

The 2003 Medicine Today survey results

Medicine Today would like to thank everyone who participated in our 2003 reader survey. We received over 1500 responses and these will help us to tailor the Journal even more accurately to meet your needs and interests, while we endeavour to be, as one GP wrote, your 'most important learning tool'.

What do we do with your comments?

We read and save all of your comments, looking for both positive and negative feedback. We look at how you grade the various articles and sections and then we work to adjust the content accordingly. For those of you who suggested topics, keep an eye out in upcoming issues of *Medicine Today* where you will find that many articles have been commissioned specifically at your suggestion.

In summary: the survey

During the survey period, you had the opportunity to grade the content of the April, May and June issues of *Medicine Today*. Most of the feedback we received was very positive. Some of the main results are summarised below.

Which articles do you score highest?

As a group, the full-length articles scored highest in the Journal with more than 85% of respondents grading them as very good or good. During the survey period, the highest scoring articles were those on wheeze in children and COPD; less than one percent behind were the articles on heavy menstrual loss and retinal detachment.

The other particularly high scoring sections of the Journal, scored as good or very good by about 80% or more respondents, included the In Brief news, and the regular rheumatology, practical procedures, ophthalmology, drug update, clinical case review, emergency medicine and diabetes sections.

In summary, the top 10 articles that were scored by respondents as very good or good were as follows:

- Investigating wheeze in children (in the June issue, by 90% of respondents)
- Chronic obstructive pulmonary disease: management guidelines (May, 90%)
- Heavy menstrual loss: part 2 – management options (May, 90%)
- Retinal detachment: what the GP should look for (June, 89%)
- Diagnosing and treating the acute sore throat (April, 88%)

- Current status and management of coeliac disease (June, 88%)
- Screening and treatment of cervical precancers (June, 87%)
- Heavy menstrual loss: part 1 – is it really heavy loss? (April, 87%)
- Erectile dysfunction: update on oral therapies (May, 87%)
- Painful red eye associated with contact lens wear (Ophthalmology Clinic, May, 86%).

You can please most of the doctors most of the time...

We found that our articles pleased most of the doctors most of the time, but not all of the doctors all of the time. We feel this reflects the diversity of general practice, which encompasses differences in level of educational need as well as differences in areas of interest. For example, among your comments on the article on retinal detachment one GP wrote that the content was 'too academic' while another wrote 'I like these type of articles that are pitched to extend my knowledge not to reiterate it'.

To address this diversity, we work carefully on the mix of articles in *Medicine Today*. We aim firstly to provide relevant information on the bread and butter of general practice, information that you can use from day to day. Then we add a sprinkling of more specialised topics (to keep you medically well rounded) and clinical news (to keep you up to date).

Thank you for your compliments

We received many compliments regarding not only the content of the *Medicine Today* but also the layout, tables, illustrations and overall readability.

The editorial staff endeavour to make the language used in the Journal as easy to read and familiar as possible. All articles are organised into easy to follow sections and tables, key points are highlighted in the 'In summary' box and, wherever possible, management algorithms are provided in flowchart format. Together with clinical photographs and scans, specifically commissioned illustrations are incorporated into the articles by our production and design co-ordinator.

In answer to your questions

Below, we answer a few of the commonly asked questions that we received.

On our questions: our CPD program

The most common questions regarding CPD were why had we changed slightly the format of our CPD questions in 2003, and could we allocate more points for the questions.

Medicine Today has the most widely used journal CPD program for GPs in Australia. This year the program was reassessed by the RACGP and two case-based questions were added to meet its requirements. The College is responsible for



allocating the number of points you can acquire by participating in our CPD program.

Peer review

The two main questions that you asked about our peer review were: what is peer reviewed and are GPs involved?

To provide you with authoritative information that you can rely on, *Medicine Today* is rigorously peer reviewed. All our leading review articles and most of our regular features are reviewed by at least two specialists in the field and one GP. Each clinical report in the In Brief news section is reviewed by a specialist in the relevant field. Reviewers are from our Honorary Board of Consultants or are other Australian experts in the field. For a complete list of each year's reviewers please see the December issue of the Journal.

Articles are accepted for publication only if they pass the stringent review process. In most cases, authors are asked to revise their articles in consideration of the reviewers' comments, which are anonymously passed on to the authors. After being revised, nearly all papers are reviewed again by at least one doctor, and when revisions are substantial at least one specialist will re-review the article. Articles may be rejected at any stage during the process.

When a reviewer has a different viewpoint or additional information to offer, a Consultant or Reviewer's comment is included with the article to provide further perspective on the topic.

The only sections of the *Medicine Today* that are not peer reviewed routinely by Australian doctors are Journal Watch and the anecdotal tales of Innocence Revisited. Journal Watch is reprinted with permission of the Massachusetts Medical Society, publishers of the *New England Journal of Medicine*. These abstracts have already been carefully vetted by the Journal Watch editors. However, careful consideration is given to the selection of summaries by *Medicine Today's* editorial team to ensure each will be of interest or practical benefit to our readers.

Advertising in the Journal

Some readers asked about the wording or style of advertisements in the Journal. Advertisements are written and designed independently of *Medicine Today*, and the pharmaceutical industry is a self-regulating one. However, our Honorary Board of Consultants are asked to inform the Publishers if any advertising lacks the credibility to appear in the Journal.

Final comments

Once again we thank everyone who participated in the 2003 survey. In a few months time, you will again have the opportunity to provide us with your feedback in this year's survey. In the meantime, if you have a particular question on the Journal that was not addressed here, please do not hesitate to contact our editorial office. Contact details can be found on the contents page of this issue (page 2).

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