

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

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1 **Abstract**

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

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

11 **Results:** from 2011 to 2016, 76 abstracts were submitted of which 60 were accepted (78.9%).
12 We found three corresponding publications (publication rate 5.0%). Most studies were
13 observational (50/60; 83.3%) and most abstracts included employees of medical
14 communications agencies as authors (50/60; 83.3%). Most researchers were based in Europe
15 (165/222; 74.3%) or the US (53/222; 23.9%).

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

20 Introduction

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

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

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

47 Materials and Methods

48 This was a retrospective cohort study of ISMPP European Meeting abstracts (November
49 2011–January 2016).

50 As this was essentially a replication study, the methods were as described in Carey et al.
51 (Carey et al., 2016). Briefly, abstract metrics were obtained from CMRO and the meeting
52 abstract books, and verified against ISMPP records. Submission and acceptance data were

53 obtained from ISMPP. Full text publications were identified by searching MEDLINE (13
54 July 2016) using the first, second or last author surname and key words from the title. Data
55 were categorized in the same manner as the previous study, in a copy of their data collection
56 spreadsheet. Results are presented descriptively.

57 **Results**

58 Discrepancies were found amongst data in the abstract books, the *CMRO* supplements and
59 the ISMPP records where in 2011 and 2013, the number of identified abstracts exceeded the
60 number of abstract submissions recorded by ISMPP. To resolve this, the secretariat and
61 authors agreed that the presumed number of submissions would be the observed number of
62 abstracts in the meeting abstract book plus the recorded number of abstract rejections (Table
63 1).

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

73 Of the abstracts accepted at ISMPP European Meetings, 11/60 (18.3%) were oral
74 presentations, with the remainder (49/60, 81.7%) as posters. Most researchers were based in
75 Europe (165/222; 74.3%) or the US (53/222; 23.9%), with a few from the Asia-Pacific region
76 (4/222; 1.8%), and none from Latin America. Of the accepted abstracts, 50/60 (83.3%)
77 included agency authors, 16/60 (26.7%) included healthcare company authors, 3/60 (5.0%)
78 included authors from publishing companies and 5/60 (8.3%) included authors with an
79 academic affiliation. Collaborations were most common between agencies and healthcare
80 companies (8) and between agencies and academia (5), and there was a single collaboration
81 between a healthcare company and a publisher. As to the nature of the research, only 1
82 accepted abstract was interventional in nature (1/60; 1.7%), whereas 50 were observational
83 (50/60; 83.3%), 6 were opinion based (6/60, 10.0%) and there were 3 case studies (3/60,
84 5.0%).

85 Discussion and conclusions

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

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

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

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

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126 Jackie Marchington and Katerina Kumpan are employees of Caudex, part of the McCann
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128 advocates for ethical publication practices, and a Certified Medical Publication Professional.

129 Author contributions

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

132 Supplemental information

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

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

Year*	ISMPP records		Observed abstracts		Imputed data			
	Submissions	Acceptances	Meeting book	CMRO	Known rejections	Identified abstracts	Presumed submissions**	Modified acceptance rate (%)
2011	10	9	11	9	1	11	12	91.6
2013	10	7	9	9	3	9	12	75.0
2014	17	12	12	12	5	12	17	70.6
2015	13	12	12	11	1	12	13	92.3
2016	22	16	16	14	6	16	22	72.7
Total	72	56	60	55	16	60	76	78.9%

170 *There was no European meeting in 2012

171 **Number of identified abstracts plus number of known rejections

172 **Table 2.** Research abstracts presented at European ISMPP meetings and subsequently published in peer-reviewed journals

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

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