Publisher perspectives on plain language summaries of scientific publications: An Open Pharma survey

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Abstract

Plain language summaries (PLS) of scientific publications can help to make scientific literature more understandable. In healthcare, PLS can contribute to informed decision-making by healthcare professionals, patients, and their caregivers. In late 2022 and early 2023, the multi-sponsor collaboration Open Pharma developed a 16-question survey to collect the perspectives of journal editors and publishers on PLS and whether they align with the Open Pharma PLS recommendations. A total of 29 surveys were completed, representing 26 individual journals and seven publisher portfolios. Of these, 19 journals and two portfolios did not offer PLS as an option to authors, and one portfolio respondent was unsure. The survey showed variability in format, location, and peer review practices for PLS, and inconsistent tagging of PLS for PubMed indexing. The results highlight the need for more journals to accept PLS and follow best practice recommendations to ensure PLS are peer reviewed and discoverable.

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Within the context of scientific and medical research publications, plain language summaries (PLS) are concise summaries written in jargon-free and non-technical language for a broad, non–specialist audience. Although the term *PLS* may be used to describe other accessible language documents,[1] here we exclusively refer to PLS that are hosted with the associated scientific publication.

PLS can help to bridge information gaps and enable individuals with diverse backgrounds, levels of health literacy, and accessibility needs to read and understand research.[2-7] PLS may be of particular value in healthcare, where patients, patient advocates, caregivers, and healthcare professionals (both specialist and non-specialist) need to work and make decisions together to improve patient outcomes.[8,9] In recent years, one pharma company has publicly committed to publishing PLS with all research publications that meet certain criteria,[10] and industry-wide publication guidance[11] has been updated to recommend adoption of PLS.

In an effort to support the standardisation of PLS, Open Pharma – a multi-sponsor collaboration working to improve the communication of pharma-sponsored research – published a set of minimum recommendations for PLS of peer-reviewed medical journal publications.[12-14] Published in 2021, these recommendations state that PLS should be "in the style of an abstract, understandable and readable, free of technical jargon, unbiased, non-promotional, peer reviewed, and easily accessed".[13]

Several of the Open Pharma PLS recommendations[12,13] fall under the responsibility of journals, such as ensuring that PLS are explicitly linked to the source article, fully peer reviewed alongside the accompanying manuscript, and tagged with appropriate metadata and keywords to improve their discoverability.[12,13]

In late 2022 and early 2023, Open Pharma carried out a survey to investigate whether current publisher practices aligned with the Open Pharma PLS recommendations.[12,13] Here, we summarise the results of the survey and identify areas for improvement in PLS publication practices.

The survey

The objectives of this study were: to understand the PLS policy landscape across publishers; to engage with publishers regarding PLS; and to encourage more publishers of medical research to offer their authors the chance to include PLS. The survey (Supplementary Material) was developed through consultation with the Open Pharma PLS working group. It consisted of 16 questions, including "Does your journal/publisher offer PLS options for authors to submit?", "Where are your PLS located?", "What formats of PLS do you accept?", and "Are PLS included in the peer review package?".

Journal publishers and editors attending three international conferences focused on scientific and medical publications were invited to complete the survey: the ninth annual International Congress on Peer Review and Scientific Publications, September 2022, Chicago, Illinois, USA; the Association of Learned and Professional Society Publishers Annual Conference and Awards, September 2022, Manchester, UK; and the European Meeting of the International Society for Medical Publication Professionals, January 2023, London, UK. The survey was made available to delegates both as a Microsoft Form accessible via a QR code and as a hard copy that could be returned either in person or via email.

A second group of journal publishers and editors with a perceived interest in completing the survey were identified through web searches and previous contact with the survey authors. The survey was sent to these individuals as a Microsoft Form via email.

Publisher perspectives on PLS

In total, 29 surveys were completed representing the perspectives of 22 unique publishers or publishing imprints (according to responses to survey question 2, "What publisher do you work for?"). Of these, 18 surveys (18/29, 62%) reported on one individual journal, four surveys (4/29, 14%) reported on two journals each, and seven surveys (7/29, 24%) provided insights pertaining to a portfolio of multiple journals

Plain language summary of this article

Plain language summaries (PLS) are short, easy-to-read summaries of scientific research articles. They are sometimes published next to research articles to help non-specialist readers understand what the articles mean.

In 2022 and 2023, we surveyed publishers to ask if their journals publish PLS and how they publish them. The survey was completed by 29 people. They provided information about 26 individual journals and seven groups of journals (known as publisher portfolios).

Our survey results suggest that journals do not always allow authors to submit PLS alongside their research articles. Of the 26 individual journals, 19 did not offer PLS as an option to authors. Two of the seven publisher portfolios did not offer PLS as an option to authors. The most common reason journals gave for not offering PLS was "lack of reader demand".

The journals that allowed PLS varied in how their PLS looked and where in the research article they were found. Some journals asked independent experts to review PLS before publication (a process called peer review), but others did not. Journals do not always give PLS a tag that makes them easier to find on a website widely used to search for biology and medical publications called PubMed.

Overall, our results show an opportunity for more journals to allow authors to publish PLS of scientific research articles. We believe that journals should follow best practice recommendations to make sure that PLS are peer reviewed and readers can easily find them.

An infographic and a video summary of this article are available in online supplementary materials, which are available at: https://doi.org/10.6084/m9.figshare.25886779.v1.

(Figure 1). If each of these seven responses (7/29, 24%) apply to the full portfolio of journals issued by the corresponding publishers, the responses would reflect PLS practices at 6–418 journals (mean: 100; median: 30).

Most surveys represented "medical" or "health" journals (21/29, 72%); two surveys represented journals publishing "basic science and some medical science" (2/29, 7%). Overall, the respondents provided information regarding seven publisher portfolios and 26 individual journals.

Publisher portfolios

Of the seven publisher portfolios surveyed, four (4/7, 57%) allowed authors to submit PLS to some or all of their journals, two (2/7, 29%) did not offer PLS options, and one (1/7, 14%) respondent was unsure of their publisher's PLS offerings (Figure 1).

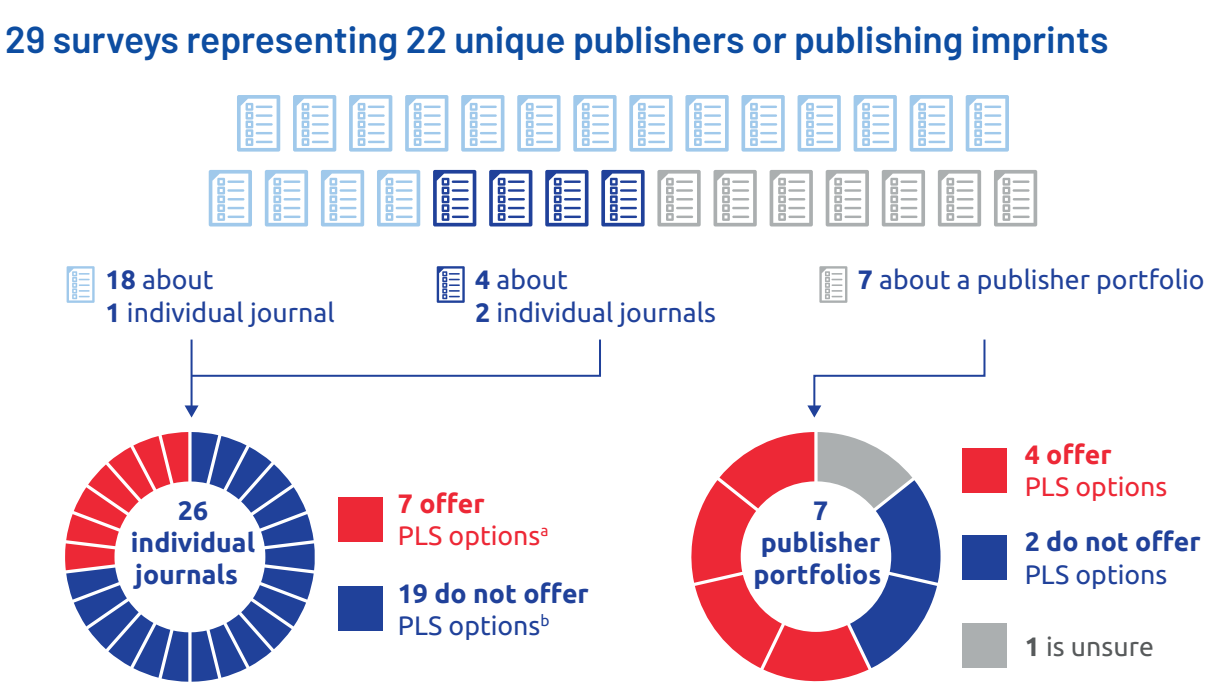


Figure 1. Surveys were completed by 29 individuals, representing the perspectives of 22 unique publishers or publishing imprints

[a] Data from seven surveys[c] submitted by seven respondents representing seven unique publishers or publishing imprints.

[b] Data from 16 surveys[c] submitted by 16 respondents representing 13 publishers or publishing imprints; two respondents reported that their journals generate their own PLS for selected articles written in-house.

[c] Data do not add to 22 because one survey reported on two individual journals that differed in their PLS offerings. This response is counted in both groups of individual journals: those that offer PLS options and those that do not offer PLS options.

PLS, plain language summary(ies).

What is the primary reason for not currently offering PLS?

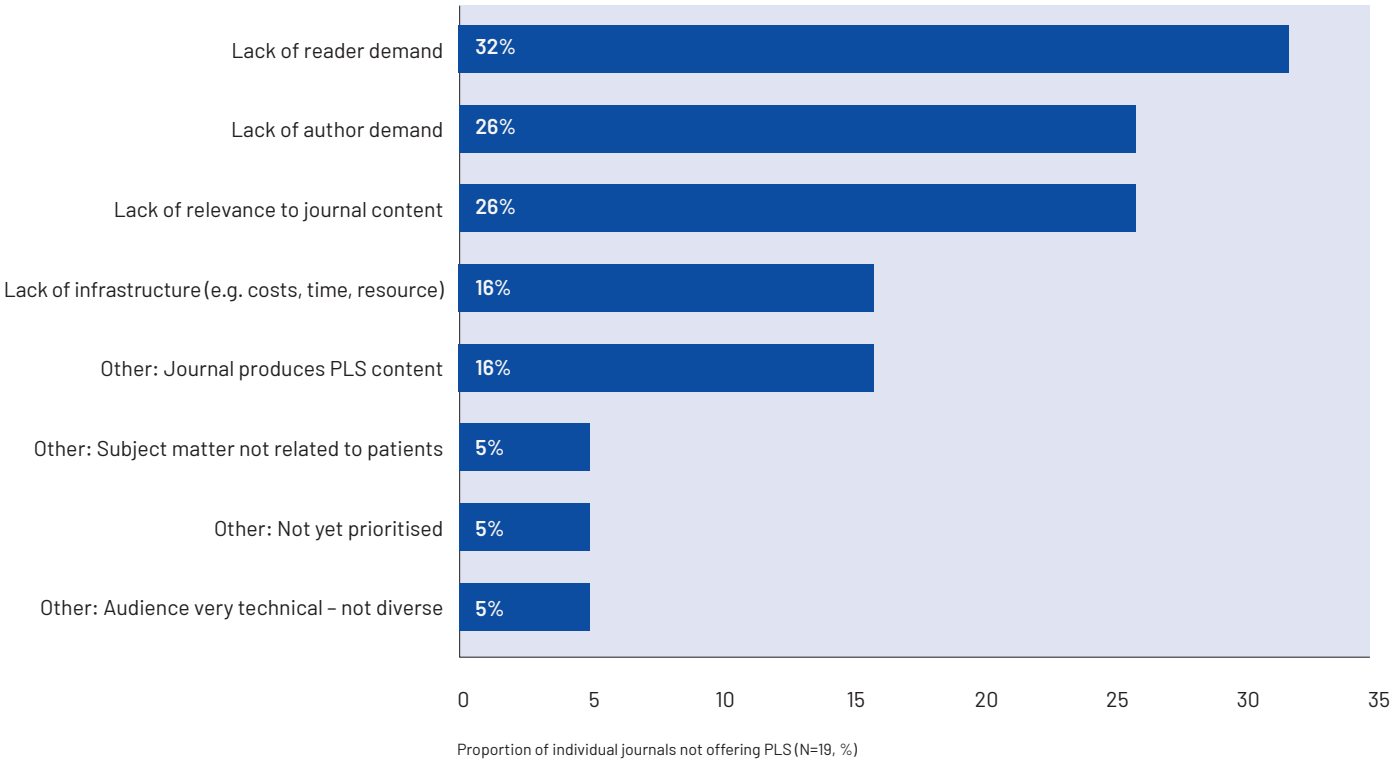


Figure 2. Of the individual journals that responded to the survey, 19 (19/26, 73%) did not allow authors to submit PLS. The most common reason these journals gave for not offering PLS was lack of reader demand (6/19, 32%)

Respondents could select more than one reason from a pre-defined list.

PLS, plain language summary(ies).

Individual journals

Prevalence of PLS

Of the individual journals surveyed, the majority did not offer PLS options to authors; seven (7/26, 27%) allowed authors to submit PLS, while 19 (19/26, 73%) did not (Figure 1). However, two of the 19 journals that did not allow authors to submit PLS do write summaries themselves in more accessible language than the scientific abstract for selected articles – these were described by the respondents as "summaries for patients" and "plain language versions".

The most common reasons for not offering PLS, as selected from a list of pre-determined multiple-choice options, were lack of reader demand (6/19, 32%), lack of author demand (5/19, 26%), lack of relevance to journal content (5/19, 26%), and lack of infrastructure (e.g. costs, time, resource) (3/19, 16%) (Figure 2).

Format and location

Each of the seven individual journals (7/7, 100%) that allowed authors to submit PLS offered text-based, abstract-style publication formats (Figure 3). Three of these journals (3/7, 43%) also offered single-page plain language infographics, and one journal (1/7, 14%) accepted multipage infographics or video content.

The location of the PLS in relation to the article varied between journals. Of the journals that allowed authors to submit PLS, six (6/7, 86%) indicated that they position PLS in a single location: either located directly after the scientific abstract (3/7, 43%), in the supplementary material (1/7, 17%), or embedded in a text box within the article (2/7, 29%). One journal (1/7, 14%) indicated that PLS could be located directly after the scientific abstract and/or in the supplementary materials (Figure 4).

Audience

The most commonly cited target PLS audiences from a pre-defined multiple-choice list were patients, their organisations and advocacy groups (5/7, 71%), healthcare and research professionals (4/7, 57%), and students (4/7, 57%). Less commonly cited audiences included policy and governance professionals (3/7, 43%), educators and trainers (2/7, 29%), and others (free-text responses included funders [1/7, 14%], people with lived experience [1/7, 14%], media and social media [1/7, 14%], and anyone [1/7, 14%]) (Figure 5).

Six of the seven journals (6/7, 86%) offering PLS agreed that publishing PLS alongside the scientific abstract and article may increase or diversify journal readership. The remaining journal (1/7, 14%) was unsure of the benefits of including plain language content.

Indexing

The survey results indicate that indexing practices are inconsistent among journals offering PLS. Only one of the seven journals (1/7, 14%) that

Most common PLS formats

Figure 3. Of the seven journals that allowed authors to submit PLS, all (7/7, 100%) offered text-based, abstract-style PLS formats

Respondents could select more than one format from a pre-defined list.

PLS, plain language summary(ies).

Most common locations of PLS in an article

Figure 4. PLS were most commonly located directly after the scientific abstract (4/7, 57%)

Respondents could select more than one location from a pre-defined list. One journal (1/7, 14%) indicated that PLS could be located directly after the scientific abstract and/or in the supplementary materials.

PLS, plain language summary(ies).

Most common target audiences for PLS

Figure 5. While patients, patient organisations, and advocacy groups were reported to be the most prominent target audience for PLS (5/7, 71%), journals also expected plain language content to be of use to healthcare and research professionals (4/7, 57%)

Respondents could select more than one target audience from a pre-defined list.

PLS, plain language summary(ies).

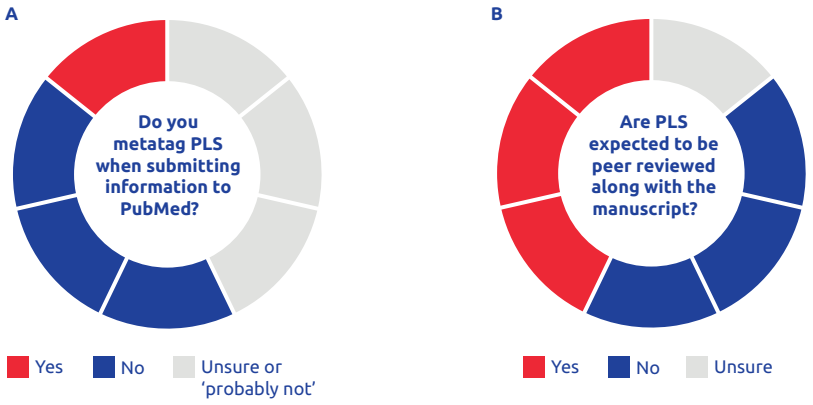


Figure 6. Just one of the seven individual journals (1/7, 14%) that publish PLS uses a PLS-specific metatag when sending information to PubMed (A), and three of the seven journals (3/7, 43%) send PLS for peer review alongside the manuscript (B)

PLS, plain language summary(ies).

accepted PLS from authors used a PLS-specific metatag when submitting information to PubMed for indexing. The remaining journals either did not use a PLS metatag (3/7, 43%) or were unsure of their metatagging processes (3/7, 43%). One respondent who was unsure stated that they "probably" did not metatag PLS (Figure 6A).

Supplementary material

Infographic
Open Pharma. Publisher perspectives on plain language summaries (PLS): A survey study. 2024 Available from: https://doi.org/10.6084/m9.figshare.25886779.v1.

Video summary
Open Pharma. Open Pharma summit 2023 | Publisher perspectives on plain language summaries: an Open Pharma survey. 2024. Available from: https://doi.org/10.6084/m9.figshare.25886836.v1.

Survey
Open Pharma. Plain language summary (PLS) publishing practices survey. 2024 Available from: https://doi.org/10.6084/m9.figshare.25867135.v1.

Peer review

The results of the survey show that PLS are not always peer reviewed alongside the manuscript (Figure 6). Three of seven journals (3/7, 43%) that allowed PLS submission included them in the peer review package alongside the manuscript, whereas three (3/7, 43%) did not peer review PLS (Figure 6). The remaining respondent (1/7, 14%) was unsure of their journal's PLS peer review policy (Figure 6B).

Two journals (2/7, 29%) provided specific guidance on PLS to their peer reviewers. However, one journal that answered "no" to "Does your journal/publisher offer PLS options for authors to submit" answered "yes" to "Do you provide specific guidance on PLS for your peer reviewers". No further details about this apparent discrepancy were provided in the free-text section of the survey.

Of the seven journals that allowed authors to submit PLS, three (3/7, 43%) involved "lay or non-expert" reviewers in the peer review process; three journals (3/7, 43%) that allowed authors to submit PLS did not include non-expert reviewers, and one journal (1/7, 14%) was unsure of whether they involved non-expert peer reviewers. Interestingly, two journals (2/7, 29%) that answered "no" to this question explained in free-text responses that they did use non-expert reviewers in other journal processes, but that they were "not involved in PLS review" or that the reviewers were "not specific to PLS".

Discussion

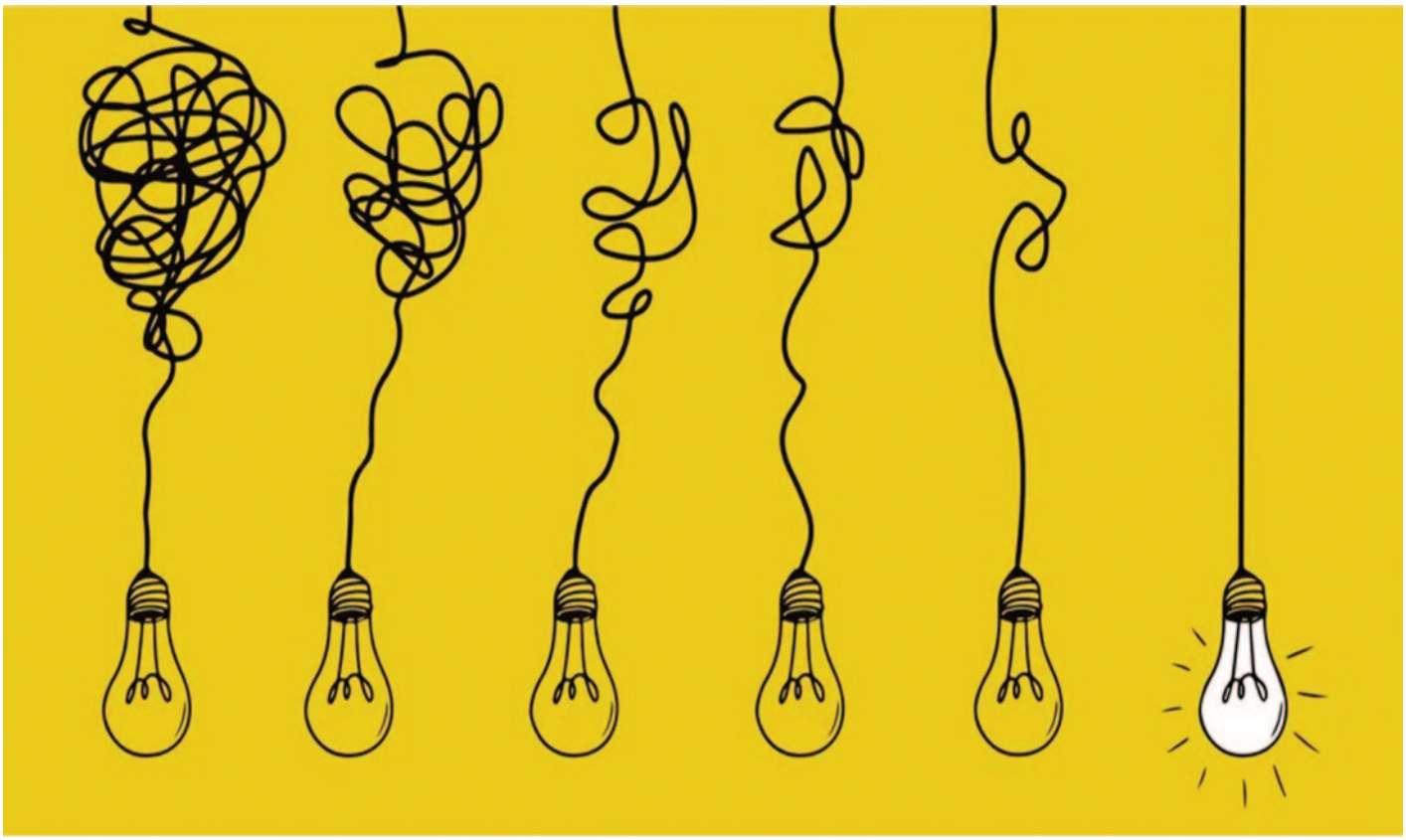
Despite the role of PLS in improving the understanding of scientific research, our survey suggests that many journals are yet to adopt PLS. Among the journals that do support PLS submission (7/26 individual journals surveyed), publishing practices often differ from the Open Pharma best practice recommendations for PLS.[12,13] For example, some journals do not send PLS for peer review or do not use the PLS-specific metatag that enables correct PubMed indexing. Encouragingly, however, our results suggest that when journals publish PLS, they offer the recommended minimum-standard, text-based, abstract-style format.

Our results are consistent with previous research showing that although the publication of PLS alongside scientific articles is increasing, it is yet to be a widespread practice across scientific journals. For example, a 2022 analysis found that just 10 journals were responsible for 73.5% of text-based PLS indexed in PubMed.[15] Previous research has also identified great variability in the content, format, and visibility of published PLS,[16,17] and has highlighted a need for journals that publish PLS to provide consistent, standardised instructions to guide authors in how to develop these summaries.[18]

> Most of the PLS-publishing journals captured in our survey believe that PLS enable them to reach various non-specialist audiences.

Most of the PLS-publishing journals captured in our survey believe that PLS enable them to reach various non-specialist audiences. As the majority of survey respondents represented medical and health journals, a focus on patients and caregivers as target audiences is not unexpected. However, it is noteworthy that healthcare and research professionals, as well as students, were also common target audiences for this small sample of PLS-publishing journals. To be a trusted educational resource to specialist and non-specialist audiences alike, it is imperative that PLS are peer reviewed alongside the associated manuscript. Peer review ensures that the content is scientifically accurate, a true reflection of the source article, and free from bias.[19]

Our results suggest that few journals (1/7, 14%) are using PLS-specific metatags when sending information to PubMed, which may lead



to incorrect indexing. In a 2022 Open Pharma analysis, 14.6% of PubMed records using the <plain-language-summary> tag were using it incorrectly: in these cases, the tag was found to be erroneously associated with a non-English language abstract, other non-PLS content, or a duplicate of the scientific abstract.[17] While standardisation of metatagging processes would improve the indexing of PLS in PubMed, it is as yet unclear if such improvements would truly enhance the visibility and discoverability of PLS for non-scholarly, general audiences, including patients and caregivers. For PLS to be truly accessible and discoverable, general readers must know where to find them and be able to access them free of charge – potentially via other medical information sources with links to published results in PubMed.

Strikingly, the survey results also indicate that publishers and editors are not always aware of their own PLS policies and practices, highlighting the need for improved internal information sharing and training.

Strikingly, the survey results also indicate that publishers and editors are not always aware of their own PLS policies and practices, highlighting the need for improved internal information sharing and training.

This survey is limited by its small sample size, and it is unlikely that our results are representative of PLS practices across the whole publishing industry. However, when taken together with other explorations into the current state of PLS publication standards,[15,16,18,20,21] and an increased reader and study sponsor demand[10] for this content, the survey highlights a need for change in journal practices related to PLS. We believe that this should start with all journals allowing authors to submit text-based PLS of 250 words or fewer with any manuscript submission. Further action to implement peer review of PLS alongside the manuscript and to tag PLS with metadata for intuitive PubMed indexing would improve the accuracy and discoverability of this type of content for specialist and non-specialist audiences alike.[12]

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Disclosures and conflicts of interest

SB was an employee and shareholder of Galápagos NV, Mechelen, Belgium at the time of data collection and first draft development, and is now an employee of Alfasigma S.p.A., Bologna, Italy. AR, CW, JG, and JO are employees of Oxford PharmaGenesis Ltd, Oxford, UK, of which CW is also a shareholder and Director. AR receives departmental funding from the Centre for Pharmaceutical Medicine Research, King's College London, London, UK for doctoral research on patient involvement in publications, which is unrelated to this work. VP is an employee and shareholder of UCB Biopharma SRL.

Data availability statement

Anonymised data are available on request from OxfordProject@pharmagenesis.com.

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