High nonpublication rate from publication professionals hinders evidence-based publication practices: a replication study in Europe

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Abstract

Background: Although publication professionals plan and facilitate the timely and high-quality reporting of clinical trial results, it has been previously shown that they are not as forthcoming when it comes to publishing their own professional research. The publication rate from abstracts presented at the Annual Meeting of the International Society for Medical Publication Professionals (ISMPP) has been shown to be 2.4%. We performed a replication study based on the European Meeting of ISMPP to determine the equivalent publication rate.

Methods: ISMPP European Meeting abstract lists (November 2011–January 2016), were searched in July 2016 and extracted into a copy of the original study spreadsheet. MEDLINE was searched in August 2016 to determine the publication rate.

Results: from 2011 to 2016, 76 abstracts were submitted of which 60 were accepted (78.9%). We found three corresponding publications (publication rate 5.0%). Most studies were observational (50/60; 83.3%) and most abstracts included employees of medical communications agencies as authors (50/60; 83.3%). Most researchers were based in Europe (165/222; 74.3%) or the US (53/222; 23.9%).

Discussion: This study confirms previous findings that the publication rate of member research from ISMPP meetings in the peer-reviewed literature is low. Members of ISMPP, and of other organizations who aspire to set professional standards, should be encouraged to conduct robust research and share it with the academic community.
Introduction

Publication professionals plan, prepare and facilitate publication activities with researchers, authors, funders and journal editorial staff, and are, therefore, well placed to conduct research on publication practices. Professional associations such as the American and European Medical Writing Associations (AMWA and EMWA, respectively) publish member research and articles within their own journals, but these articles are generally available only to members. Similarly, the International Society for Publication Professionals (ISMPP), a not-for-profit organization with over 1500 members, whose mission is to advance the medical publication profession globally (http://www.ismpp.org/mission-and-vision) invites members to conduct and present research at their annual meetings. Although member research is published in abstract form in Current Medical Research and Opinion (CMRO, Taylor and Francis), the full posters or oral presentations are available only to the ISMPP membership.

Publication professionals strive to demonstrate that their conduct and behaviour is to the highest ethical standards by as evidenced by their position statements (American Medical Writers Association, 2008) (Jacobs & Wager, 2005) (International Society for Medical Publication Professionals, 2010) and guidelines, (Battisti et al., 2015) (Mansi et al., 2012), however, it is difficult to make convincing arguments that these standards are upheld without publically accessible evidence. It has recently been demonstrated that publication professionals are poor at publishing their own research, with an overall publication rate of research presented at ISMPP Annual Meetings since 2009 of 2.4% (Carey et al., 2016). However, the original study focused only on research submitted to the US-based Annual Meeting of ISMPP – we wished to extend the study to see whether research presented at the European annual meeting fared any differently.

There have been five European Meetings of ISMPP that included member research, and though the meetings are smaller, member research submissions are an important part of the meeting content. This study aims to repeat the previous analysis using the research presented at the 5 European Meetings held between 2011 and 2016.

Materials and Methods

This was a retrospective cohort study of ISMPP European Meeting abstracts (November 2011–January 2016).

As this was essentially a replication study, the methods were as described in Carey et al. (Carey et al., 2016). Briefly, abstract metrics were obtained from CMRO and the meeting abstract books, and verified against ISMPP records. Submission and acceptance data were
obtained from ISMPP. Full text publications were identified by searching MEDLINE (13 July 2016) using the first, second or last author surname and key words from the title. Data were categorized in the same manner as the previous study, in a copy of their data collection spreadsheet. Results are presented descriptively.

**Results**

Discrepancies were found amongst data in the abstract books, the CMRO supplements and the ISMPP records where in 2011 and 2013, the number of identified abstracts exceeded the number of abstract submissions recorded by ISMPP. To resolve this, the secretariat and authors agreed that the presumed number of submissions would be the observed number of abstracts in the meeting abstract book plus the recorded number of abstract rejections (Table 1).

Of 76 presumed submissions to ISMPP European Meetings, 60 (78.9%) were accepted for presentation. Of these, 55 (91.2%) were published in CMRO. We found three research abstracts from the meetings had been developed into full manuscripts and published in a peer-reviewed journal (3/60; 5%). Two of these were poster presentations and one was an oral presentation (Table 2). The publications were authored by 16 individuals, 12 of whom had higher degrees (PhD/DPhil) and 6 of whom were Certified Medical Publication Professionals. All these authors worked as publication professional employees of medical communications agencies, pharmaceutical companies or as independent publication consultants except one who worked in a health economics and outcomes research firm and one academic.

Of the abstracts accepted at ISMPP European Meetings, 11/60 (18.3%) were oral presentations, with the remainder (49/60, 81.7%) as posters. Most researchers were based in Europe (165/222; 74.3%) or the US (53/222; 23.9%), with a few from the Asia-Pacific region (4/222; 1.8%), and none from Latin America. Of the accepted abstracts, 50/60 (83.3%) included agency authors, 16/60 (26.7%) included healthcare company authors, 3/60 (5.0%) included authors from publishing companies and 5/60 (8.3%) included authors with an academic affiliation. Collaborations were most common between agencies and healthcare companies (8) and between agencies and academia (5), and there was a single collaboration between a healthcare company and a publisher. As to the nature of the research, only 1 accepted abstract was interventional in nature (1/60; 1.7%), whereas 50 were observational (50/60; 83.3%), 6 were opinion based (6/60, 10.0%) and there were 3 case studies (3/60, 5.0%).
Discussion and conclusions

As was found in the original study, the publication rate from ISMPP meetings is low. The ISMPP European Meeting publications rate of just 5.0%, though double that of the ISMPP Annual Meeting, is about 12-fold lower than that of biomedical conferences (55.9%) (Scherer et al., 2015) and peer review and biomedical publication conferences (60.5%) (Malicki, von Elm & Marušic, 2014).

The reasons for the low publication rate were speculated upon in the original article – lack of time, lack of resources, competing priorities and possibly lack of expertise in study design and statistical analysis (Carey et al., 2016). We would also suggest that, ironically, publication professionals do not work in an industry where personal publications are valued for career advancement. We would further speculate that little of the research presented at ISMPP meetings would be of interest to a general readership, or withstand the rigour of peer-review. As noted earlier, over 80% of the research presented at the ISMPP European Meetings has been observational in nature, and heavily based on surveys, often conducted amongst the publication planning community itself. Suitable publication venues are perceived to be scarce, perhaps because as medical publication professionals we naturally turn to the biomedical science journals with which we are familiar. Maybe we need to broaden our horizons to consider journals about publishing and scholarly communication, as this is where we believe our professional expertise lies.

We acknowledge the same limitations as were highlighted in the original study (Carey et al., 2016).

Our data support the findings of the original study, and reinforces calls for publication professionals to publish their research and share their expertise if they wish to enable guidelines such as Good Publication Practice (Battisti et al., 2015) to be more firmly based in evidence, rather than simply being good advice. This low publication rate not only means that we are failing to build the evidence base to support the value and ethics of our profession, but also that there is a lack of recognised researchers from within our profession who could potentially join the peer review community. Such experts, with demonstrated expertise, could challenge articles that rely on anecdote over evidence when it comes to the role and conduct of professional medical writers before they are published (see (Gabriel & Goldberg, 2014) (Eastwood, 2015)).
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Additional information and declarations

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Competing interests

Jackie Marchington and Katerina Kumpan are employees of Caudex, part of the McCann Complete Medical Group. JMM is a member of ISMPP, a not-for-profit organization that advocates for ethical publication practices, and a Certified Medical Publication Professional.

Author contributions

Jackie Marchington conceived the idea of replicating this study, performed the experiments, wrote and revised the paper.

Supplemental information

The data extraction spreadsheet for this article is available for download from https://figshare.com/s/bb5b280d3f0fc12b594d (DOI: 10.6084/m9.figshare.3978825).

References


Eastwood GL. 2015. Ethical issues in gastroenterology research. Journal of gastroenterology


Table 1. Abstract submissions and acceptances by year; abstracts appearing in meeting materials and CMRO supplement; and adjusted submission data.

<table>
<thead>
<tr>
<th>Year*</th>
<th>ISMPP records</th>
<th>Observed abstracts</th>
<th>Imputed data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submissions</td>
<td>Acceptances</td>
<td>Meeting book</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>2013</td>
<td>10</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>2014</td>
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<td>12</td>
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</tr>
<tr>
<td>2015</td>
<td>13</td>
<td>12</td>
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</tr>
<tr>
<td>2016</td>
<td>22</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>56</td>
<td>60</td>
</tr>
</tbody>
</table>

*There was no European meeting in 2012

**Number of identified abstracts plus number of known rejections
<table>
<thead>
<tr>
<th>ISMPP European meeting</th>
<th>ISMPP decision on type of presentation</th>
<th>Title</th>
<th>MEDLINE-listed journal that published the research</th>
<th>Time from presentation to publication (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Poster*</td>
<td>Authoring industry-sponsored research: results from an investigators' survey</td>
<td>Trials</td>
<td>22</td>
</tr>
<tr>
<td>2013</td>
<td>Poster*</td>
<td>Author attitudes to professional medical writing support</td>
<td>Current Medical Research and Opinion</td>
<td>15</td>
</tr>
<tr>
<td>2015</td>
<td>Oral</td>
<td>Professional medical writing support improves the quality but not the speed of reporting of randomized controlled trials</td>
<td>BMJ Open</td>
<td>13</td>
</tr>
</tbody>
</table>

*Oral presentations were not included in the European programme until the 2014 meeting.