

Participant 12: Yeah. Glad I can help. Always happy to talk about pls.

11

00:03:50.020 --> 00:03:50.800

Karen Gainey: Yeah.

12

00:03:52.130 --> 00:03:56.640

Karen Gainey: So this is like your your little, your baby, isn't it? Your.

13

00:03:57.720 --> 00:04:04.139

Participant 12: Yeah, yeah, I think it's it's definitely become a like, yeah, work within work. It's got work.

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00:04:04.140 --> 00:04:04.630

Karen Gainey: Yeah.

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00:04:04.630 --> 00:04:07.230

Participant 12: You know, 50% of what I do is.

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00:04:07.230 --> 00:04:07.770

Karen Gainey: Wow!

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00:04:07.770 --> 00:04:09.730

Participant 12: Yeah. That's related.

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00:04:13.290 --> 00:04:14.290

Karen Gainey: Terrific.

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00:04:15.710 --> 00:04:30.041

Karen Gainey: Oh, just before we start I wanna just as a I know you. You sign the consent only a couple of days ago, but just a quick reminder. I'm recording this. Just the audio and

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00:04:30.460 --> 00:04:47.329

Karen Gainey: Zoom will produce a transcription at the end, and if you'd like to have a look at that. You're very welcome just to check for context or for any other reason. Just let me know. I'll remind you at the end. But I know it adds extra work, so it's only if you'd like to.

21

00:04:47.650 --> 00:04:49.100

Participant 12: Yeah, absolutely.

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00:04:50.516 --> 00:05:05.703

Karen Gainey: So I just wanna give you I wanna find out more about your role, but just quickly give you quick overview of why I'm doing this project. If that's okay, and

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00:05:06.280 --> 00:05:13.299

Karen Gainey: please let me know if you need a break, or if you want to stop for any reason or anything at all.

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00:05:13.570 --> 00:05:41.909

Karen Gainey: So this is the final project in my Phd. So I started with a scoping review on the author guidelines for plain link. Just plain language summaries, and follow that up with a compliance, check, or kind of an audit, to see how closely they resembled the actual summaries produced by the same journals and found there were very mixed results.

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00:05:42.290 --> 00:05:50.090

Karen Gainey: And that's that both. That's just been published. And

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00:05:50.230 --> 00:06:15.209

Karen Gainey: being reviewed right now is a I've done similar interviews to this with people who are high readers of plain language summaries focusing on people with chronic medical conditions because they're high users of health information in general just to find out what they think is important and useful, and why they read them, and and so forth. So I've brought all that information

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00:06:15.210 --> 00:06:25.610

Karen Gainey: together to kind of see from a publishing journal perspective how it all kind of fits in and really interested in

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00:06:25.930 --> 00:06:41.270

Karen Gainey: the decisions, barriers, facilitators at the publishing side. We know what's out there, what people want. So I want to get a better understanding of how certain decisions are made and why and how it all kind of loops back together.

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00:06:41.810 --> 00:06:44.539

Participant 12: Yeah, absolutely. Okay. Sure. Sounds good.

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00:06:44.540 --> 00:06:52.589

Karen Gainey: So understand? So you work for (Publisher) (Country) outside sort of head office.

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00:06:52.921 --> 00:07:06.829

Participant 12: Yeah. So one head office is in (Country). But yeah, stage, yeah, we have sort of yeah journals kind of split out between the us and the Uk. But I mean by and large. It's 1 and the same company.

32

00:07:07.390 --> 00:07:12.309

Karen Gainey: Yeah, so, but you're at the publisher level, not with any particular journal.

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00:07:12.640 --> 00:07:27.127

Participant 12: No, I guess my role is slightly unusual in that. I work across the portfolio. So I'm publishing solutions manager. So I don't know. (name) introduced you to me, but I don't know if you know (name).

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00:07:27.700 --> 00:07:28.150

Karen Gainey: Yes.

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00:07:28.150 --> 00:07:31.975

Participant 12: Yes, so similar similar kind of role to her.

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00:07:32.570 --> 00:07:54.640

Participant 12: in that I sort of do a lot of work with industry and medical communications agencies really sort of advocating for our journals, and and sort of helping find publishing solutions around that. But a large part of my job is also exploring new content opportunities. So one of those one of the 1st things we looked at was plain language summaries.

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00:07:55.000 --> 00:08:09.880

Participant 12: But then, of course, the Standalone plain language, summaries of publications, which was sort of the full article, plain language summaries. So I was, you know, the person who was really leading the implementation of that across the board. And now

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00:08:10.240 --> 00:08:28.760

Participant 12: I am part of the plain language, summary work stream, which is continuing as well as the we are now exploring like artificial intelligence pls as well. So yeah, in a, in a variety of capacities. Yeah. Very related to pls, I'm also part of the ismap

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00:08:28.890 --> 00:08:43.730

Participant 12: digital and Visual Communications Committee, which is sort of exploring. In fact, I'm co-chair of that. And that is exploring publication enhancements and their impact. And that is, yeah, also includes pls as well.

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00:08:44.880 --> 00:08:45.416

Karen Gainey: I'm

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00:08:46.740 --> 00:08:55.489

Karen Gainey: across some of the work. I'm not sure if it's it's the same work. But I've been in touch with (name).

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00:08:56.300 --> 00:08:58.180

Participant 12: Yes, yeah. I know (name) very well. Yeah.

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00:08:58.420 --> 00:09:11.235

Karen Gainey: Yeah, and and some work. That I think that's more related to clinical trials under the European clinical trials. Regulations. But and the open pharma

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00:09:12.150 --> 00:09:12.590

Participant 12: Deal.

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00:09:13.180 --> 00:09:16.689

Karen Gainey: I'm not sure what they they called working group or

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00:09:17.040 --> 00:09:17.870

Participant 12: Yeah.

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00:09:17.870 --> 00:09:22.750

Karen Gainey: Alliance or group. Is that the same, or is, are you guys different.

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00:09:22.750 --> 00:09:39.030

Participant 12: It's different. But (Publisher) also a member of open pharma. So I do a lot of work with them. But yeah, it's slightly different so in the Ismac is like a professional society for medical publications. It's the International Society for yeah.

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00:09:39.830 --> 00:09:42.780

Participant 12: so slightly different but related work.

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00:09:43.310 --> 00:09:51.020

Karen Gainey: Yeah, there's so many posters I've saved from the conferences presentations on pls.

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00:09:51.260 --> 00:10:00.890

Participant 12: Yes, yeah. You might be interested in one that I just put out there as well, which was how hcps used plain language materials with patients.

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00:10:01.790 --> 00:10:04.840

Karen Gainey: Got it. (name) recommended it to me.

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00:10:05.370 --> 00:10:06.959

Participant 12: Okay. Fantastic. Yeah.

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00:10:06.960 --> 00:10:14.639

Karen Gainey: Yeah, yeah, no, it's great. I haven't really digested it. But I think it'd be really useful. For my thesis.

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00:10:14.950 --> 00:10:17.599

Karen Gainey: if not this this study? Yeah, definitely.

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00:10:18.470 --> 00:10:24.987

Karen Gainey: yeah. And if there's any further papers or research that comes out in that area, I'd love

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00:10:25.350 --> 00:10:30.579

Participant 12: Yes, okay, and I'll pop a link in the chat as well. We did put together this.

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00:10:31.390 --> 00:10:31.790

Karen Gainey: Ratio.

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00:10:31.790 --> 00:10:39.298

Participant 12: And re evidence resource as well. That includes all kinds of digital and visual communications. But a lot of pls as well.

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00:10:45.580 --> 00:10:50.210

Karen Gainey: So you mentioned the Pls work, stream.

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00:10:50.350 --> 00:10:52.299

Participant 12: That sounds like that's.

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00:10:52.630 --> 00:11:01.729

Karen Gainey: Quite a large undertaking by (Publisher) as an investment in pls. How did that come about? Can you tell me more.

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00:11:03.294 --> 00:11:21.910

Participant 12: It's an interesting one. So I think, you know, as a large publisher, a lot of the decisions happen. Kind of somewhat siloed within certain journals. And you know more and more. We are trying to sort of unify, you know, and make decisions across.

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00:11:22.010 --> 00:11:41.500

Participant 12: and the whole portfolio. But you know, in this case it was. It was a specific subset of medical journals, open access journals where we really felt there was a need for pls, largely because the content was very focused around. You know, clinical development therapeutics.

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00:11:42.219 --> 00:11:54.980

Participant 12: So. And we, we, you know, explored various different content opportunities like for the abstracts and the graphics. So pls, felt like the next logical step. And then, yeah, from there we kind of explored the implementation of them

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00:11:54.980 --> 00:12:13.069

Participant 12: that we do have 2 titles in that series which are unique in that they mandate pls, which is, you know, slightly different where you know most journals. They're optional. But yeah, that was the that was the origins of pls within (Publisher). And then, since then, the work has expanded. To include more journals.

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00:12:14.270 --> 00:12:37.131

Karen Gainey: Right. So the decision. So this is what I'm really interested in. The decision to one. Introduce pls for certain journals. And then the decision to make them them mandatory or not. So it sounds. If I'm understanding. It sounds like the decision. Obviously (Publisher) has what hundreds of journals

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00:12:37.580 --> 00:12:39.530

Participant 12: Yeah, every 1,000. I think.

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00:12:39.530 --> 00:12:55.869

Karen Gainey: Over a thousand, so the decision to introduce pls in some of them was more based on the content of the articles the journal produces being of more interest to the target audience of a pls.

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00:12:55.870 --> 00:13:15.410

Participant 12: That was, that was one factor. That was one factor. It's also worth considering that we have a number of different models for our journals. So we have what we might call society titles, which are titles that we would manage and publish on behalf of societies, in which case we have very little editorial control

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00:13:15.660 --> 00:13:41.690

Participant 12: over those journals. Then we have our proprietary in-house journals. Where we have a little bit more control. Those are sort of, you know, some of those are still affiliated with society, so some of them have editors in chief. You know, who take a very big role, and then, of course, we have our open access portfolio versus our hybrid journal Portfolio. So it's another consideration there. So with all of these different models.

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00:13:42.040 --> 00:13:54.400

Participant 12: it really came down. To which journals do. We have somewhat some editorial control over, or majority of editorial control over which publish open access.

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00:13:54.852 --> 00:14:04.539

Participant 12: And you know and fit the content brief for pls at the time, which was largely medical, although that has changed in, you know, recent years. But bearing in mind this was.

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00:14:04.840 --> 00:14:09.720

Participant 12: yeah, around 2020, 21 that we were talking about.

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00:14:11.020 --> 00:14:15.360

Karen Gainey: Yeah, also, really, quite recent.

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00:14:18.030 --> 00:14:18.670

Participant 12: Hmm!

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00:14:19.100 --> 00:14:20.939

Participant 12: Oh, what the implementation of pls.

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00:14:20.940 --> 00:14:24.250

Karen Gainey: Yeah, so, if yeah.

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00:14:24.250 --> 00:14:25.649

Participant 12: So it's it's somewhat recent.

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00:14:26.453 --> 00:14:28.059

Karen Gainey: Yeah, yeah.

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00:14:28.060 --> 00:14:34.190

Participant 12: Yeah, interestingly, we've had, you know, some, you know, ad hoc, within within (Publisher) before.

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00:14:34.783 --> 00:14:38.539

Participant 12: But it's just, you know, having a formal process for them. Yeah.

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00:14:38.880 --> 00:14:43.189

Karen Gainey: Yeah. Yep, no, that that makes a lot of sense.

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00:14:43.790 --> 00:14:50.209

Karen Gainey: Did you get any resistance from the the journals or journal editors with the introduction.

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00:14:50.680 --> 00:14:54.350

Participant 12: None, none with this particular journal series.

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00:14:54.620 --> 00:15:07.159

Participant 12: I think it was did. This particular journal series has in-house managing editors as well, which do a lot of the decision making alongside the editors in chief. So there is a somewhat.

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00:15:07.480 --> 00:15:37.059

Participant 12: you know. Yeah. So that kind of allowed us to explore that option. Of course we spoke to the editors in chief brief them, but we got no resistance from them. They really saw the value in it, and in the cases where we mandated the pls. That was because the editors in chief felt like that would make sense. That was a decision made by the editors in chief of the journal, because they really saw the value in those cases. That's a drug safety journal and a rare disease title where they have a lot of patient

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00:15:37.582 --> 00:15:45.689

Participant 12: engagement and a lot of patient interest. So they really felt that the you know that they warranted pls on every single manuscript.

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00:15:46.780 --> 00:15:56.950

Karen Gainey: Right? Gotcha. Yeah. So it sounds like, it's been a really deliberate, conscious, thoughtful decision about where to implement them and where not to.

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00:15:57.570 --> 00:15:58.290

Participant 12: Hmm.

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00:15:58.700 --> 00:15:59.070

Karen Gainey: Yep.

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00:15:59.240 --> 00:16:15.810

Participant 12: Absolutely. Yeah. Yeah. And as that's progress, that has still been the case. You know, I think the overarching goal will be to introduce them across the entire portfolio. But we're we're doing it in batches at the moment. So to, you know.

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00:16:16.060 --> 00:16:42.430

Participant 12: Give editors the same chance to have some feedback. You know, and to kind of slowly introduce people get people up to date with, you know, pls as well rather than just introducing them across the board and hoping that the editors will catch on and be used to it. We want to kind of do it gradually so that everyone can. Yeah, have their say, and yeah, and get used to what is required to to actually conduct pls. You know, across across the journal.

94

00:16:43.160 --> 00:16:53.620

Karen Gainey: Yeah, yeah, so, has it been any feedback or and yeah.

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00:16:57.740 --> 00:16:58.690

Karen Gainey: process.

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00:17:00.560 --> 00:17:09.739

Participant 12: I think there's been feedback from lots of different people, I think. Yeah, what we've seen is that the more journals that we add, the

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00:17:10.130 --> 00:17:33.520

Participant 12: the lower. The quality of the pls that we start to see is and you know, people. Or there's been a lack of understanding of what pls is in some cases from authors. So sometimes we see abstracts just duplicated in the Pls section. Sometimes we see, yeah, or just, or you know, it's it's yeah that. So I think

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00:17:33.830 --> 00:17:40.010

Participant 12: this is why a cautious approach has been necessary. And you know, for our peer review team that has

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00:17:40.120 --> 00:17:47.890

Participant 12: been somewhat yeah. Their feedback has also sort of reflected that, too. And it's it's made life

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00:17:48.080 --> 00:17:53.039

Participant 12: slightly more challenging. Because they have this extra layer to to sort of work with, as well.

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00:17:54.140 --> 00:18:00.800

Karen Gainey: Yeah, but yeah, that's interesting. What do you?

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00:18:00.990 --> 00:18:05.835

Karen Gainey: What do you? And and I should have said,

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00:18:06.600 --> 00:18:23.249

Karen Gainey: this has been the same with everybody. I might ask questions for which you're uncertain of the answer, and totally understand that. Don't expect you to know everything, or if if you feel it's sensitive information. I totally understand that as well.

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00:18:23.380 --> 00:18:25.260

Karen Gainey: Sorry. My cat's just.

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00:18:25.490 --> 00:18:30.231

Participant 12: That's no worries I've got. I've got mine to sleep behind me as well.

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00:18:31.160 --> 00:18:33.330

Karen Gainey: She's very needy at the moment.

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00:18:34.180 --> 00:18:36.519

Karen Gainey: 30 at night here, so we're.

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00:18:36.520 --> 00:18:37.320

Participant 12: Right? Yeah.

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00:18:37.320 --> 00:18:42.329

Participant 12: Always gets a bit funny at this time. Sorry.

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00:18:42.560 --> 00:18:45.088

Karen Gainey: I've lost my train of thought.

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00:18:46.390 --> 00:18:48.640

Karen Gainey: What was I? Gonna say, Hi, Mish.

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00:18:48.856 --> 00:18:52.530

Participant 12: We were talking about. If there are any questions I didn't want to ask. That's

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00:18:52.530 --> 00:18:53.560

Participant 12: right. Yeah.

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00:18:53.876 --> 00:18:56.093

Participant 12: Just following up from pair of you.

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00:18:57.230 --> 00:19:24.080

Karen Gainey: Thank you. Thank you. Yeah. So when you introduce them, I want to understand the submission process. If I could, because you mentioned something about authors cutting or virtually copying and pasting their abstract in the submission pls a separate kind of field or section in the submission portal? Or do they just.

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00:19:24.080 --> 00:19:24.650

Participant 12: Absolutely.

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00:19:24.650 --> 00:19:26.539

Karen Gainey: Bundle with the manuscript. Yeah.

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00:19:26.910 --> 00:19:48.360

Participant 12: Yeah, yeah, no, absolutely. Yeah. It's so we use a system called scholar one, which is many, many. Yeah, I'm sure you come across it before many publishers use it. But we, you know, we have a separate section in, built for the journals that have pls, so you know, abstract pls separately. Yeah. And that's yeah.

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00:19:48.500 --> 00:19:55.180

Participant 12: That's very deliberate for us. It allows us to do proper checks and balances prior to, you know, peer review.

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00:19:55.440 --> 00:19:57.669

Participant 12: And then also in the purity process, too.

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00:19:58.710 --> 00:20:02.380

Karen Gainey: Right? Yeah. So if that's not populated, then

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00:20:02.580 --> 00:20:05.280

Karen Gainey: you can't proceed like with most.

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00:20:06.363 --> 00:20:07.829

Participant 12: It will be, I believe.

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00:20:07.830 --> 00:20:08.190

Karen Gainey: Agree.

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00:20:08.190 --> 00:20:14.150

Participant 12: Optional field. So you know, it doesn't have to be populated. It's just it's just yeah.

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00:20:14.760 --> 00:20:27.020

Karen Gainey: It's just yeah. So just I'm assuming, or I should should say, does that mean, therefore, that the pls, if it's included? Or if it's mandatory, goes to peer review.

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00:20:27.350 --> 00:20:32.119

Participant 12: Yes, yes, just like anything else in the manuscript. It would be peer reviewed.

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00:20:32.120 --> 00:20:37.069

Karen Gainey: Everything. Yeah. Do you get many? Peer review comments on the pls.

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00:20:38.170 --> 00:20:53.460

Participant 12: Yeah, absolutely. I think you know more and more. We would like to have more detailed comments on pls, and we certainly do get cases where it's ignored, and we have to send back to the reviewer and say any comments on this specifically you know, if they've not addressed it at all.

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00:20:54.280 --> 00:21:07.630

Participant 12: And we have been sort of, you know, really trying to make sure that our guidance for review is is reflective of, you know, having pls in there as well. So providing some guidance on how they should review the plain language.

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00:21:07.630 --> 00:21:08.100

Karen Gainey: Which.

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00:21:08.100 --> 00:21:28.460

Participant 12: Summaries versus you know everything else as well. Of course, ideally, we'd like to have pls reviewers on every single paper. We do have some types of pls that, like, you know, the standalone. Plain language summaries which are, you know, entirely in plain language, are reviewed by specialist, plain language reviewers, or we actually use patients. In those cases.

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00:21:28.830 --> 00:21:41.069

Participant 12: however, you know, doing that on mass, for every single type of pls is challenging. We do have journals where we are able to do that because we have patient editorial boards. But

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00:21:41.240 --> 00:21:49.070

Participant 12: yeah, there are also cases where it would just go out to normal peer review to normal peer reviews, and they would be expected to do the pls review as well as the

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00:21:49.200 --> 00:21:50.600

Participant 12: yeah.

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00:21:51.820 --> 00:21:53.690

Karen Gainey: Right? Yeah, I I am

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00:21:54.050 --> 00:22:07.110

Karen Gainey: actually haven't. You're the nth person I've spoken to. And the 1st person who's said that they actually really get any comments on their pls through peer review.

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00:22:07.798 --> 00:22:17.759

Karen Gainey: So really love to hear if there's any kind of common things that the peer reviewers tend to pick up?

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00:22:17.940 --> 00:22:23.359

Karen Gainey: Or does it tend to really depend on the journal and the type of article.

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00:22:23.360 --> 00:22:38.319

Participant 12: Yeah, yeah, I mean, I, having not done much peer review for years and years, I wouldn't be able to comment on specifics. This is all kind of largely what I've heard, you know, just through work Stream. When we've been kind of evaluating these things, I would guess

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00:22:38.630 --> 00:22:44.649

Participant 12: there is an enormous variance in in the types of comments given that we do have quite a lot of channels that.

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00:22:44.650 --> 00:22:51.486

Karen Gainey: Yeah, yeah, yeah, fair enough. So

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00:22:56.084 --> 00:23:02.830

Karen Gainey: what? I can. I just clarify that.

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00:23:03.050 --> 00:23:09.360

Karen Gainey: So I know with (Publisher). You've got the plain language summaries, and then you've got the plain language. Summaries of publications.

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00:23:09.360 --> 00:23:09.980

Participant 12: Yes.

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00:23:10.470 --> 00:23:13.529

Karen Gainey: We've just been talking about the plain language summaries.

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00:23:13.530 --> 00:23:14.400

Participant 12: Yes.

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00:23:14.400 --> 00:23:23.751

Karen Gainey: Yes, good, great so can I talk. Can we?

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00:23:24.860 --> 00:23:28.040

Karen Gainey: talk about the plain linguist summaries of publications.

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00:23:28.040 --> 00:23:29.160

Participant 12: Absolutely. Yeah, very.

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00:23:29.160 --> 00:23:33.360

Karen Gainey: Yep, yeah. When were they introduced?

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00:23:35.470 --> 00:23:48.759

Participant 12: 2,023, I believe is when we officially started accepting submissions. So from that point there was a bit of time until we get our 1st submissions.

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00:23:49.140 --> 00:23:59.929

Participant 12: And then, yeah, last year we really saw a massive spike in submissions. And then, you know, this year it's continued again, you know that that was very much

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00:24:00.140 --> 00:24:04.510

Participant 12: my, my pet project and yeah, it's it's been nice to see it both.

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00:24:05.100 --> 00:24:21.491

Karen Gainey: Yeah. So I know I've got the list of the journals there that accept them, which is looks like they're quite. I see the rare disease one. So it looks like they are quite

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00:24:22.160 --> 00:24:33.099

Karen Gainey: So my research, I've aligned it with the say, the top 10 non-communicable diseases looks like these journals align with those as well? Was that

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00:24:33.200 --> 00:24:40.640

Karen Gainey: the thing that the choice of journals kind of deliberate along with your other choices? Or what were those factors.

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00:24:41.140 --> 00:25:10.880

Participant 12: It's reflective of the same decisions that we made around plain language summaries originally, so that that list mirrors the same list where we originally started testing abstract, plain language summaries. So we did it in those journals for similar reasons. In that we have a higher level of editorial control. They are all open access. They are very reflective of the clinical medicine space. They have a good span of coverage of clinical medicine. And

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00:25:11.210 --> 00:25:23.229

Participant 12: yeah, we we those are the journals that we felt that we could, we could do plain language summaries of publication. In we we may expand the list. However, we felt that

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00:25:23.500 --> 00:25:50.689

Participant 12: the need for plain language, summaries of publications. It tends to be very focused around clinical medicine at the moment. So we think it's unlikely that we would need to roll it out to humanities or you know, policy journals or social science journals in the same way. Maybe that will change it's just that we haven't seen any interest outside of clinical Medicine space for plain language, summaries of publication at the moment.

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00:25:51.230 --> 00:25:52.500

Karen Gainey: Yeah, yeah.

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00:25:52.680 --> 00:26:05.420

Karen Gainey: So do you have a sense of who is the audience? For I meant to ask this for your plain language summaries and the plsp, and and is it different.

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00:26:07.870 --> 00:26:16.559

Participant 12: Yes, it it's definitely different for those 2. Because we we are, I guess

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00:26:17.130 --> 00:26:26.950

Participant 12: the answer is, it depends on the manuscript really. But you know also, it also depends on the. There is a distinct distinction between those 2, because we also have

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00:26:27.130 --> 00:26:36.320

Participant 12: policy journals. We have social sciences, journals we have that have pls in there just regular abstract pls in there. So you know, for the policy journals

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00:26:36.770 --> 00:26:47.969

Participant 12: that could be for the media. It could be for journalists, it could be, for you know, non specialists, it could be for a very wide range of people. I think.

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00:26:48.810 --> 00:26:57.579

Participant 12: yeah, what we. What we tend to refer to is we don't. Is we just talk about the plain language audiences as a sort of very heterogeneous group. So

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00:26:57.650 --> 00:27:20.090

Participant 12: I think, you know, in the clinical medicine space people talk about patients a lot. However, we don't really make that. We don't really put the emphasis on patients as much as people tend to. I think we see it as a very heterogeneous group. I think the largest section of it would probably see our healthcare professionals who might not be specialists in that particular field.

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00:27:20.390 --> 00:27:31.489

Participant 12: and how they use that material. Maybe, you know, as with my poster, it shows maybe to share it with patients. However, you know, that doesn't necessarily mean

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00:27:32.150 --> 00:27:56.370

Participant 12: that that is always happening. You know, patients and carers are definitely a big part of that as well. And you know, also time for specialists. I think, too, we mentioned, you know, like policymakers. Yeah, maybe Regulators. It's it's very difficult to know specifically, though other than you know, doing sort of survey based studies. Ultimately, our journals

171

00:27:56.370 --> 00:28:07.089

Participant 12: that publish these are open access, or if they are in a hybrid journal, then the playmaker summary is always open access, but this makes it really difficult to track who is specifically reading them.

172

00:28:07.860 --> 00:28:25.190

Karen Gainey: Yeah, it's the big it's the big question I've got is, who's really reading them? I interviewed 19 people, and of those 18 people had at least an undergraduate degree. 3 had postgraduate.

173

00:28:25.983 --> 00:28:27.030

Karen Gainey: Yeah. And

174

00:28:27.800 --> 00:28:39.079

Karen Gainey: it's a question of a question I'd love to answer. But the data doesn't seem to be there, as you say, short of a big quantitative study, it's difficult to find.

175

00:28:39.200 --> 00:28:45.046

Karen Gainey: So just wondering if you had any insights, or if you guys had done that sort of

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00:28:46.220 --> 00:29:00.790

Participant 12: It's not something that we really can do. To be honest, it's because, yeah, back in the day when we had subscriptions, we could track who was subscribing. We have no way of really getting in depth data on who is reading our journals without.

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00:29:01.110 --> 00:29:11.619

Participant 12: you know, breaking a number of Gdpr regulations. So we can only really ask the question in surveys. And that's.

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00:29:11.620 --> 00:29:12.120

Karen Gainey: Yeah, yeah.

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00:29:12.120 --> 00:29:22.609

Participant 12: Has confounding factors to it. So we've you know, it's interesting to ask the question for us, but we don't have a good way to do it. Really.

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00:29:22.610 --> 00:29:26.418

Karen Gainey: Yeah, yeah, yeah, understandable.

181

00:29:29.280 --> 00:29:34.076

Karen Gainey: So I guess I'm trying to kind of understand.

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00:29:34.960 --> 00:29:38.199

Karen Gainey: the difference or what kind of

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00:29:39.300 --> 00:29:51.453

Karen Gainey: I mean, I understand on paper the difference between a pls and a Plsp, the plsp are a lot longer and more detailed.

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00:29:54.460 --> 00:29:55.819

Karen Gainey: so maybe I should.

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00:29:56.470 --> 00:30:03.270

Karen Gainey: Actually, I made an assumption. The journals that have the Plsp do. They also have a pls.

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00:30:03.650 --> 00:30:05.370

Participant 12: Yeah, absolutely. Yeah.

187

00:30:05.370 --> 00:30:05.840

Karen Gainey: Okay.

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00:30:05.840 --> 00:30:26.830

Participant 12: Yeah, yeah, the plsp are summarizing a full publication. So yeah, and that can be from an article within a (Publisher) channel. Or it can be from outside a (Publisher) channel. So typically, what we might see is that someone might publish in the (journal) something like that. And then they want to develop a full secondary publication in plain language. So.

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00:30:27.320 --> 00:30:35.459

Participant 12: and that is, yeah. Whereas you know, the pls is almost like a second abstract that you find within a manuscript.

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00:30:36.260 --> 00:30:43.860

Karen Gainey: Oh, the Plsp. Isn't necessarily attached to a specific article.

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00:30:44.270 --> 00:30:50.569

Participant 12: So it summarizes a specific article. But it's not part of its own standalone article. It has its own DOI. It will be in

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00:30:51.467 --> 00:30:56.240

Participant 12: separately. So it's yeah. It's a completely separate standalone publication.

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00:30:57.110 --> 00:31:01.900

Karen Gainey: And it doesn't necessarily even come from an article from a (Publisher) journal.

194

00:31:02.290 --> 00:31:06.200

Participant 12: Very rarely that it comes from an article within a (Publisher) journal. Yeah.

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00:31:06.200 --> 00:31:07.070

Karen Gainey: Right?

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00:31:07.390 --> 00:31:09.909

Karen Gainey: So how does that process come about.

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00:31:10.990 --> 00:31:32.580

Participant 12: So of course they'd have to go. It's a second. It's considered a secondary publication. So it would be, you know, like, if you, and if you sort of follow Icmnda guidelines. You can sort of see what fits the bill for that. Yeah. Ultimately you would still need to go to the original journal and seek permission, and just notify them. You plan to develop it.

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00:31:33.060 --> 00:31:59.660

Participant 12: and then, of course, the publication would link back to the original article, too. But yeah, the idea what we often see is that there is a need for a plain language publication in some of the large tier journals that don't really offer plain language summaries or digital enhancements, or even sometimes people want to just improve the reach and have a separate publication of, you know, entirely in plain language.

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00:32:01.130 --> 00:32:12.030

Karen Gainey: I see that I now I get it, I was thinking, say, an article in the therapeutic

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00:32:12.140 --> 00:32:23.010

Karen Gainey: advances in rare diseases might have the manuscript, the scientific abstract, the normal pls and a Plsp.

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00:32:23.560 --> 00:32:28.319

Participant 12: It could. It certainly could. Yeah, you know, but it would be published separately. The pls.

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00:32:28.320 --> 00:32:35.690

Karen Gainey: The right, and but in. But

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00:32:35.830 --> 00:32:45.360

Karen Gainey: most plsps don't originate from the articles from (Publisher) articles.

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00:32:45.590 --> 00:32:46.240

Participant 12: Got you.

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00:32:46.240 --> 00:33:12.870

Participant 12: Yeah, I mean, I think that's just a quirk of, you know, a (Publisher) specifically. And you know, I think if we had if we were, you know, a very large. If we had some sort of top tier journals, then we would but our our journals tend to be sort of middle of the pack when it comes to things like impact factors. So primary publications tend to go into. You know your standard places. And then, yeah, people will look beyond that.

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00:33:13.720 --> 00:33:42.060

Karen Gainey: Gotcha. So just some understanding. So, for example, the (journal), someone writes an article about something (specialist) based. That's published somewhere else in a different (speciality) journal or a basic medical journal, they could request or submit a Plsp. Look up the author guidelines for your plsps, and submit that as a separate.

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00:33:42.310 --> 00:33:43.139

Participant 12: Yeah, submission.

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00:33:43.140 --> 00:33:54.629

Participant 12: absolutely. Yeah, exactly. It would be submitted rather than requested. So we don't involve. We're not involved in any writing or producing of them. We just, we just facilitate that publication.

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00:33:55.140 --> 00:34:08.469

Karen Gainey: Right. And so that's because it's got its own doi index separately. Is that treated the same as any other potential publication goes through the same kind of process.

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00:34:09.360 --> 00:34:19.830

Participant 12: Yes, absolutely it would. It's I mean it. Yes and no. And so yeah, depends who you ask. But the Peer Review, the peer review is different.

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00:34:20.130 --> 00:34:24.135

Participant 12: and you know that in the production process is slightly different.

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00:34:24.580 --> 00:34:52.560

Participant 12: but but it is index, it is the it does have its own doi. Yeah. And yeah, as far as pubmed are concerned, I think I'm not sure if they would count it towards you know the specific. They, you know they do. Article counts per year. I'm not sure what they would classify it as you'd have to ask them. But yeah, I think by and large it is considered just a standard publication or a secondary publication.

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00:34:53.300 --> 00:34:54.280

Karen Gainey: Right.

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00:34:54.989 --> 00:34:56.610

Karen Gainey: Do you know what?

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00:35:01.130 --> 00:35:09.309

Karen Gainey: Sorry I should ask. I think you you mentioned they're all open access. Is that right? Yeah. Yeah.

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00:35:09.480 --> 00:35:12.689

Karen Gainey: do you know what authors?

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00:35:13.000 --> 00:35:42.029

Karen Gainey: So what? So I'm trying to understand what motivates an author to write a Plsp, so one of the things you've mentioned is that the journal where they publish their original article may not support pls. But the author feels that they want a plain language version of their manuscript. Do you know, if they're doing anything else with the Plsp. Like sharing it more widely.

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00:35:44.580 --> 00:36:00.790

Participant 12: what the authors are doing with it. I'm not sure. I think there would be hesitancy for them to share it, to share it themselves. I think, even though it's in plain language. I think

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00:36:01.080 --> 00:36:10.870

Participant 12: there is a concern that people might see it as promotional if people were sharing it sort of far and widely, you know, so there may be a reluctance from

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00:36:11.210 --> 00:36:40.560

Participant 12: authors to share it, or from the company sponsors to share it, but what they might do is, yeah, I don't know. They may look at sort of how that is disseminated, you know. Certainly us as a publisher. We have to consider how we disseminate it. How we reach, you know, sort of more generalists, Htps, how we can sort of reach the plain language audience. But yeah, I'm not sure about the authors. Specifically, I think they would probably take a cautious approach to it.

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00:36:41.340 --> 00:36:47.869

Karen Gainey: See thinking of whether that might be something they'd use on social media or.

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00:36:48.650 --> 00:36:54.250

Participant 12: Yes, a lot of these are industry sponsored. So so.

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00:36:54.250 --> 00:36:55.550

Karen Gainey: Oh, I see what you're saying.

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00:36:55.970 --> 00:37:03.900

Participant 12: Yeah. And industry at the moment is incredibly cautious of social media. Yeah. But the front digital industry is is

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00:37:04.120 --> 00:37:07.709

Participant 12: tend not to touch social media when it comes to publications at the moment.

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00:37:08.370 --> 00:37:10.900

Karen Gainey: Okay, so

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00:37:14.640 --> 00:37:21.505

Karen Gainey: right, okay, would that apply with, say,

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00:37:23.930 --> 00:37:25.332

Karen Gainey: So I noticed.

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00:37:26.280 --> 00:37:44.379

Karen Gainey: the publication. Sorry. The journals that accept plspgs are very like specialist and linked to certain diseases or chronic conditions or cohorts.

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00:37:44.670 --> 00:37:45.720

Karen Gainey: Would.

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00:37:46.600 --> 00:37:48.110

Karen Gainey: Is there any?

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00:37:48.940 --> 00:37:50.928

Karen Gainey: What am I trying to say

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00:37:51.580 --> 00:37:57.130

Karen Gainey: trying to say this in a non-biased way. And don't yawn.

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00:37:57.465 --> 00:38:01.489

Participant 12: I'm just yeah. It's still morning time. Here. I'm just waking up.

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00:38:01.490 --> 00:38:05.729

Karen Gainey: No, I appreciate you doing it so early. What time is it there for you.

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00:38:05.730 --> 00:38:07.310

Participant 12: It's not that early. I'm just.

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00:38:07.310 --> 00:38:07.730

Karen Gainey: Oh!

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00:38:07.730 --> 00:38:09.096

Participant 12: Morning, person.

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00:38:09.780 --> 00:38:19.820

Karen Gainey: I'm not either. I've just. I'm just wanting to explore the idea of sharing this kind of material with consumer groups.

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00:38:20.683 --> 00:38:28.059

Karen Gainey: Patient groups. Is there any? Have you heard of that kind of activity happening? Does that bypass.

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00:38:28.060 --> 00:38:28.440

Participant 12: I mean.

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00:38:28.440 --> 00:38:29.860

Karen Gainey: Industry, concern.

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00:38:30.110 --> 00:38:40.109

Participant 12: We, as a publisher, do, we are able to to communicate with patient advocacy groups? It's just that the authors and the

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00:38:41.086 --> 00:38:42.579

Participant 12: industry sponsors

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00:38:42.710 --> 00:38:49.440

Participant 12: the team doing aren't able to do so. So as a publisher, that's something that we do and we can do

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00:38:50.160 --> 00:38:59.760

Participant 12: we yeah, what we do is we tend to make patient advocacy groups aware of them. And then they can choose to share it with their membership or not.

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00:39:01.710 --> 00:39:07.000

Karen Gainey: Right. Okay. Do you think? Do you have any idea of the take up of.

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00:39:07.000 --> 00:39:07.980

Participant 12: The take up.

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00:39:08.300 --> 00:39:10.300

Karen Gainey: By the consumer. Groups.

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00:39:13.470 --> 00:39:19.670

Participant 12: Really hard to say. Yeah, it's and it would change dramatically from publication to publication and from.

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00:39:19.670 --> 00:39:20.010

Karen Gainey: Yeah.

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00:39:20.365 --> 00:39:30.310

Participant 12: You know we we do tend to get positive messages back from the group, saying, Thank you for making us aware of the publication. What happens beyond that

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00:39:30.780 --> 00:39:38.360

Participant 12: is completely, you know, we don't really know. No, that's not.

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00:39:39.070 --> 00:39:51.329

Karen Gainey: Oh, no, that's I'm just interested because I I have a number of chronic medical conditions, and one of my frustrations is seeing so many of them just post, say in Facebook groups,

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00:39:52.000 --> 00:39:58.199

Karen Gainey: a Pdf to, or a link to the the original article.

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00:39:58.300 --> 00:40:06.930

Karen Gainey: And it's something quite sophisticated even for me, and I'm like this is crying out for a plain language. Summary.

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00:40:06.930 --> 00:40:07.750

Participant 12: Yeah.

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00:40:07.910 --> 00:40:11.599

Karen Gainey: And you're not even considering it.

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00:40:12.415 --> 00:40:15.869

Karen Gainey: So yeah, it's just something I

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00:40:16.420 --> 00:40:26.270

Karen Gainey: wanting to explore how where the barriers might be if it's that they're not aware that these things exist or they're reluctant to use them. Or if it's something else.

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00:40:26.990 --> 00:40:27.319

Participant 12: It.

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00:40:27.800 --> 00:40:36.910

Participant 12: It's a number of things. I guess it would be at the general level. Whether or not channels allow them. And then, you know, maybe if they don't

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00:40:37.140 --> 00:40:57.720

Participant 12: allow them, then obviously, that that is a problem. And ultimately authors will choose journals for their prestige, not for their options. So places like New England Journal of Medicine will always be the top tier choice for for an author in the medical space.

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00:40:57.870 --> 00:41:05.910

Participant 12: It isn't necessarily a good option, because it sort of yeah, it really does limit the potential for

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00:41:05.960 --> 00:41:26.739

Participant 12: wider dissemination. It's not open access even as well, which makes it hard to read. And you know many of these things aren't out there. They also don't allow the development of plsp for other publishers. So that that is a limiting factor for a lot of

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00:41:26.740 --> 00:41:45.290

Participant 12: a lot of development around these things as well. There may also be a lack of awareness for many authors about the existence of pls. They are challenging to write. So unless there is writing support, they may not want to develop them. That's probably going to change more and more as people become more familiar with large language models.

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00:41:46.230 --> 00:41:46.790

Participant 12: Yeah.

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00:41:46.790 --> 00:41:53.650

Participant 12: And and you know, perhaps in the future there'll be some level of automation around this pls.

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00:41:53.650 --> 00:41:54.899

Karen Gainey: That you meant.

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00:41:54.900 --> 00:41:55.450

Participant 12: Well, I.

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00:41:55.450 --> 00:41:59.810

Karen Gainey: Like generative AI and large language models.

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00:41:59.810 --> 00:42:12.870

Participant 12: I mean, I think one thing we know, that large language models are very good at is pastiche. They are very good at doing things in other people's words. And so which makes them the perfect tool for plain language summaries.

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00:42:13.910 --> 00:42:37.879

Participant 12: We can't really say much about what's happening with that other than we're exploring a number of solutions, and perhaps there may be some level of automation in the future. It's just it. This is very kind of early days of that idea. But you know, lots of pharmaceutical companies are currently using large language models

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00:42:37.880 --> 00:42:53.589

Participant 12: to support the creation of their pls. We know that medical communications agencies are doing the same. We know that medical writing. There are lots of services that are offering AI generated pls as well. So

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00:42:53.900 --> 00:43:01.089

Participant 12: it's certainly a low hanging fruit for for AI to, and large language models to tackle.

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00:43:01.660 --> 00:43:07.560

Karen Gainey: Yeah, what do you? What are your thoughts on the level of human involvement

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00:43:07.850 --> 00:43:11.029

Karen Gainey: that is required or necessary?

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00:43:11.240 --> 00:43:12.630

Karen Gainey: Where do you think the balance is.

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00:43:12.630 --> 00:43:28.520

Participant 12: Verification. At the very least, there just needs to be someone to check. That is correct. I have no issue with people using large language models. I just you know, it just needs to be verified that it is accurate. We know that there can be hallucinations

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00:43:28.780 --> 00:43:30.040

Participant 12: that can be areas.

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00:43:30.447 --> 00:43:37.659

Participant 12: So you know, if it's doing 90% of the work absolutely fine, it just that last 10% needs to be done by a human.

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00:43:39.330 --> 00:43:55.640

Karen Gainey: And with that now with most journals, I'm sure it is with yours. There's in the author guidelines that any use of AI must be declared, if if that was the case for pls, would that

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00:44:00.420 --> 00:44:03.719

Participant 12: Be required to be declared as well. If it was

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00:44:03.720 --> 00:44:13.569

Participant 12: okay. Yeah, just in the acknowledgement, it would just- just not say that, you know. Chat Gpt was used to create the plain language summary. Yeah.

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00:44:14.360 --> 00:44:17.196

Karen Gainey: And where would where would that go? Just in the

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00:44:17.730 --> 00:44:18.600

Participant 12: In the acknowledging.

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00:44:18.600 --> 00:44:20.540

Karen Gainey: Operations, Acknowledgments.

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00:44:20.730 --> 00:44:22.610

Participant 12: Yes, in the acknowledgement section.

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00:44:22.920 --> 00:44:24.180

Karen Gainey: Yeah, okay,

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00:44:27.870 --> 00:44:46.719

Karen Gainey: was something. I oh, I want to ask you if I could. I? I noticed that with the plsp, and you were mentioning, mentioning that ideally, they're reviewed by patients or consumer, representative or interest holder.

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00:44:46.720 --> 00:44:48.630

Participant 12: And very patient.

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00:44:48.940 --> 00:44:49.850

Karen Gainey: Always patient.

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00:44:50.427 --> 00:45:06.319

Karen Gainey: I'd like to understand that that process a little bit more, and how that might be organized, and your thoughts on how that does, how that works. Is it effective? Any challenges? That's that sort of thing. If that's all right.

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00:45:06.630 --> 00:45:25.959

Participant 12: Sure. So we have a patient Review board, which is, you know, has been built out by, you know, contact with patients. Initially, there are some expert patients who work in the field, who are very familiar with, who have helped guide many of our policies around working with patients.

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00:45:25.960 --> 00:45:52.109

Participant 12: and they put us in contact with other patients, and helped us to sort of build out a very well rounded and well sort of diverse and well represented review board. What we do is we assign patients from outside of the therapy area to review the manuscript. And really, that's because they're there to check the plain language elements. So we don't want them to be too familiar with the scientific terminology.

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00:45:52.600 --> 00:46:22.009

Participant 12: And obviously, patients are increasingly educated. So you know they would be, you know. If they were, say, an Ms. Patient, they would know, you know, far more than your average layman about terminology. Then we would assign that to them. We do pay our patient reviewers as well, and then we provide them with a lot of guidance on what they should be checking in terms of challenges. I think initially, our challenge was.

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00:46:22.320 --> 00:46:42.259

Participant 12: we did get some manuscripts where people would just turn them around and say, Accept and no comments. And obviously for us that doesn't work. So we need people to properly scrutinize the manuscripts. So what we realized is that we weren't providing enough information to our reviewers and what is expected of them. So we went back and changed some of our guidance for reviewers.

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00:46:43.030 --> 00:46:44.290

Karen Gainey: Okay. Yep.

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00:46:45.440 --> 00:46:48.020

Karen Gainey: Do you have any challenges with attrition?

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00:46:49.130 --> 00:46:49.929

Karen Gainey: With you? Repeat.

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00:46:50.293 --> 00:46:53.930

Participant 12: What, as in people not returning comments, or or.

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00:46:53.930 --> 00:47:00.649

Karen Gainey: Or or drop it, drop out rights with your

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00:47:01.050 --> 00:47:05.429

Karen Gainey: with the board? Or is that a fairly solid board of committed.

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00:47:06.962 --> 00:47:16.160

Participant 12: Very willing to do so. We've

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00:47:16.330 --> 00:47:25.959

Participant 12: yeah. I think in one case we had to remove somebody from the board. Just because, yeah, I will get into that specifically. But we've just

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00:47:25.960 --> 00:47:26.740

Participant 12: not, darling.

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00:47:27.000 --> 00:47:35.709

Karen Gainey: That's okay. I'm just curious. The thought behind.

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00:47:35.910 --> 00:47:51.270

Karen Gainey: I think I understand. But I don't want to assume anything. The thought behind having patients who are. So we use examples. Someone who has Ms not reviewing a Pls on Ms. Or something similar.

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00:47:52.190 --> 00:47:56.649

Karen Gainey: Can you go into that decision a little bit more. So I understand. Help me understand.

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00:47:56.650 --> 00:47:57.440

Participant 12: Do you.

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00:47:57.740 --> 00:47:58.120

Karen Gainey: Yeah.

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00:47:58.120 --> 00:48:16.770

Participant 12: Okay, so you know, just assume somebody has. Ms, I think you know, they may have come across some of the terminology around Ms, so they might know what a gadolinium enhanced Legion was, whereas somebody who is an average layman would actually have absolutely no idea

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00:48:16.960 --> 00:48:35.250

Participant 12: so ultimately what we want is people who have no knowledge of reviewing these papers, so they can really ensure that it is plain language. And what we're really asking people to check when they're reviewing these is the plain language elements of this is this understandable

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00:48:35.250 --> 00:48:54.479

Participant 12: to a wider audience, and it's a very difficult thing to do from a place of knowledge is to assess plain language, but from outside a place of knowledge. If you aren't familiar with the terminology, then you can immediately flag something as not plain language, I think. Take your average.

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00:48:54.540 --> 00:49:00.809

Participant 12: Let's let's just use the term oncology to everyone else.

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00:49:00.980 --> 00:49:23.960

Participant 12: That is not plain language. But you know the word cancer is plain language. Everyone understands cancer, not everyone might understand the word oncology, however, to the people working in the oncology. Space, if you ask them, is oncology, plain language, they will say, yes. So it's, you know. It's really trying to straddle that border and make sure that we do ensure people truly do have.

317

00:49:24.030 --> 00:49:28.950

Karen Gainey: Okay, yeah, because people can make assumptions. And because post.

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00:49:29.700 --> 00:49:48.810

Participant 12: Yeah, it's difficult when you're close to it. I've tried reviewing, you know. I worked in the medical space for 12 years, and I've tried reviewing plain language, and I'm really bad at it. Because, you know, it's yeah. All of these things are, yeah. I make assumptions about what I think is plain language, or what isn't based on my own level of knowledge.

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00:49:49.380 --> 00:49:57.879

Karen Gainey: Yeah, that's that's interesting. I actually had to write a pls myself this afternoon, and I'm not terribly great at it.

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00:49:57.880 --> 00:50:05.145

Participant 12: Really are be a while is really useful.

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00:50:06.610 --> 00:50:30.960

Karen Gainey: We've got a tool called the Shell editor, Sydney health Literacy lab editor that you put your text in, and you get a readout on health literacy based on health, literacy, principles, readability, complex language, use of acronyms, whole range of things. And it helps you tweak it. And it took me about an hour and a half to write it.

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00:50:31.270 --> 00:50:32.520

Participant 12: Yes, yes.

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00:50:32.520 --> 00:50:36.629

Karen Gainey: And yeah, it was. It was very useful, but

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00:50:37.040 --> 00:51:01.089

Participant 12: It's tricky as well, though some of the tools like you know, we used to. We start recommending things like flight concave because it bumps the language level up as

soon as you even if you explain terminology. In plain, in plain language, it just bumps the language level up massively just by including it in there. So it's a yeah. A lot of these tools are not designed specifically with plain language in mind.

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00:51:02.020 --> 00:51:21.160

Karen Gainey: Yeah, well, with this editor you can exclude up to 5 words from the analysis. Yeah, so, and and talking to people in my interviews. What they said was, say, someone who has a certain type of cancer. They

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00:51:21.370 --> 00:51:49.759

Karen Gainey: often are reading pls because they want to find out if this article might apply to them, if it might be new treatment guidelines, or a new medication or therapy that's relevant, and often it is to take to their doctor to start a conversation. So they're using the pls to see if it applies to them if it's relevant. But they made the point that if they have that disease or illness.

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00:51:49.970 --> 00:51:52.270

Karen Gainey: then those words aren't jargon to them.

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00:51:53.900 --> 00:51:56.400

Karen Gainey: So that's where the audience becomes very tricky.

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00:51:56.750 --> 00:51:57.890

Participant 12: Yeah.

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00:51:58.370 --> 00:52:03.839

Participant 12: yeah, patients are increasingly experts. As well, you know, it's and we know, you know, people who are sort of

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00:52:04.180 --> 00:52:14.600

Participant 12: spend a lot of time researching into their chronic illness. You know, they're going to have more knowledge than some generalist Hvps, especially if it's a rare disease.

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00:52:15.560 --> 00:52:18.285

Karen Gainey: Yeah. Yeah. And and they actually

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00:52:19.460 --> 00:52:33.458

Karen Gainey: wouldn't say wanted more jargon. But we're not adverse to having that little bit of jargon. It's a sign of respect or acknowledgement of their health literacy level. So it's a very new area.

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00:52:34.160 --> 00:52:42.880

Karen Gainey: so I guess I'm conscious of the time. But just want to kind of wrap up and ask what your thoughts are on.

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00:52:43.160 --> 00:52:50.810

Karen Gainey: where you think or where you would like the future of plain language, summaries or plps to be.

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00:52:55.230 --> 00:53:03.599

Participant 12: yeah, I mean, I guess this is the point where at which I have to sort of say, you know that these views aren't reflective of of (Publisher) as a whole, and this is just mine and my own.

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00:53:03.600 --> 00:53:04.790

Karen Gainey: Very general.

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00:53:04.790 --> 00:53:12.099

Participant 12: Yes, yeah, I mean, you know, I think there needs to be widespread adoption. I think

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00:53:12.450 --> 00:53:16.969

Participant 12: the easiest way will likely be some kind of

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00:53:17.090 --> 00:53:29.529

Participant 12: automation for authors or readers, and it'll either be on the submission side or on the journal platforms. I think that's where I see the future personally, whether or not

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00:53:30.180 --> 00:53:35.050

Participant 12: that will be the case, will remains to be seen. But I could. I could see it happening.

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00:53:35.390 --> 00:53:37.689

Participant 12: you know, sooner rather than later

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00:53:38.400 --> 00:54:04.255

Participant 12: in terms. Yeah, the future of pls, I think as well will not just be in widespread adoption, but also thinking about different modalities. So you know, can we open up the audience even more? Can we? Can we get? I think you know, the idea of having video like infographics, are great as well. But beyond that, can we generate sort of plain language podcasts very quickly and easily.

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00:54:04.970 --> 00:54:19.119

Participant 12: yeah, I think you know what AI is starting to show us is that we can change the modality quite easily, or we will be able to so if we can do that, that will really open up the audience a little bit more.

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00:54:20.620 --> 00:54:24.229

Participant 12: Yeah, I guess that would be my my takeaways.

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00:54:25.020 --> 00:54:33.160

Karen Gainey: Yeah, no, I'm glad you mentioned that. That is actually something I should have asked, because that's something people commented on a wider variety of formats.

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00:54:33.160 --> 00:54:33.820

Participant 12: And.

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00:54:34.090 --> 00:54:38.150

Karen Gainey: And choices they felt would give

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00:54:38.300 --> 00:54:51.580

Karen Gainey: would open up the audience. But also they commented on the nature of different, the impact of different disease States. On the way information is processed.

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00:54:52.020 --> 00:55:18.749

Karen Gainey: So wider variety of choices just meant increased access overall. If you've got brain fog, or if you're in, have a migraine or in a fatigue state, then an audio version might be easier to access than a text based format, even if the information's identical. So

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00:55:19.224 --> 00:55:36.469

Karen Gainey: yeah. So that's that was interesting. Well, I guess just wrapping up. Is there anything I know? This is this is really your area. Anything you think is really important in this area that we haven't touched on or covered. That you think is important for me to know.

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00:55:37.695 --> 00:55:43.229

Participant 12: I guess we haven't talked about patient authorship and co-development. Of the.

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00:55:43.230 --> 00:55:43.880

Karen Gainey: Yes.

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00:55:44.930 --> 00:56:08.269

Participant 12: Of these materials, which can be, you know, often the case with pls and plsp, I think you know it would be great to have, as we start to see, more patient-centric approaches in medicine in medicine's development. I think it's going to be an increasingly important aspect of the plain language publication.

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00:56:09.017 --> 00:56:10.900

Participant 12: Yeah, I guess

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00:56:11.030 --> 00:56:15.980

Participant 12: something. I don't really have any specific comments on it other than I'd like to see more of it. But.

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00:56:16.570 --> 00:56:20.460

Participant 12: That other than that. I don't really have any specific comments on it, but just something to to consider.

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00:56:21.120 --> 00:56:27.377

Karen Gainey: Yeah, yeah, any yeah. Any mechanism or

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00:56:31.700 --> 00:56:38.230

Karen Gainey: I guess. Interest from authors that submitted. Oh, actually

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00:56:38.770 --> 00:56:41.970

Karen Gainey: just realized how stupid that question is because

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00:56:42.770 --> 00:56:49.110

Karen Gainey: I keep forgetting that the Plsps are coming from articles that don't originate from (Publisher).

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00:56:49.500 --> 00:56:50.180

Participant 12: Hmm.

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00:56:50.440 --> 00:56:52.980

Karen Gainey: Manuscripts that's hard to get my head around.

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00:56:53.308 --> 00:56:56.259

Participant 12: Mean it can be within stage as well. Yeah.

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00:56:56.260 --> 00:57:02.100

Karen Gainey: Not exclusively still getting my head around that, and that you're

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00:57:02.600 --> 00:57:08.320

Karen Gainey: board of Peer reviewers are just for the peer review process. I just realized.

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00:57:08.320 --> 00:57:14.000

Karen Gainey: We have a patient editorial board as well. On some journals. Yeah, how does that work?

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00:57:16.116 --> 00:57:17.784

Participant 12: In what sense?

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00:57:18.690 --> 00:57:20.130

Karen Gainey: What's their function?

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00:57:20.430 --> 00:57:42.739

Participant 12: What's their function? So I mean, they have the same function as as other members of an editorial board would as well. So you know there to assist with decisions of the running of the journal and also to help review content. So they're treated much the same as a standard member of an editorial board. It's just that, you know.

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00:57:43.010 --> 00:57:51.460

Participant 12: We separate them out as patients because they that's, you know, that's the perspective that they bring. That's what their topic is. Yeah. And that's what their expertise lies.

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00:57:52.050 --> 00:57:57.170

Karen Gainey: Right? Okay, that's not something I've come across before.

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00:57:58.170 --> 00:58:07.314

Participant 12: Yeah, I think there are a couple of places that you know might have, I think, potentially. Bmj may have a patient headboard as well,

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00:58:07.830 --> 00:58:12.120

Participant 12: but I think it's fairly unique amongst publishers.

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00:58:12.980 --> 00:58:13.490

Karen Gainey: So what?

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00:58:13.490 --> 00:58:16.712

Karen Gainey: This is? Some where does this?

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00:58:17.660 --> 00:58:33.669

Karen Gainey: I guess, almost like an ideology of really patient-centred focus. With this the PIs work stream and the editorial board and the real patient involvement. Where does that come from with (Publisher)? Do you know.

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00:58:34.170 --> 00:58:36.360

Participant 12: I think it largely matches.

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00:58:36.500 --> 00:58:42.056

Participant 12: It's yeah. I think it's it's largely. It's reflective of (Publisher's) overall

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00:58:42.940 --> 00:59:02.919

Participant 12: goals, you know, around accessibility around Dei as well, and I got at the moment. That's a that's a challenging word for some reason in healthcare. But yeah, but it is, you know, very reflective of stage. At the moment. Yeah. And our own views. It fits into what we try and do, where we sort of. You know we have this

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00:59:02.920 --> 00:59:29.759

Participant 12: somewhat of building bridges to to knowledge. But yeah, so it's very reflective of that. We have many journals that are focused around patient involvement. So

we have a journal. (name) is actually a board member, the (Journal) We also have, you know, X titles. Where we see a lot of patient engagement. So it's yeah, it's not. There's not been

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00:59:29.920 --> 00:59:31.370

Participant 12: a specific

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00:59:31.740 --> 00:59:50.740

Participant 12: goal to be patient centric. It's just happened piecemeal, as it's reflective of many of the things that we're doing within (Publisher). We are trying to somewhat unify that into an overarching policy, as we do feel like we can say that we we both are and want to be, a patient centric publisher. You know.

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00:59:50.740 --> 00:59:51.130

Karen Gainey: Yeah.

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00:59:51.520 --> 00:59:58.130

Participant 12: The reasons we're doing some of these things are to reflect that. So yeah, it's

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00:59:58.390 --> 01:00:04.329

Participant 12: I wouldn't say that it's come from one place. It's come from many different people within the organization.

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01:00:04.894 --> 01:00:21.860

Participant 12: It's perhaps reflective of the times as well. You know. I think we've seen a shift in medical communications to be more patient centric in in sort of medic medicines development for the 1st time. I think we're starting to see patient centric

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01:00:22.140 --> 01:00:43.089

Participant 12: medicines development. So you know whether that be patients involved in clinical trial design patients involved, you know, in in throughout the process, up until you know the writing stage as well which we've just spoken about, too. So I think it's been somewhat reflective of that shift in in medicine as well.

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01:00:43.740 --> 01:00:53.110

Karen Gainey: Yeah, yeah. Okay, great. Well, thanks so much. Run out of questions. So I really.

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01:00:53.110 --> 01:00:53.589

Participant 12: Right. You're talking.

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01:00:53.590 --> 01:01:11.769

Karen Gainey: That's been so insightful. It's great to talk to someone at the publisher level, because the insights are different. So you've really given me a lot I haven't heard before, but I kind of knew there was that gap. So it's been really useful, and I very.

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01:01:11.770 --> 01:01:12.919

Participant 12: No problem at all.

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01:01:13.120 --> 01:01:20.319

Karen Gainey: Yeah, we're always happy to help. If you've got any, follow up questions. If you need anything verified, feel free to drop me an email, I'd be more than happy to help.

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01:01:20.320 --> 01:01:20.840

Karen Gainey: Okay.

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01:01:21.050 --> 01:01:34.780

Karen Gainey: yeah, thank you. And if you do any more work in this area, please, if you think of it, shoot it. Shoot it through, or I'll I've got you now on LinkedIn. I'll keep an eye out.

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01:01:35.260 --> 01:01:36.180

Participant 12: Fantastic.

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01:01:36.520 --> 01:01:36.930

Participant 12: I mean.

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01:01:36.930 --> 01:01:37.850

Participant 12: Nice to meet you, Karen.

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01:01:38.170 --> 01:01:41.580

Karen Gainey: You, too, Edna just reminded. Would you like a copy of the Transcript?

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01:01:41.580 --> 01:01:43.220

Participant 12: I'm I'm alright for that. Yeah, yeah.

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01:01:43.220 --> 01:01:45.830

Karen Gainey: Good, perfect, alright!

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01:01:45.830 --> 01:01:49.660

Participant 12: Have a great rest of the day. Okay.

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01:01:49.660 --> 01:01:53.259

Karen Gainey: Or remove any identifying information from the transcript.

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01:01:53.260 --> 01:01:54.330

Participant 12: Okay. Thank you.

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01:01:54.330 --> 01:01:56.759

Karen Gainey: Okay, cheers. See you later.

406

01:01:57.010 --> 01:01:57.850

Karen Gainey: Hi.