

New Models for Enabling Member Recruitment and Retention?

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On behalf of the officers and members of the British Society for the History of Medicine (BSHM), I would like to thank Editor-in-Chief Christopher Gardner-Thorpe and his Editorial Board for their leadership in the founding and evolution of *Topics in the History of Medicine (THoM)* and BSHM Journal Editor Edward Wawrzynczak who edits the journal not only in content and topic but also in technical matters. *THoM* is an excellent contribution to the work of the Society and I am sure is appreciated by the membership. The open access nature of the journal will help to find a wider audience among the history of healthcare community.

This second issue includes papers based on oral presentations at the 2021 Congress of the Society held in Sheffield which focus on the ‘History of Medicine in the Workplace’ and the ‘History of Pandemics’. Special Guest Editor Dr Will Parker has delivered the constructive leadership to produce the journal. Congratulations are due to the contributing authors for their scholarship. Much unseen work goes into the completion of a journal and the maintenance of academic rigour, not least the behind-the-scenes work of the referees who support the editorial team. The accompanying editorials by Drs Mike Collins and Marina Morgan offer an overview and wider context arc, far better than I could provide, for the two themes in this edition.

Will Parker has given me a very wide brief in this editorial. A chance to ride my hobby horse, or indeed horses, to a captive audience. Forgive me if you have heard parts of it before. What follows is not official BSHM strategy, rather my own, sometimes provocative ideas to encourage debate. I should like to raise the future risks that the Society might face if we do not look to attract new members and widen our scope beyond the healthcare professions. I offer potential solutions the Society and its affiliates might wish to explore. After all, the BSHM is an umbrella organisation which is dependent on the health of its affiliate components.

Our long-term strategy needs to consider recruitment and retention of members. In saying that, I feel I am back in the NHS workforce debates with the Department of Health. The challenges we face are typical of many voluntary or special interest groups. I am sure you have seen this in your own communities. The pandemic has crystallised and accelerated existing problems and offered new technological solutions. We risk facing an ageing, declining membership, allied to a younger generation that does not always find regular formal in-person meetings accessible.

In part, this reflects societal changes and different approaches to work-life balance and a need to share family responsibilities. I do not mean to suggest this is in any way wrong; it is just different from the practice of earlier generations. As a result, the younger generations often pursue their interests differently. The way they seek information is often online, attending fewer face-to-face meetings, increasingly interacting with colleagues virtually. This has been accelerated by the pandemic and the development of accessible live transmission and online recordings.

I suggest we should try to embrace alternative forms of communication including blogs and Twitter; they allow shorter communications and offer a rapid method for networking and exchanging information. These electronic means of communication have the potential value of offering younger historians, as well as our current membership, an opportunity to contribute and be recognised.

For example, the BSHM Blog Editor Lee Coppack is using her journalistic skills to support those new to the field of blogs and help them develop the art of succinct, accessible communication. I have benefited from her guidance in using a fresh approach to writing. I would recommend blog writing for those wishing to highlight a topic of research or an event or exhibition they have found useful and feel they would like to flag up to others. These skills are transferable and I suspect increasingly will be needed in the workplace in healthcare and other spheres. The ability to engage in an accessible way with colleagues and the public has never been more important.

I have visited several societies during their face-to-face meetings; as a casual observer, it would seem those that meet in the day, often at weekends, and offer several speakers are attracting a larger membership. Weekday evening meetings can sometimes be unattractive to older members who do not enjoy travelling later in the darker evenings. Younger colleagues with work, family or study commitments are hard pushed to get to a meeting for a single speaker, particularly if not within their main area of interest. When societies are struggling with evening meetings a weekend model is perhaps worth considering.

Virtual meetings, taking advantage of Teams or Zoom, have grown during the pandemic and the request for access to hybrid meetings or recordings is frequently heard by officers. The demand for recorded or live-streamed meetings is a possible model but the pros and cons need to be thought through. To record meetings professionally is expensive and amateur efforts can run into technical difficulties. Also, a virtual experience does not, in my view, replace the ability to network and make new contacts that a face-to-face meeting offers.

The spiralling cost of venues and catering means you have to reach a critical mass of attendees to break even. I suspect that a fee, rather than a donation, will be needed for those attending a hybrid meeting or using a recording to cover costs. This might be mitigated by attracting a national or indeed international audience by improving advertising of events. The events diary on the BSHM website and the BSHM Newsletter offer you avenues to reach this wider audience.

On the topic of advertising societies' events, I wonder if potential members know of our affiliate societies' existence or specific programmes. I was recently at a meeting where the guest speaker commented he did not know of the society. If he had, he would have joined earlier. Can we, as a group, say we are looking at how to grow and diversify our membership? Is it sufficient to expect folk to find us? From a personal

point of view, I did not know about the Society of Apothecaries or my local society until I began looking into pursuing my historical interests as I moved towards retirement. I had not heard of the BSHM until I started on the DHMSA course. Would it benefit affiliate societies for the BSHM to facilitate a meeting, live or virtual, to discuss problems, look for solutions and share best practice? This might be one of the ways in which the BSHM could better serve its membership.

I feel the Society needs to reach out and attempt to engage with the wider historical community, from academics in the humanities department to healthcare undergraduates undertaking a humanities module or reading history and looking to fine tune their understanding of the history of healthcare. Over the years, I have had the opportunity to listen to the work carried out by undergraduate students at the Royal Society of Medicine, at the University of Aberdeen and at BSHM Congresses. I have been impressed by the originality and penetrating research that has gone into these presentations. This is only the tip of the iceberg of the wide-ranging projects into the history of healthcare being undertaken by a future generation of healthcare historians.

We need to build on the work of the John Blair Trust and grow the links with those providing humanities courses for healthcare students. We should look at further ways of showcasing their work and giving a forum for them to develop. We need to approach academic institutions, suggesting that the Congress may be an avenue for postgraduates and academic staff to share their research, hear about others' work and make new contacts. If they were later to join affiliate societies it would add to the diversity of the membership. Your officers will try to make the Cardiff Congress in 2023 accessible to as broad a church of healthcare historians as possible. Your ideas are welcome.

Once again, I offer my congratulations to all involved in producing volume two of *THoM*. I am sure the feedback from members will be positive. We have already begun planning for the next issue of the journal which will focus on the 'History of Military Medicine' and will be guest edited by Colonel (Rtd) David Vassallo. His predecessors have set a high bar but I feel confident David will rise to the challenge.

Keywords

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Biographical Details

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