

Does the *BJGP* need more fizz and pop? — A Midland Faculty readership survey

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SUMMARY

Background. The *British Journal of General Practice (BJGP)* is the leading primary care journal in the world. By impact factor, it ranks 24th of all medical journals. However, despite major changes in the journal since its inception in 1954, there have been no published readership surveys since a limited report in 1969.

Aim. To canvass members of the Midland Faculty and to add to the debate about the future of the *BJGP*.

Method. A postal questionnaire was sent to a random sample of 299 members, fellows and associates of the Midland Faculty asking for their views about the *BJGP*.

Results. Two hundred replies were received (a response rate of 67%). The median year of qualification of responders was 1981, and 32 (16%) held academic posts. Ninety-nine (49%) disagreed with the present format of the *BJGP*, which compared poorly with the *British Medical Journal (BMJ)* in simple rank order of importance. Readership was equal to that of the *BMJ* (93% reading it within 28 days of arrival), but fewer people read it within a week of receiving it. The most popular sections were the editorials, original articles and letters; least popular were the book reviews and the pull-out magazine, *Connection*. All sections were rated excellent to average. Readers wished for an expansion of the *BJGP* to include clinical reviews, medical politics and humorous pieces. Most responders felt that *Connection* should remain separate. There was dissatisfaction with the delay between submission and publication of original articles, particularly among the academic general practitioners (GPs). Academics and fundholders did not differ from other readers in their views of the content or style of the *BJGP*. Half of the responders stated that the *BJGP* should be self-financing and should be open to more advertising. Responders' free comments largely related to improving the style of articles and expanding the *BJGP*.

Conclusion. There is a view that the present *BJGP* is not relevant to the non-academic GP. This is probably due to style rather than content. Simple comparisons with a weekly multi-disciplinary journal may not be valid. The style could be updated to improve retention of information and to highlight areas of particular relevance. Readers are satisfied with the core content of the *BJGP* but want it to expand to include humour, clinical

reviews and medical politics, for example. There is no evidence that the *BJGP* is more appealing to the academic GP. This study supports an expanded *BJGP* with an improved style.

Keywords: surveys; postal questionnaires; *BJGP*; RCGP Connection; RCGP midland faculty.

Introduction

A brief history of the *BJGP*

THE *British Journal of General Practice* started life as a research newsletter in 1954. The newsletter was the first attempt by the Royal College of General Practitioners (RCGP) to meet Object E of the Memorandum of Association, which was 'to encourage the publication by GPs of original work on medical or scientific subjects connected with general practice'.¹ The newsletter became a quarterly edition in 1957 and the *Journal of the College of General Practitioners* in 1958. In 1975, Gray² wrote that Dr R M S McConaghey, the founding editor, had established 'a journal of record ahead of his time'. 'He foresaw before it happened that GPs would increasingly report original research from general practice itself. He deliberately fashioned an instrument of communication which would appropriately represent the discipline.' The first edition included the fourth James McKenzie lecture, a symposium, RCGP news, postgraduate education, research news and book reviews.

Over the next few years, the page size of the *College Journal* increased from that of a pocket edition to A4, making it more difficult to 'slip out of the pocket and read in the closet'.³ Dr Denis Pereira Gray, editor from 1972 to 1981, argued that any clinical discipline must establish its own research base, define its own area of competence and establish its own standards. He broadened the range of original papers relating to general practice to include those from hospital specialists, educationalists, psychologists, and sociologists, for example. With the introduction of vocational training, Gray included many papers on education and educational method⁴.

In 1977, the *College Journal* flirted briefly with commercialism, employing an outside publisher (Update), only to resume full publishing responsibility in 1984. The abundance of advertisements within the journal attracted criticism and presented conflicts of interest to the editorial board. This coincided with a drop in advertising revenue. The editorial board took the opportunity to distance themselves from the many free publications then aiming 'for immediate impact [and advertising revenue] rather than for quiet and sober provision of information'.⁵

In 1990, Dr Graham Buckley, then editor, changed the name of the *College Journal* to the *British Journal of General Practice*. This marked the beginning of a 'new decade' in general practice and emphasized the *BJGPs*' now international reputation and its importance in British general practice.⁶

The *BJGP* is now well established as the prime journal of general practice in the world, and the first to be included in *Index Medicus*.⁷ From 1964 to 1990, the number of papers published in the *BJGP* was between 79 and 113, of which 7.2% were from outside the British Isles, 'testifying to its international dimension';⁸ this proportion increased to 17% by 1993. In 1994, its impact factor (a measure of the frequency with which the aver-

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age article is cited in a particular year) ranked the *BJGP* as the leading primary care journal and 24th of all medical journals.⁹

Why a readership survey?

The *BJGP*'s success has been accompanied by a decrease in the number of original papers from non-academic GPs: the proportion fell by as much as two-thirds over the 10 years from 1979.¹⁰ The *BJGP* has always been open to constructive criticism, but negative comments have unfortunately outweighed the positive ones.¹¹ The *BJGP* has been attacked for being 'dull'.¹² There have been calls to increase its size, to include more review articles, and to make the *BJGP* more accessible to the busy clinician.¹¹ In 1994, RCGP council approved a three-year development programme.

'Unless a journal arouses criticism it hardly achieves the objects for which it is published,' stated McConaghey in 1969.¹³ There have been no published readership surveys contrasting today's *BJGP* with McConaghey's original concept of 'reflecting general practice from within'.¹⁴ A questionnaire was sent to members with the *College Journal* in 1969, but unfortunately the response rate was poor and although the results were reported as 'illuminating' they were not published.¹³ Since 1969, despite major changes in the journal, there have been no published readership surveys.

In 1995, the Midland Faculty board discussed at length the content and style of the *BJGP*. The board decided to canvass its membership, with a view to providing constructive input to the *BJGP*'s development programme. A readership survey was commissioned and financed by the faculty. The Department of General Practice at the University of Birmingham was asked to perform the study on behalf of the Faculty.

Method

A questionnaire was devised by pooling ideas from faculty board members and circulating the resulting prototype questionnaire for further comments. The target population was all 1060 fellows, members and associates of the Midland Faculty of the RCGP, the largest faculty within the College. Names were randomly selected from the RCGP database: 30 for the pilot study, and 299 for the main study. (Unfortunately, the three-hundredth name belonged to the faculty administrator, who was excluded as she was not a member.) After a pilot study, the questionnaire was posted to the sample population. A covering letter from the Department of General Practice explained the aims of the study, and a freepost envelope was included for the reply. Non-responders were identified by a code number on the questionnaires, and a second mailing was sent to them one month later. Questionnaires were posted during February and March 1996.

Members were asked about their practice details, their academic qualifications, and their views on the format and content of the *BJGP* as compared with the *BMJ*, the *Lancet*, and the free general practice newspapers. A free-text section invited further comments. Academics were defined as those with a higher degree (MD, MSc, or PhD) or an academic post (either in a

department of general practice, or as a course organiser, GP tutor, associate or regional adviser). Final decisions about academic credentials were resolved by discussion between the authors. Comparisons were made between academic and non-academic GPs, and between fundholders and non-fundholders.

Results

Demography

After the second mailing, a total of 200 replies were received giving a response rate of 67%. One hundred and thirty-six (68%) were male and 64 (32%) were female. The proportion was similar for non-responders, with 63 (63%) men and 36 (36%) women.

Year of qualification ranged from 1930 to 1992, the median being 1981; 16 responders (8%) qualified before 1950. Fifteen responders (7.5%) had a higher degree, 25 (12.5%) had an academic post, and 8 (4%) had both. There were therefore 32 'academic GPs' (16%) and 162 'non-academics' (81%) (6 responders failed to supply academic details).

Most of the replies (144, 72%) came from urban or mixed practices, with just 35 (17%) from rural practices. There were 14 non-principals (7%), and 7 non-responders (3%). The majority (111 members, 55%) were fundholders, with 56 non-fundholders (28%); for 33 of the members (16%), the question either received no answer or was not applicable. The size of the practices varied from single-handed (4 replies, 2%) to 9 partners (3 replies, 1.5%), with a median of 5 partners. List size varied from 1600 to 20 800 patients, with a median of 9050 patients.

Format of the *BJGP* and comparative ranking

Members were asked to give their opinion about the present format of the *BJGP*. Ninety-nine of responders (49%) disagreed with the statement that 'the *BJGP* is fine in its present format', 50 (25%) were neutral, 35 (17%) agreed, and 16 (8%) gave no response. These responses were statistically no different from the views of the academic and fundholding GPs (chi-square test).

Members were asked to rank the *BJGP*, *BMJ*, *Lancet* and free general practice newspapers in order of importance. The comparative ranking is displayed in Table 1. Seventy-five per cent of responders ranked the *BMJ* as the most important publication, compared with 10.5% for the free newspapers and 8.5% for the *BJGP*. The *Lancet* was ranked the least important publication. Statistical comparison showed that these differences were significant ($P < 0.001$, Wilcoxon signed rank test and Kruskal-Wallis test). The rankings given by academics and fundholders were not significantly different from those of other responders (chi-square test).

Reading times

One hundred and thirty seven responders (68.5%) read the *BJGP* within 28 days compared with 179 (89.5%) for the *BMJ* (see Table 2). Those who read the *BJGP* at some stage totalled 186 (93% of all responders), the same as the total number of *BMJ* readers. This compared with 160 readers (80%) for the free

Table 1. Responders' ranking of each publication in order of importance (n = 200).

Ranking (1=most important, 5=least important)	1	2	3	4	5	No Reply
<i>BJGP</i>	17	55	79	26	11	12
<i>BMJ</i>	151	30	7	2	1	9
<i>Lancet</i>	2	20	14	32	77	59
Free Publications	21	63	44	26	14	30
Other Publications	7	25	23	29	10	106

newspapers. The difference in reading times between publications was significant ($P < 0.001$, Wilcoxon signed rank test and Kruskal–Wallis test). Responders were asked how often the *BJGP* should be published and 161 (80%) preferred the present monthly publication.

Content of the BJGP

The most popular sections of the *BJGP* were the editorials, original papers, and letters, which were read respectively by 172 (86%), 152 (76%) and 102 (51%) of all responders. Most responders ranked these sections as either satisfactory or average, but greater praise was given to the editorials (Table 3). The least popular sections were the *Connection* magazine and the book and video reviews, which were read by 72 (36%) and 50 (25%) respectively. The high number of non-responders and non-readers made interpretation of these sections difficult, although most ranked them as satisfactory or average. Academic GPs and fundholders were no different from their colleagues in their opinions (chi-square test).

Eighty (40%) of those replying disagreed, or strongly disagreed, with the view that the present submission to publication time for original articles is about right; 28 (14%) agreed, 73 (36%) were neutral, and 17 (8%) did not reply. The number of responders disagreeing was proportionately higher for academic GPs (75% versus 34.5% for non-academic practitioners, $P < 0.02$, chi-square test). There was no difference in opinion between fundholders and non-fundholders.

Ninety-five (46.5%) of responders wanted the proportion of non-academic articles to increase slightly, 31 (15.5%) wanted it to increase greatly, while 25 (12.5%) wanted a reduction (49 did not reply). Asked whether it was helpful to keep the RCGP news separate from the *BJGP* in the pull-out magazine *Connection*, 79 (39.5%) agreed or strongly agreed, 67 (33.5%) were neutral, and 42 (21%) disagreed or strongly disagreed (12 did not reply). Publishing *Connection* separately from the *BJGP* would make no difference to the frequency of reading the *BJGP* for 154 responders (83%), but would be seen positively by 8 (4%) and negatively by 24 (13%).

Members were asked what they would wish to be included if the *BJGP* was expanded (see Table 4). The more popular suggestions included more review articles, RCGP information, multi-disciplinary information, medical politics, and humour. The least popular were obituaries, faculty news and more academic letters.

Commercialism

Asked whether the *BJGP* should be profit-making, 8 (4%) agreed, 101 (50%) felt the *BJGP* should break even, and 78 (39%) thought the *BJGP* should continue to be subsidized. Eighty-four (42%) would be willing to see more adverts, 11 (5%) would prefer to see fewer, and 82 (41%) were neutral. Asked whether the *BJGP* provided value for money, 72 of the members (36%) agreed or strongly agreed, 57 (28.5%) were neutral and 29 (14.5%) disagreed.

Free-text comments

Many responders provided comments on the *BJGP*, a few of which were complimentary: ‘a journal of high professional standard’ for example. However, most of the comments were negative, calling for improvements in style or content, or in relevance to the non-academic GP. Responders variously described the *BJGP* as ‘rather dull’, ‘boring to look at’, and ‘an unmitigated bore’; original articles were described as ‘porridge-like’. Some responders referred to recent changes in the *BMJ*, remarking that ‘the *BMJ* used to be equally dry’. There was a feeling that the *BJGP* may have become a little distant from the non-academic GP: ‘intellectual masturbation’ was one perception. There was also a call for a more practical basis to the articles, and for more clinical reviews. Positive suggestions included ‘more political comment’, ‘more summaries and key points’, ‘a livelier format’, and ‘a more light-hearted approach’.

Discussion

The Midland Faculty is the largest faculty in the RCGP, and although inland it does represent the broad range of general practice in the United Kingdom. It is also unique in having three academic departments of general practice within its boundaries. The response rate to this questionnaire was good. It is possible that more extreme views may have been over-represented, but this is unlikely as non-responders contained a similar mix of GPs, and the sample used appears to be a representative cross-section of the Midland Faculty. The results of this study reflect a Midlands view, which possibly mirrors the feelings of other RCGP members.

Is the criticism justified?

Few members appeared content with the present format of the *BJGP*, which seems to rank poorly against the *BMJ*. The terms

Table 2. Responders time between arrival of each publication and reading (n = 200).

	Within 7 days	7 to 28 days	Over 28 days	Never	No reply
BJGP	59	78	49	9	5
BMJ	124	55	7	3	11
Lancet	11	12	13	43	121
Free publications	121	35	4	15	15
Other Publications	45	27	9	0	119

Table 3. Responders’ scoring in terms of usefulness for each section of the *BJGP* (n = 200).

	Excellent	Satisfactory	Average	Poor	Not Read	No reply
Editorials	22	89	49	15	12	13
Original Papers	7	46	61	51	19	16
Letters	8	43	55	12	52	30
Book and Video	4	23	23	10	96	44
Connection	2	35	37	10	77	39

'format' and 'importance' may have caused some confusion in this questionnaire. Format can apply to content, style or both. 'Content' was usefully explored later in the questionnaire, but 'style' refers only to the free-text comments. In order to limit the length of questionnaire, questions relating to specific aspects of style (e.g. use of colour) were not included. Future surveys should explore this area further.

The free weekly newspapers may be 'important' for news, comment and gossip, but the other publications used in our comparisons have a different 'importance', even if some (e.g. the *Lancet*) are not frequently read.

Is the comparison with the BMJ valid?

The *BMJ* has four issues to every one of the *BJGP*, so each month's content is four times as likely to contain something of relevance to the non-academic GP. Secondly, the articles are culled from a multi-disciplinary field, allowing a greater harvest. The *BJGP* promotes a single discipline and it may be better to compare it with other single-discipline publications. There is no other non-commercial, general practice publication that compares in terms of readership. The authors were unable to find a comparable, widely-read and non-commercial monthly primary care journal containing original papers.

Sober reflection

The time between receiving and reading the *BJGP* in this study reflects publication frequency. It is unfair to compare a weekly and a monthly publication as the second may promote a more leisurely, reflective approach more appropriate to education. Members were not asked how many of each publication were thrown away before the next edition arrives; possibly the frequent publications are more likely to be discarded. A fairer comparison is obtained from the proportions who read the publications within 28 days of arrival, and here the *BJGP* compares favourably with the *BMJ*. In total, 93% of responders read the *BJGP* at some stage, the same as for the *BMJ*, suggesting that the readership is very loyal despite apparent criticism.

Academic favouritism?

There is dissatisfaction with the submission to publication time for original articles, but largely from the academic GPs. The academics are more likely to be referees for original papers, may not be entirely blameless, and can appropriately influence the process. This issue is clearly of little importance to the non-academics. Interestingly, many responders would prefer more original articles to be published and these are very popular, even if the lead time to publication is longer than for the *BMJ*. The core content of original articles, letters and especially editorials

received sound support in this survey.

Fundholders and academics do not appear to differ from other GPs in their views of the *BJGP*, except in their dissatisfaction with submission to publication time. This study provides no evidence that the *BJGP* is written for and is more appealing to the academic GP.

Connection, book reviews, and non-academic content

Few read or commented on the non-academic sections of the *BJGP*. The popularity of *Connection*, and of the book and video reviews, may reflect selective reading rather than style. There were calls for the non-academic sections to be expanded with political comment and humour. The present format of a separate pull-out magazine (*Connection*) within the *BJGP* was welcomed but has little impact on readership. Few read the *BJGP* for *Connection* alone. More RCGP information was called for, and thought should be given to expanding this section.

Expansion and improvement

Members also wished to see more articles with practical relevance, for example more review articles. Relevance may not be apparent owing to unattractive style. Inclusion of summaries, key points and attention to layout may improve retention of information and encourage readership.

Costs

The majority would like to see a monthly *BJGP* that breaks even. Members are open to having more advertisements if this reduces costs. One method would be to franchise the *BJGP* to a publishing house, with the RCGP providing the editorial input, rather than keeping the publication in-house. However, such commercialization was criticized when it was attempted in 1977 and was abandoned in 1984.

Comments

The free-text comments provided an outlet for more extreme views but reinforced the high respect for the *BJGP*. The main requests were for improvements in style and for additional non-academic content.

Conclusion

The *British Journal of General Practice* remains the world's premier journal of general practice, and the editorial board is rightly proud of its impact factor, citation rate and international standing. Simple comparisons with the *BMJ* and free newspapers may not be valid.

This questionnaire demonstrates the high readership by RCGP members for whom the *BJGP* is a source of 'quiet and sober provision of information'.⁵ Members wish to retain the core content but expand the *BJGP* to include review articles, humour and politics. The style is described as dull, and superficially the articles appear to have little relevance. Thought needs to be given to style in order to encourage reading by the busy practitioner. GPs wish to see a lively journal that appears relevant, reflects daily practice, and provides continuing medical education — with added discussion, humour and medical politics. A more readable and expanded *BJGP* is called for, built on the twin pillars of education and research.

References

1. Anon. The Research Newsletter. [Editorial.] *J R Coll Gen Pract* 1958; **1**: 4.
2. Anon. Mac. [Editorial]. *J R Coll Gen Pract* 1975; **25**: 627-628.

Table 4. Member's views when asked what they would like to see in an expanded *BJGP* (n = 200).

Suggested Content	No reply	Yes	No
Formal review articles	45	143	12
College information	58	109	33
Multi-disciplinary information	61	107	32
Commentary on medico-politics	45	110	45
Humorous Articles	48	106	46
Light Hearted Comments	55	91	54
Non academic letters	62	77	61
More original papers	57	77	66
News of faculties	61	75	64
Obituaries	51	67	82
More academic letters	76	36	88

3. Anon. The questionnaire. [Editorial.] *J R Coll Gen Pract* 1969; **17**: 333-334.
4. Barley SL. The nurturing of a medical journal. [Editorial.] *J R Coll Gen Pract* 1981; **31**: 5.
5. Buckley EG. Preventing promotion. *J R Coll Gen Pract* 1984; **37**: 473-476.
6. Buckley EG. New decade: new title. *Br J Gen Pract* 1990; **40**: 1.
7. Gray DP. The emergence of the discipline of general practice, its literature, and the contribution of the *College Journal*. *J R Coll Gen Pract* 1989; **39**: 228-233.
8. Van Weel C. Forty years of the RCGP: a view from outside the British Isles. *Br J Gen Pract* 1992; **42**: 166-167.
9. Institute for Scientific Information. Science Citation Index: Journal Citation Reports. 1994 Science edition. Philadelphia, USA: Institute for Scientific Information, 1994.
10. Pitts J. General practice research in the *Journal*. [Letter.] *Br J Gen Pract* 1991; **41**: 34-35.
11. Wright AF. Living up to expectations? *Br J Gen Pract* 1995; **45**: 3-4.
12. Buckley EG. Editorial freedom. *Br J Gen Pract* 1991; **41**: 46-47.
13. Anon. Why a college Journal? [Editorial.] *J R Coll Gen Pract* 1969; **17**: 1-2.
14. McConaghey RMS. The birth of a medical journal. *Postgraduate Medical Education* 1960; **36 (Suppl)**: 306-308.

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