and awards for research
- Welfare including mentoring services
- Free subscription to the International Journal of Anaesthesia
- Free copies of the AAGBI guidelines on issues affecting anaesthetists
- The essential GAT Handbook and GAT Survival Guide for trainees
- Representation of your views in medical politics
- Discounted rates for all AAGBI meetings
- 20% discount on books from Oxford University Press & Blackwell Publishing
- Our fortnightly e-Newsletter @aagbi
- Tax relief on your subscription

Q47 Listed below is the current membership subscription package. How valuable do you think these benefits are? 1 = not valuable, 5 = very valuable

<table>
<thead>
<tr>
<th>Benefit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal injury &amp; life insurance cover of up to £1 million for patient transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Free subscription to the International Journal of Anaesthesia</td>
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<tr>
<td>Free copies of the AAGBI guidelines</td>
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<tr>
<td>Free subscription to the monthly newsletter Anaesthesia News</td>
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<td></td>
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</tr>
<tr>
<td>Discounted rates for all AAGBI meetings</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20% discount on books from Oxford University Press &amp; Blackwell Publishing</td>
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<td></td>
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<tr>
<td>Opportunities for grants and awards for research</td>
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<tr>
<td>Representation of your views in medical politics</td>
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<tr>
<td>Professional 'Handbooks' e.g. GAT Survival Guide for trainees &amp; Handbook for SAS doctors</td>
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<td></td>
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<tr>
<td>Welfare including mentoring services</td>
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</tbody>
</table>

Q48 What is important to you as a member of the AAGBI? 1 = not important, 5 = very important

<table>
<thead>
<tr>
<th>Benefit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to current topics/trends</td>
<td></td>
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<td>Travel grants</td>
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<td>Opportunity to network</td>
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<td>Having a representing body</td>
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<td>AAGBI guidelines</td>
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<td>Quality of events</td>
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<td>Individual advice</td>
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<td>Research grants</td>
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<td>Discounted rates on AAGBI educational programme (CPD)</td>
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<td>Being part of a professional body within the field</td>
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</tbody>
</table>
Q49  Do you think the AAGBI membership offers value for money?
☑ Yes  ☐ No

Q50  Please provide reasons for your answer to Q49

Q51  What other membership benefits would be of interest to you? Please tick all that apply
☑ Discounts on travel & priority hotel booking  ☐ Membership to health and sports centres
☑ Discounts on IT hardware purchases  ☐ Discounts on health and dental plans
☑ Lobbying on government policies  ☐ Discounts on motor vehicles
☑ Other please specify

Q52  What other professional organisations are you a member of? Please tick all that apply
☑ British Medical Association (BMA)  ☑ Royal College of Anaesthetists (RCoA)
☐ The College of Anaesthetists of Ireland

Q53  What specialist societies are you a member of? Please list below

In order to ensure that the AAGBI provide an excellent service to all its members, the Association will be conducting further research in various forms.

Q54  Please indicate below which of the following additional research activities you would be willing to take part in

<table>
<thead>
<tr>
<th>Research activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone interviews</td>
<td>☑</td>
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<tr>
<td>Focus groups</td>
<td>☐</td>
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<tr>
<td>Annual short surveys</td>
<td>☐</td>
<td></td>
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<tr>
<td>Industry related surveys</td>
<td>☐</td>
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<tr>
<td>Research questionnaires from other AAGBI members</td>
<td>☑</td>
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</tbody>
</table>

Q55  If you have ticked ‘yes’, please provide your email address or telephone number (whichever preferable) so that we can get in touch with you

Q56  If you are interested in taking part in any additional research, please indicate from the following list which areas you would like to be involved in Please tick all that apply

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee specific</td>
<td>☑</td>
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<tr>
<td>Revalidation</td>
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<tr>
<td>Independent practice</td>
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<tr>
<td>CpD Models and e-learning</td>
<td>☑</td>
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<tr>
<td>Retirement</td>
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<tr>
<td>International relations</td>
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<td>Safety and standards</td>
<td>☑</td>
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<tr>
<td>Heritage, library and museum</td>
<td>☐</td>
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<tr>
<td>Member wellbeing (advice/information on career, family and personal life issues)</td>
<td>☑</td>
<td></td>
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<tr>
<td>SAS specific</td>
<td>☑</td>
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<tr>
<td>Research</td>
<td>☑</td>
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</tbody>
</table>

Q57  The AAGBI receives requests from members to distribute research questionnaires. If you would like to be involved in research questionnaires from AAGBI members, how many would you be willing to receive in a year?
☐ 1 am not interested  ☑ 3 per year  ☐ 5 per year  ☐ 10 per year

Thank you very much for taking part in this survey. Your views are greatly appreciated.

Please return your questionnaire by Monday 3rd October in the pre-paid envelope provided.