

## The Global Alliance of Publication Professionals: Update on a Small Group with a Big Mission

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### What is GAPP and who is involved?

The Global Alliance of Publication Professionals (GAPP) is a group of five volunteers from Europe, North America, and the Asia-Pacific region (Figure 1).

We are experienced and passionate medical publication professionals who have held or do hold leadership positions in the American Medical Writers Association (AMWA), the European Medical Writers Association (EMWA), or the International Society for Medical Publication Professionals (ISMPP). GAPP is not an association, but seeks to complement the work done by our professional associations.

### Why did GAPP start and how does it operate?

GAPP started in January 2012, but the idea originated several years earlier. During her keynote address at the 2009 AMWA Annual Conference, Karen L. Woolley, PhD, CMPP, challenged our profession to speak up, more quickly and with a more unified voice, when influential reports appeared (eg, in journals, mainstream media, and social media) that affected (and often denigrated) medical publication professionals. Rejoinders from poorly informed critics, particularly those who confuse ghostwriters with professional medical writers, often dominated the responses to such reports (Figure 2).



Figure 1. Founding members of GAPP.

Although rebuttals that supported our profession may have been given initially by individuals and later by associations, such comments were often limited in their representativeness or their speed (Figure 2). A gap existed and GAPP was established to fill this gap!

GAPP developed a unique volunteer model. As we are all senior managers or owners of our companies and have existing voluntary commitments to our respective associations, we realized that time for GAPP could be quite limited. To help ensure we could sustain our energy throughout the year, we divided the year into 10- to 12-week blocks and assigned a “lead responder” to each block. The lead responder was responsible for drafting the response, incorporating feedback from fellow GAPPers, and submitting the response. To help ensure credible and timely communications, we developed a list of communication points that we all agreed upon and a list of references that could be used to provide evidence-based support for these points. These lists were developed before our first response and have proved quite useful. We also set up a website, a LinkedIn account, and a Twitter account to help ensure our supporters and critics could find out more about GAPP and to allow us to leverage social media to alert our networks (and their networks) to what GAPP was doing.

### What has GAPP done to help our profession?

GAPP has helped members of our profession by standing up for our profession, often when nobody else has. Even though there are only five people in GAPP, we have managed to publish articles in high-ranking, international, peer-reviewed journals (including *The American Journal of Medicine*, *Current Medical Research & Opinion*, and *Trials*),<sup>1-3</sup> and provided responses to contentious articles or inquiries from mainstream media (eg, *Forbes*) and web-based media

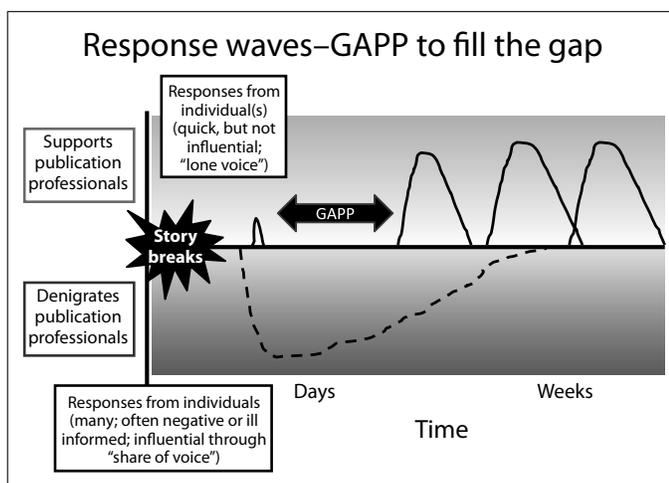


Figure 2. Schematic of the speed, source, and nature of responses to stories that can affect medical publication professionals, and why GAPP was needed.

(eg, the blog Retraction Watch). Although most of our activities have been reactive, we have started to be proactive, with a provocative editorial recently published in *Current Medical Research & Opinion*.<sup>2</sup> We have witnessed critics changing their minds (or at least their words) in how they refer to professional medical writers—yes, they now accept that we should not be called ghostwriters! (Figure 3).

Differentiating professional medical writers from ghostwriters has been a frequent theme of GAPP's responses (Table 1). We might think this is an "old" issue, but it isn't for those outside our profession. We all need to realize how others view our profession; if they don't understand us or value us, whose fault is it? The irony of communicators not communicating well is rather evident and rather harsh.

On a more philosophical and perhaps strategic level, we'd like to think that GAPP has emerged as a role model for interassociation collaboration. We do not represent any of our associations as part of our role in GAPP; however, we have shown how volunteers from different associations can work together in a practical, positive, and productive manner. GAPP has shown that such collaboration can occur across the world, leveraging technology and bridging time

### The Reply:

I appreciate the distinction made by Woolley et al between ghostwriters and professional medical writers. I agree that medical writers are not ghostwriters, so long as their contributions are acknowledged; and recent evidence shows a favorable trend.

**Figure 3.** Extract from the reply from Xavier Bosch (author of "Ghostwriting: research misconduct, plagiarism, or fool's gold?") to GAPP's letter to the editor published in the American Journal of Medicine. In his original article, he had implied professional medical writers were ghostwriters; after GAPP's response, he acknowledged the difference.

zones to deliver results in a cost-effective manner. We hope GAPP serves as a catalyst for more formal interassociation collaborations in the future.

### What can AMWA members do to help GAPP?

There are at least three ways you could help GAPP:

1. **Be a scout:** We would be very grateful to have "scouts" from around the world who could alert us to articles that demand a timely and credible response. We have

**Table 1.** Summary of the Key Points in Articles and Comments from GAPP\*

| Article / comment   | Key point   |
|---|---|
| GAPP review of medical writing issues in Ben Goldacre's book, <i>Bad Pharma</i> ; posted on Amazon.   | GAPP agrees with Ben Goldacre on condemning ghostwriting, but rebuts assertion that AMWA, EMWA, and ISMPP are "ghostwriters' associations."   |
| GAPP editorial in <i>Current Medical Research &amp; Opinion</i> . <sup>2</sup>  | GAPP's editorial quickly makes "top 5 most read" articles in <i>Current Medical Research &amp; Opinion</i> . GAPP provides the first financial model to show how professional medical writers could fix poor compliance with results reporting.   |
| GAPP comment on the Lacasse et al article published in <i>BMC Research Notes</i> . <sup>4</sup>   | GAPP critiques article purporting to study only ghostwriting when it actually studied ghostwriting, guest-authorship, and possibly, ghost-authorship.   |
| GAPP comment on the Lundh et al article published in <i>Trials</i> . <sup>3</sup>   | GAPP challenges assertion that medical writers strive to please marketing departments—ghostwriters might, but professional medical writers do not!  |
| GAPP letter to the editor in response to article by Bosch et al published in the <i>American Journal of Medicine</i> . <sup>1</sup>                 | GAPP's letter to the editor accepted for publication in the <i>American Journal of Medicine</i> . GAPP cites evidence on the benefits of using professional medical writers.  |
| GAPP comments sent to editorial office of <i>Ophthalmology</i> ; comments received and to be considered at annual review of Instructions to Authors | GAPP requests that Ophthalmology's Instructions to Authors clarify that ghost authoring, guest authoring, and ghostwriting are all unacceptable practices. The current Instructions equate ghost-authorship with ghostwriting. Further, there is no clarification that professional medical writing assistance is acceptable.   |
| GAPP correspondence with Ivan Oransky (co-founder of the blog <i>Retraction Watch</i> ).  | GAPP reinforces statements from the International Federation of Pharmaceutical Manufacturers and Associations on the need for industry to publish clinical trial results and cites evidence that lack of time is a major factor for why authors fail to publish results. GAPP highlights how professional medical writers can help address the problem of nonpublication. |
| GAPP comment series in response to article about industry-supported editorial assistance published in <i>Forbes</i> business magazine.              | GAPP clarifies the roles of professional medical writers, authors, and sponsors. GAPP asserts that disclosure of medical writing support is necessary, but not sufficient; ethical publication practices have to be followed!   |
| GAPP comment on University of North Carolina Medical School's ghostwriting policy.  | GAPP agrees that medical schools should ban ghostwriting. GAPP clarifies difference between ghostwriters and professional medical writers.  |

\* For a list of GAPP responses, with hyperlinks to items included here, please visit: [www.gappteam.org/news/index.html](http://www.gappteam.org/news/index.html).

some scouts already but would welcome more. A quick e-mail message to [contact@gappteam.org](mailto:contact@gappteam.org) or a tweet to @GAPPTeam is all it takes. We aim to respond within 2 working days.

- 2. Request an author testimonial:** GAPP would like to help build a database of testimonials from well-respected authors indicating why they use professional medical writers (not ghostwriters). We know that all types of authors use medical writers and do so for a variety of reasons.<sup>5</sup> Nevertheless, some authors can confuse professional medical writers with ghostwriters and may refuse professional medical writing support on the basis of this conflation. The irony is that evidence to date suggests that papers prepared with professional medical writing support are less likely to be retracted for misconduct,<sup>6</sup> more likely to adhere to best practice reporting guidelines,<sup>7</sup> and more likely to be published more quickly.<sup>8</sup> Also, in the Asia-Pacific region, some authors fear that using a medical writer is a sign of weakness. Directing apprehensive authors to a website that displays numerous testimonials could help reassure these and other authors that leading researchers from around the world recognize professional medical writing support as a legitimate, ethical, and valuable service. There is nothing wrong or weak about using professional medical writers—indeed, there is a lot of good that comes from using us.
- 3. Refer a journalist:** If you meet a journalist or become aware of a journalist with an interest in the medical writing world, please refer them to GAPP ([www.gappteam.org](http://www.gappteam.org)). We would be happy to be a trusted and timely source of information for them. The Statement of Principles of the Association of Health Care Journalists indicates that journalists' gaining information from a variety of sources is a key principle.<sup>9</sup> Too many stories focus just on ghostwriting; the perspectives from professional medical writers would help provide fair balance to such articles. However, if journalists don't know whom to contact and they are facing a pressing deadline, is it any wonder that critics of writers, who are more than willing to make time for journalists, get their views published?

### What's next for GAPP?

GAPP was started as a 1-year pilot project. We did not know if the GAPP model would work. We did not know if GAPP would get anything published. We think we have established a model to successfully support our profession and effectively engage its critics. We are convincing critics that professional medical writers are not ghostwriters. This may seem banal to us, but we're not the ones confusing the two. We still have more to do to reach out to and build mutually respectful relationships with journalists. We are continuing in 2013, but we also recognize the need to create a succession plan to ensure the work continues.

### Where can I find out more about GAPP?

Follow GAPP on Twitter or go to our website or LinkedIn group (at [www.linkedin.com/groups/Global-Alliance-Publication-Professionals-4289870](http://www.linkedin.com/groups/Global-Alliance-Publication-Professionals-4289870)). We also are delighted that conference organizers around the world are starting to approach GAPP to provide their attendees with an update on GAPP's activities. We can alert their attendees to GAPP publications in peer-reviewed journals that they can then use to highlight the value and ethics of professional medical writers. In addition, journal editors, journalists, and critics who may attend these conferences will see that our profession, quite rightly, is starting to stand up for itself.

### What do our associations and GAPP members think of GAPP?

When GAPP was still at the concept stage, we were pleased to receive in-principle support from the American Medical Writers Association, the European Medical Writers Association, and the International Society for Medical Publication Professionals. These associations could see that GAPP aimed to complement, not compete against, our associations. As GAPP speaks on behalf of five members, rather than thousands, we can respond quickly. Nevertheless, when GAPP's responses are complemented by official statements from our associations, our profession gains a stronger voice.

### Acknowledgments

The authors acknowledge funding from ISMPP to support the GAPP website and technical expertise from Tim Bacon (Medicine in Practice) to develop the GAPP website. We are also grateful for AMWA, EMWA, and ISMPP for giving the GAPP concept in-principle support. We hope you're pleased with our progress! Finally, we want to thank our supporters (eg, existing scouts, re-tweeters, followers) for helping GAPP do what it does and thank our critics for making GAPP do what it does.

### References

1. Woolley K, Gertel A, Hamilton C, Jacobs A, Snyder G; Global Alliance of Publication Professionals. Don't be a fool—don't use fool's gold [Letter]. *Am J Med*. 2012;125(10):e21-e22.
2. Woolley KL, Gertel A, Hamilton C, Jacobs A, Snyder G. Poor compliance with reporting research results—we know it's a problem . . . how do we fix it? [Editorial]. *Curr Med Res Opin*. 2012;28(11):1857-1860.
3. Gertel A, Hamilton C, Jacobs A, Snyder G, Woolley K. Addressing the implication made by the authors that if medical writers "do not do a job that satisfies the sponsors' marketing department, they might go out of business" [Online comment]. *Trials*. [www.trialsjournal.com/content/13/1/146/comments-1130696](http://www.trialsjournal.com/content/13/1/146/comments-1130696). Published September 20, 2012. Accessed February 2, 2013.
4. Gertel A, Hamilton C, Jacobs A, Snyder G, Woolley K. Clarification of role of professional medical writers. [www.biomedcentral.com/1756-0500/5/490/comments-1236696](http://www.biomedcentral.com/1756-0500/5/490/comments-1236696). Accessed February 2, 2013.
5. Woolley KL. Goodbye Ghostwriters! How to work ethically and efficiently with professional medical writers. *Chest*. 2006;130(3):921-923.

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