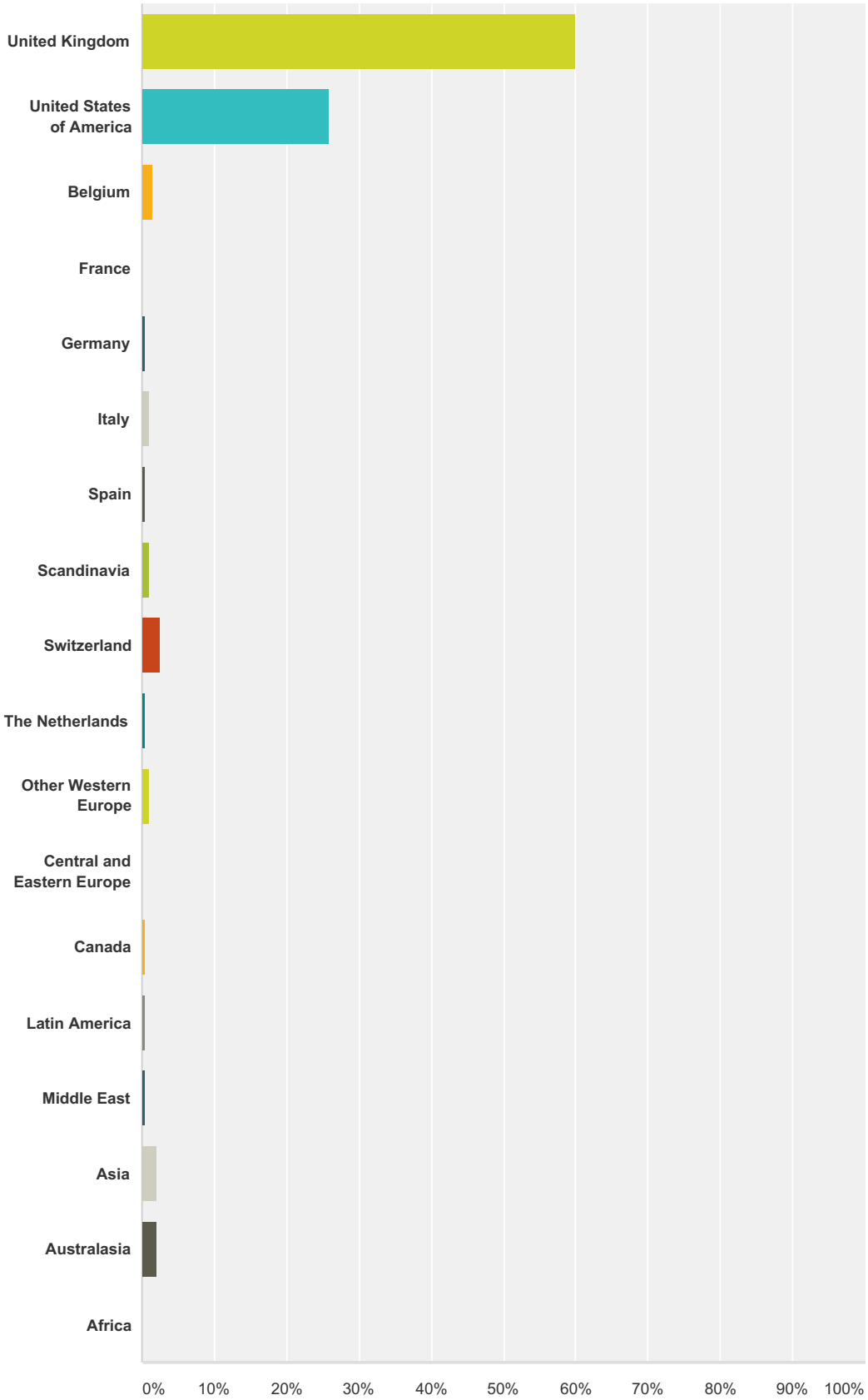
Q1 A little about yourself - where are you based?

Answered: 197 Skipped: 0

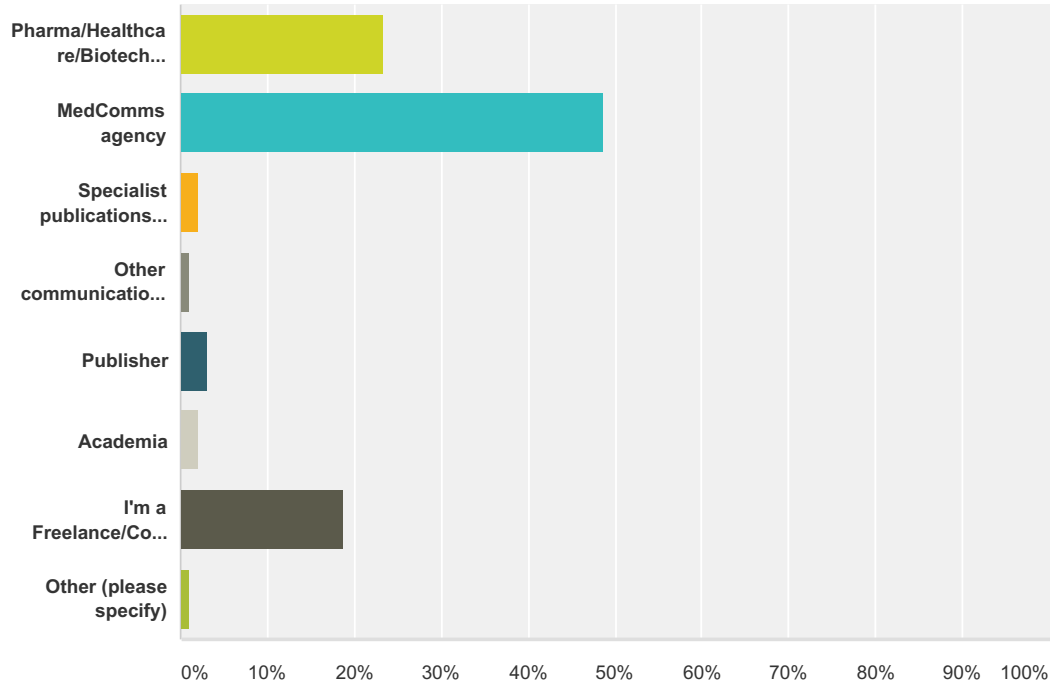


Answer Choices	Responses	
United Kingdom	**59.90%**	118

United States of America	**25.89%**	51
Belgium	**1.52%**	3
France	**0.00%**	0
Germany	**0.51%**	1
Italy	**1.02%**	2
Spain	**0.51%**	1
Scandinavia	**1.02%**	2
Switzerland	**2.54%**	5
The Netherlands	**0.51%**	1
Other Western Europe	**1.02%**	2
Central and Eastern Europe	**0.00%**	0
Canada	**0.51%**	1
Latin America	**0.51%**	1
Middle East	**0.51%**	1
Asia	**2.03%**	4
Australasia	**2.03%**	4
Africa	**0.00%**	0
Total		**197**

Q2 A little more about yourself - which of the following best describes the type of organisation you work in?

Answered: 197 Skipped: 0

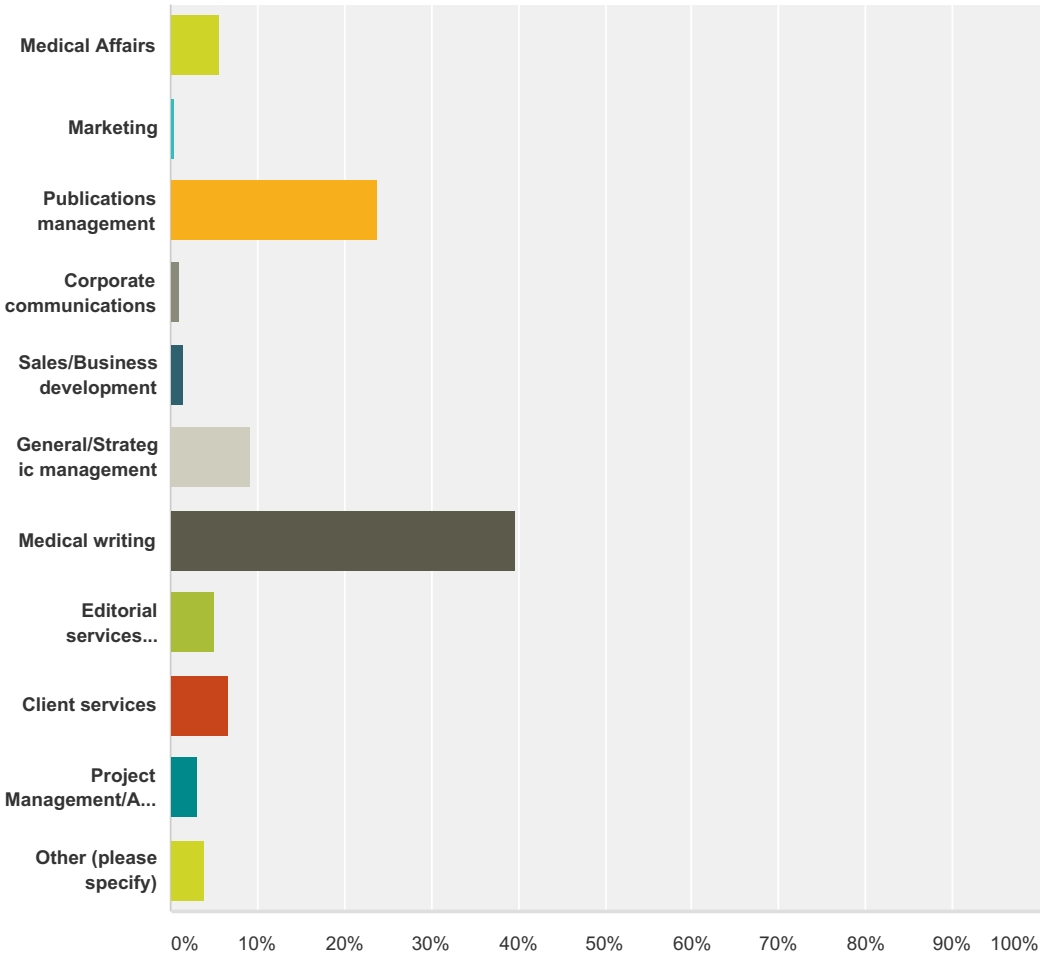


Answer Choices	Responses	
Pharma/Healthcare/Biotech company	**23.35%**	46
MedComms agency	**48.73%**	96
Specialist publications agency	**2.03%**	4
Other communications agency (PR, branding etc)	**1.02%**	2
Publisher	**3.05%**	6
Academia	**2.03%**	4
I'm a Freelance/Consultant	**18.78%**	37
Other (please specify)	**1.02%**	2
Total		**197**

#	Other (please specify)	Date
1	Association	10/7/2015 1:55 PM
2	Health economics consultancy	10/5/2015 4:59 PM

Q3 And finally about yourself - which of the following best describes your current primary role?

Answered: 197 Skipped: 0



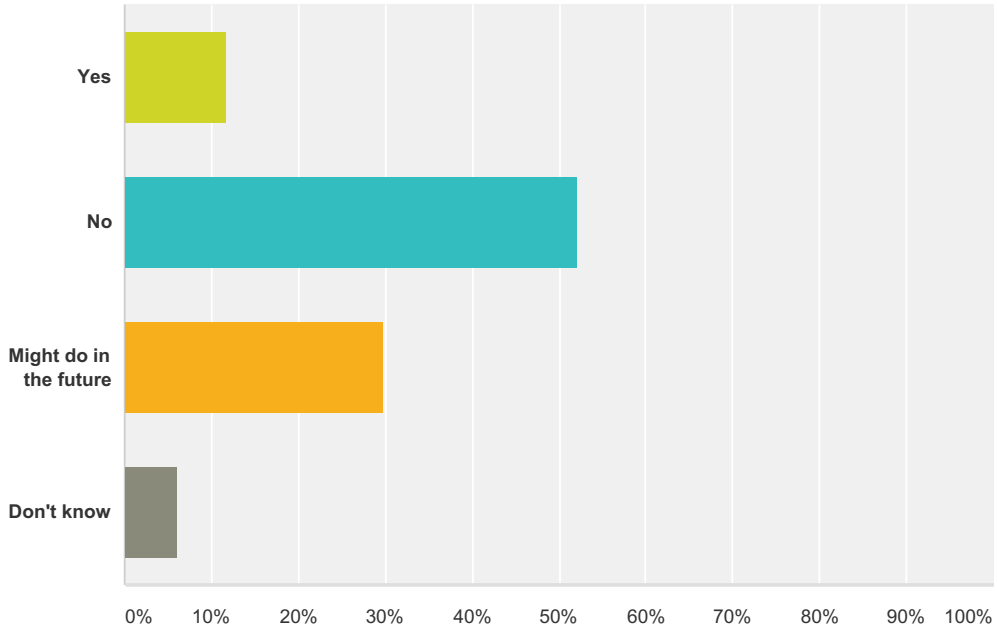
Answer Choices	Responses	
Medical Affairs	5.58%	11
Marketing	0.51%	1
Publications management	23.86%	47
Corporate communications	1.02%	2
Sales/Business development	1.52%	3
General/Strategic management	9.14%	18
Medical writing	39.59%	78
Editorial services (copy/production editing, proof-reading)	5.08%	10
Client services	6.60%	13
Project Management/Admin	3.05%	6

Other (please specify)	**4.06%**	8
Total		**197**

#	Other (please specify)	Date
1	editing/critical appraisal of manuscripts reporting clinical research	10/9/2015 7:21 AM
2	All of the above.	10/7/2015 1:04 PM
3	Medical Education	10/6/2015 1:17 PM
4	Scientific advisor	10/6/2015 12:01 PM
5	Regulatory and Technical Documentation	10/6/2015 3:07 AM
6	Compliance and quality	10/5/2015 10:02 PM
7	Divisional Head	10/5/2015 1:08 PM
8	Professor - research active therefore publishing numerous academic, peer-reviewed publications/year	10/5/2015 1:08 PM

Q4 Have you/your organisation made any substantive changes to policies or working practices as a result of GPP3?

Answered: 197 Skipped: 0



Answer Choices	Responses	
Yes	**11.68%**	23
No	**52.28%**	103
Might do in the future	**29.95%**	59
Don't know	**6.09%**	12
Total		**197**

#	Feel free to provide some additional insights here	Date
1	We have already been working to the newer guidelines for a good period of time - the guidelines just serve to back up our internal practices	10/11/2015 8:52 AM
2	Modest changes made, mostly updating principles.	10/9/2015 9:00 PM
3	I started in Sept 2015 at current job, was freelancer in the past.	10/9/2015 8:18 PM
4	No significant changes are needed to our practices. We will make minor changes to our publication-based work as needed.	10/9/2015 8:42 AM
5	Minor changes are in process to be consistent with GPP3.	10/7/2015 8:10 PM
6	we were already compliant	10/7/2015 4:33 PM
7	Some tweaks may be made to certain policies but there is nothing in GPP3 that is drastically new.	10/7/2015 2:10 PM
8	Terrible question design. It assumes that any recommendations suggested by GPP3 were made BECAUSE of GPP3. We made these changes following the ICMJE revision, well before GPP3 was published.	10/7/2015 1:04 PM
9	We were already aligned with content of GPP3	10/7/2015 11:22 AM

10	Substantive changes were made in response to GPP2, but we are yet to be convinced that further change is required.	10/7/2015 10:47 AM
11	The publication policy we have in our organization pretty encompass the amendments proposed in GPP3	10/6/2015 6:29 PM
12	Pretty much already following the guidelines.	10/6/2015 4:13 PM
13	There has been great progress with disclosures of conflicts of interest and funding. More is needed, but there has been great progress. Recent criminal prosecutions help put teeth into guidelines. Authorship remains an issue. I routinely take tremendous responsibility for publications, including a great deal of writing, research, making sure literature is up to date, making sure key points from earlier publications are dealt with appropriately in a paper, doing data analysis (descriptive statistics) and verifying its consistent presentation in a paper, and even taking primary responsibility for responses to reviewers during the revision process. Yet granting me authorship is not straightforward, especially in cases where the paper is of a highly technical nature. We need clear statements as to when medical writers should be shown as authors. The issue of redundant publications remains significant with some authors. Your guidelines do not influence this subset of people. The driver here is the guideline and political reality of the university affiliated with the academic medical center for academic promotion. In my opinion, to have a real impact on such issues as redundant publication, the standards organizations now working with journals (ICJME and others) will have to develop parallel organizations or key decision makers in universities and medical schools that affect the academic promotion process. It is clear that there will always be new journals/all digital publication avenues that will publish, especially for a fee. Only working directly with universities, with the offices of the deans, will get to the heart of this problem. I would also like to understand better not only the issue of redundant journal articles, but where are the lines between chapters and journal articles.	10/6/2015 1:19 PM
14	I am working in house at a pharmaceutical company on a contract - we have been sent a survey to find out what we know about GPP3 so far, expect corporate training to follow	10/6/2015 12:32 PM
15	SOPs updated yearly, but already putting the premises of GPP3 into practice, so really the answer is - will do in the future	10/6/2015 12:02 PM
16	We have taken the opportunity to update our SOP on manuscript preparation and our publications policy, however, I would not describe the changes we had to make as being "substantive"	10/6/2015 9:14 AM
17	We interpreted GPP2 at its most 'ethical' level anyway, so were probably already doing many of the 'new' requirements listed in GPP3 - though I'm sure there will be some smaller things that we could improve on (and now we also have greater ammunition to use when discussing ethical practices with clients - GPP3 is clearer and less open to interpretation).	10/5/2015 10:02 PM
18	In process of updating internal guidelines and policies, and using GPP3 as guide	10/5/2015 9:52 PM
19	We already encourage our clients to adhere to these guidelines (we're a pubs agency), and not enough has changed from GPP2 to warrant a change in recommendations at this point.	10/5/2015 8:08 PM
20	As Liz Wager et al say, it is an evolution not revolution, so it supports what we were already doing.	10/5/2015 4:05 PM
21	were in the process of updating anyway	10/5/2015 3:33 PM
22	Nothing major changed in policy due to GPP3 since not much has changed. External forces shape our policy.	10/5/2015 3:05 PM
23	We have updated our internal publications policy but the changes have no real impact on how we conduct our business.	10/5/2015 3:01 PM
24	There is general agreement with GPP2 although recommendations are not always formally followed. GPP3 appears more dogmatic and bureaucratic. Discussion of detail has been deferred through lack of publication activity at present.	10/5/2015 2:34 PM
25	Training	10/5/2015 2:15 PM
26	We have brought the GPP3 publication to the attention of our clients. Some of them asked for a comparison with GPP2 (i.e., what's new?), some of them are ahead of the curve, some are not.	10/5/2015 2:04 PM
27	I think we worked in ways which were v compliant anyway	10/5/2015 1:52 PM
28	My instructions come from pharma clients or medcomm agencies; I didn't really have a working practice that mandated change as a result of GPP3. My clients, however, are another story.	10/5/2015 1:38 PM
29	Haven't read it yet.	10/5/2015 1:34 PM
30	No change in policies, but we are all very aware of them.	10/5/2015 1:30 PM

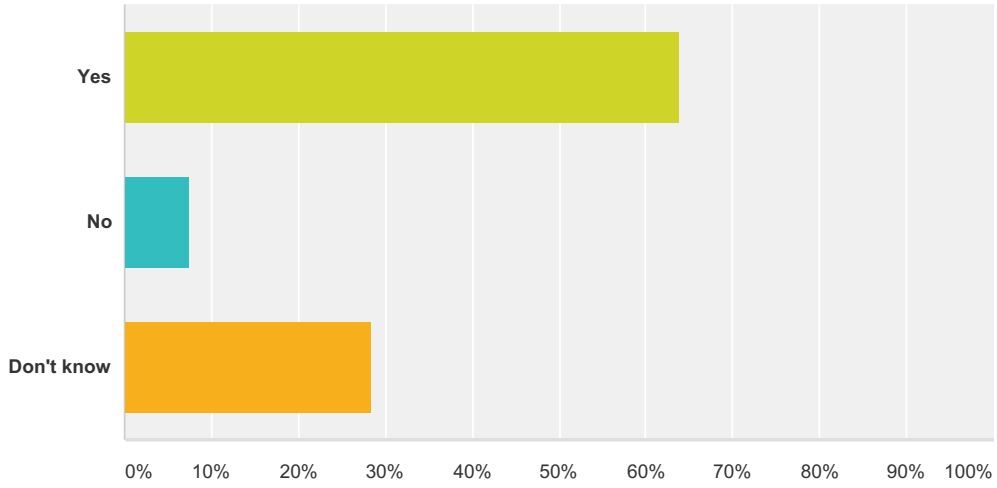
Q5 If you answered YES to Question 4, what have you/your organisation done? (ignore this question if you didn't answer YES)

Answered: 21 Skipped: 176

#	Responses	Date
1	Update internal SOPs and raise awareness with staff	10/9/2015 9:45 AM
2	Incorporated the new guidelines into our working practices.	10/7/2015 3:24 PM
3	Refocus on publication development process when talking with clients	10/7/2015 12:21 PM
4	Updated SOPs with new/amended clauses.	10/6/2015 10:12 PM
5	Updated policy documents to reference GPP3. Adjusted guidance on timing of submissions following study completion, clarification on role of commercail functions, clarification of payment of expenses,fee for services	10/6/2015 4:36 PM
6	Updated Acknowledgements statement in all publications re medical writing assistance	10/6/2015 3:20 PM
7	see above	10/6/2015 12:02 PM
8	Updated processes to reflect changes; made checklists to ensure we're compliant	10/6/2015 12:01 PM
9	Updated our author documents that we get every author to acknowledge prior to beginning a manuscript and communicated key changes to our clients.	10/5/2015 11:33 PM
10	In process of updating internal guidelines and policies, and using GPP3 as guide	10/5/2015 9:52 PM
11	Modified internal publication practice guidelines	10/5/2015 9:14 PM
12	updated certain parts of policy to fully aling with GPP3	10/5/2015 3:33 PM
13	We are in the process of updating our processes to reflects some of the key changes	10/5/2015 3:10 PM
14	Ensure each client is aware of the updated guidelines and recommendations published.	10/5/2015 3:07 PM
15	Currenlty polcies are being revised in line with GPP3	10/5/2015 2:45 PM
16	Updated author guidelines	10/5/2015 2:23 PM
17	Training	10/5/2015 2:15 PM
18	Increased attention to requirements for authorship, data disclosure, acknowledgement of freelance writing; increased attention to journal selection	10/5/2015 1:22 PM
19	Updated SOP, staff training module, numerous internal bulletins providing links to GPP3 resources.	10/5/2015 1:21 PM
20	Training staff on updated sections and revisions to internal process documentation	10/5/2015 1:17 PM
21	Disclosure rules, authorship rules, instructions for authors	10/5/2015 1:11 PM

Q6 Whatever your views on the advice, do you think the wording about payment to authors is clearer in GPP3 than it was in GPP2?

Answered: 197 Skipped: 0



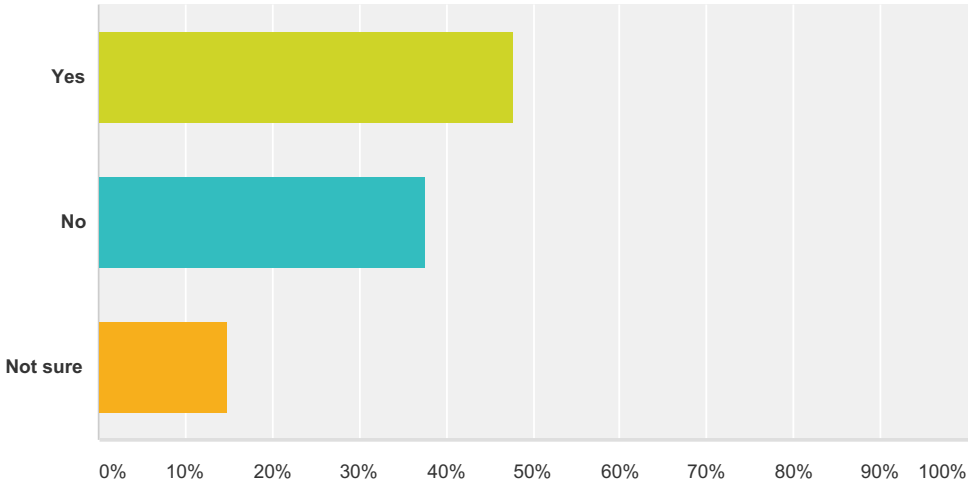
Answer Choices	Responses	
Yes	**63.96%**	126
No	**7.61%**	15
Don't know	**28.43%**	56
Total		**197**

#	feel free to provide some additional insights here	Date
1	I liked the summary of what had changed from GPP2	10/11/2015 8:52 AM
2	"Details of any payments to authors and contributors should be disclosed....." What exactly does that mean? Actual amounts? Includes amount paid to writers?	10/10/2015 11:13 AM
3	The overt distinction between med writers and other authors is helpful.	10/7/2015 10:50 AM
4	Yes, but it is not significantly different than GPP2	10/6/2015 6:41 PM
5	GPP3 is less circuitous and more focused on key issues.	10/6/2015 1:19 PM
6	However, it is problematic that individual members of the GPP3 steering committee are giving presentations that include their INDIVIDUAL (not steering committee) perspective on author payments. This can ONLY lead to greater confusion.	10/5/2015 9:14 PM
7	I think the vast majority of us read GPP2 to be stating that authors should not be paid at all for publication work. GPP3 definitely offers clarity on when - and for what - an author might be paid.	10/5/2015 8:08 PM
8	I think the wording suggest that authors can be paid which goes against the ethos of GPP	10/5/2015 3:10 PM
9	To me it is clearer though I would not be sjurpised to find out it isn't true for all.	10/5/2015 3:07 PM
10	Flips back and forth between OK to pay authors for pretty much any work on a paper and company could have policy to never pay. Says it's OK to pay for stats, medical writing or editing-assuming that could be for the author to actually draft the paper not hire a med comm agency to do the writing but then it says a company may establish policy to never pay. It does not state when it is ok to pay the author to write the paper himself/herself. What criteria make that OK?	10/5/2015 3:05 PM

11	Payment has never been an issue with my clients at least, and I don't believe it is an issue with other clients in my agency.	10/5/2015 2:04 PM
12	Haven't read it yet	10/5/2015 1:34 PM
13	Generally clearer, but the part on payment for authors is not clear.	10/5/2015 1:30 PM

Q7 Do you agree that, in some circumstances, it is OK to pay authors for time spent working on publications?

Answered: 197 Skipped: 0



Answer Choices	Responses	
Yes	**47.72%**	94
No	**37.56%**	74
Not sure	**14.72%**	29
Total		**197**

#	feel free to provide some additional insights here	Date
1	Speaking solely from my employers perspective, no it is not	10/11/2015 8:52 AM
2	Only if they lost their job?	10/9/2015 8:18 PM
3	I think that it very much depends on the role of the author. It could be a dangerous president to set for all authors to expect to receive payment (for eg. reviewing) as negotiations, etc have the potential to hold up the publication process and could further increase the cost of publishing data to the pharma industry, which seems contra to the current direction of flow. That said, I think that it is right that (eg) a statistician or medical writer gets paid for their part in the production of a manuscript.	10/9/2015 9:24 AM
4	It is only likely to lead to confusion about when this is appropriate.	10/9/2015 8:42 AM
5	I think only payment for time spent in ad boards discussing data is acceptable	10/8/2015 5:27 PM
6	when the profession medical writer qualifies as an author, then the time the medical writer spends working on the publication needs to be paid	10/8/2015 2:47 PM
7	only if author is also data originator and analyzer (e.g. PK expert) or he/she is providing some kind of writing services (e.g. searching and adding references, rewriting substantial parts of the paper, creating figures/tables, et.), reimbursement of the authors review time should not happen	10/7/2015 9:22 PM
8	While our institution doesn't allow payment for writing, reviewing, editing, or submitting manuscripts, I'm personally not opposed to it, provided one can clearly demonstrate the contributions made to the publication, and that payment for those contributions is appropriately proportional.	10/7/2015 8:10 PM

9	At my company we believe it is the best form of transparency and eliminates the ambiguity of the "value" of HCP authorship. We assign a value, enter into an authorship agreement, reimburse the author for time reported, report on the reimbursement as required. We are under a CIA, our policies were developed during a DPA, and we are confident in them.	10/7/2015 8:00 PM
10	yes, in we dont offer payment. Authors that write can be paid fair market value to either write themselves or they can have editorial support,not both. Very few authors are paid by our company for any writing activities.	10/7/2015 2:37 PM
11	They should never be paid for their time spent writing or reviewing a publication. If they're primary job is to analyze and manipulate data and that work is in their contract for that data set, then yes they should be paid for that piece of the publication development process.	10/7/2015 2:10 PM
12	Authors of study manuscripts should be recompensed for their time as a part of their study involvement agreement.	10/7/2015 1:10 PM
13	Unless you consider the grant given to conduct actual research as a payment for work on publications.	10/7/2015 1:04 PM
14	Paying for publication never looks good.	10/7/2015 12:02 PM
15	It is not appropriate to pay scientists/clinicians. Professional medical writers can be paid.	10/7/2015 10:50 AM
16	Authors should benefit form their publication record only. Payment to authors might be interpreted by the public/media as a potential incentive for bias. Medical writers, transparently acknowledged as providing a paid service to the authors, do most of the time-consuming work.	10/7/2015 10:47 AM
17	Is there a bigger conflict of interest? Authors need to be free to interpret data and literature independently and in line with their clinical knowledge and experience - this should be free (as far as possible) from influence of Pharmaceutical companies.	10/7/2015 9:40 AM
18	Agree in the case of medical writers who also meet authorship criteria and are included as authors.	10/7/2015 2:14 AM
19	It feels 'wrong' for a Pharma company to pay an author to write up results of a study on their drug, however, authors often spend a lot of their own free time writing manuscripts for no recompense, which feels a little unfair when they mostly have full time jobs to go to as well	10/6/2015 3:20 PM
20	There seems to be an inherent danger in pharma companies making payments for publications. I think that the publication of clinical trial results is covered well in GPP3 (where the publication(s) can almost be seen as the final step of the clinical trial and so participation in the publication is expected and any related costs covered by the investigator's - or institution's - fee). However, when an author has spend considerable time working on a white paper, slide deck, etc not specifically related to a clinical trial (or other form of research), is it fair that that effort should go unrewarded???	10/6/2015 3:15 PM
21	I believe, even in the most well-meaning and honest situations, that payment can influence people's decisions and behaviour. Even if the money is not going to them, but they are aware of a donation made - I do think in some people that they feel less freedom and something of an obligation - whether consciously or not. But the same would apply to any published research - that's influenced by funding from charities and organisations. So I think it is unrealistic to expect publications to live outside of any political/social/economical influence - 'pure' science undertaken in a vacuum - but by prohibiting payments to authors in all circumstances I think the influences can be limited.	10/6/2015 1:27 PM
22	Ideally payment would come through author resources, not companies. But we have to be realistic. At issue is the need for (1) clear disclosure of the extent of writing help in acknowledgements or authorship when appropriate; (2) control of data completely outside of the funding company and any author with a direct conflict of interest; (3) control of statistical analysis and interpretation outside of the company and any author with a direct conflict of interest. MUCH STRONGER GUIDELINES FOR THE ISSUE OF STATISTICAL ANALYSIS ARE NEEDED! Just as there are 3rd party firms that manage randomized clinical trials, so there must be a similar "arms length" arrangement for analysis of findings. Some parallel but far less expensive process for simpler studies is also needed.	10/6/2015 1:19 PM
23	Yes, as long as they are not practicing HCPs	10/6/2015 1:12 PM
24	Never!!	10/6/2015 12:02 PM
25	...but it doesn't mean it's easy to deal with and God only knows what Ben Goldacre will have to say	10/6/2015 12:01 PM
26	As long as payment is transparent	10/6/2015 11:30 AM
27	I agree there may be occasions where it is acceptable as long it is never used as an inducement.	10/6/2015 9:14 AM
28	where they have been involved in a company sponsored trial this might in some cases be justified. Payments should not be made for review articles, opinion pieces or case studies etc.	10/6/2015 8:35 AM
29	There is a bit of a grey area between working on the stats, for example, and working on the statistical elements in the paper. For example, we work with an in-house statistician who provides a statistical report that is used as the basis of statistical commentary in the paper and reviewed by all authors. You could also argue that every author is a specialist in their own right, so is it fair to distinguish some authors as being able to be paid, but not others?	10/5/2015 11:33 PM

30	For example, if a freelance writer works on a publication and journal requirements are that the writer be listed as an author, the freelancer would still expect to be paid. Some HCPs may also be offering expert opinion in an article (unlikely to be a primary research article though) and arguably could expect to be paid (though many may see the article itself as sufficient 'compensation' for their time).	10/5/2015 10:02 PM
31	Difficult subject; "slippery slope", but when working with expert consultants, it's challenging to work with them and not reimburse for time on project.	10/5/2015 9:52 PM
32	Specific circumstances should be VERY limited. For example, contracts with agencies to provide database analysis (eg, HEOR/real world evidence studies), review articles (IF and only if the payment is clearly disclosed to readers).	10/5/2015 9:14 PM
33	If the author does some specific work related to the publication, such as a post-hoc data analysis, payment is definitely warranted. I agree that such payment should be disclosed to the target journal.	10/5/2015 8:08 PM
34	Except for travel etc to present at congresses if they are not attending already.	10/5/2015 4:05 PM
35	I think that authors can be paid for things they do for a publication (e.g. statistical analysis) but not for input to the manuscript per se.	10/5/2015 4:03 PM
36	I think that some contractors are paid as part of their jobs but the payment is not for writing the publication but doing the analysis - other than that, I don't think payment for time is reasonable.	10/5/2015 3:10 PM
37	I don't like to work for free. Why should they? They get paid for all other work. As a pubs professional, I have nothing to offer them except hours of work for no compensation; if I was an author I would put time and priority to consulting work where they could get paid.	10/5/2015 3:05 PM
38	only if under an agreed 'fee for service' contract set at fair market values , and that any payment given is tranparent in the final publication and is disclosed.	10/5/2015 2:45 PM
39	I am ambivalent about it, as is the guideline. It is preferable that payments are restricted to expenses, but there are sometimes specific circumstances where an author has to commit a good deal of time and effort to a publication, which is not covered by their employment at their institution.	10/5/2015 2:34 PM
40	...And always have - in the very circumstances outlined in GPP3.	10/5/2015 2:30 PM
41	It is not OK to pay for their time.	10/5/2015 2:04 PM
42	Fair market value applies; payment for a verifiable service beyond having name on the work as an author	10/5/2015 1:54 PM
43	I think authors should not be paid as it gives the impression of bias.	10/5/2015 1:41 PM
44	If there is no other conflict, and authors are already retired but maintain a consultancy role in industry, as serve as a "consultant" on the paper. I do not believe it is OK if the author is a practicing physician or is in active academia.	10/5/2015 1:38 PM
45	Time spent at a meeting to discuss a big projecy (review, consensus process) is OK. But time writing a publications should not be paid.	10/5/2015 1:37 PM
46	Where an author is a paid consultant to the sponsor company, and has been paid to do the research. Payment for working on the manuscript could justifiably involve further payment for the consultant's time.	10/5/2015 1:34 PM
47	I am only ok with payment for stats and medical writing. But not for the physicians.	10/5/2015 1:30 PM

Q8 Whether or not you are joining us on 13 October, have you any other comments about GPP3 or any questions you would like to be put to the Panel and to other members of the audience?

Answered: 30 Skipped: 167

#	Responses	Date
1	How far should medical writers go in trying to get others to adhere to the guidelines? For example, it says writers should have it confirmed in writing that pharma companies have an authorship agreement with authors. In the real world, the writer may well request this confirmation but not receive anything back from the client. Often, we can't keep hassling clients for things like this without appearing to be a pain and souring client relationships. I don't think writers should have to risk losing clients because of their attempts to ensure the guidelines are adhered to. This is a real problem because clients are a breed unto themselves - so don't just say that everyone has to conform. .	10/10/2015 11:13 AM
2	A lot of sound and fury, signifying nothing. Most physicians don't know or care of its existence. I had a colleague who was surprised there was no PR pick-up about it. GPP was needed years ago, but its time has come and gone.	10/9/2015 9:00 PM
3	No	10/9/2015 11:37 AM
4	Do you think that these guidelines will ever be enforced (in a similar manner to the ABPI code) and if so, who do you think will enforce it? Do you think that there is a need for similar guidelines to be produced for congress activities (ie posters) and is this likely to happen in the near future do you think?	10/9/2015 9:24 AM
5	I often have authors qualifying for authorship for working on the protocol and/or for including a large number of patients in a study and usually it's me who develops the publication. I hardly ever get responses on outlines, nobody dials into author TCs and hardly anybody provides substantial contributions to the drafts. How can this be dealt with, especially since it needs to be documented that each author has made a significant intellectual contribution?	10/8/2015 2:47 PM
6	I have found these meetings to be too pharma-centric. I have been a writer for the medical device industry for over 20 years, and find that device is under-represented.	10/7/2015 8:00 PM
7	In practice, the use of GPP3 is less straightforward than what is stated.	10/7/2015 1:05 PM
8	Very disappointing. 1) Way too much time was spent up front on methodology. That should have taken a back seat to the actual changes since GPP2 and why they matter. That information should not be an appendix. The methodology should be in the appendix. Tell your story! Don't be defensive. It makes GPP3 a very hard read. 2) No mention whatsoever about the need to coordinate ALL sponsored publications. This includes HEOR. Too often they are off on their own track. Why should a sponsored claim about cost be treated any differently than a sponsored claim about efficacy or safety? 3) Inadequate discussion about the impact of regulatory compliance. Good publication practices are not an option. Just ask any company that has a Corporate Integrity Agreement with a publication clause.	10/7/2015 1:04 PM
9	You should discuss implementation and implications of patient level data sharing.	10/7/2015 10:50 AM
10	GPP3 is an excellent resource to support publication policy and procedure queries. It complements the information in our policies. Of particular use are the 10 point guide, the additional guidance on ICMJE criteria and common authorship issues.	10/6/2015 4:36 PM
11	Although the GPP3 paper is already quite long, a comparison table of key changes/updates/additions between GPP2 and GPP3 would have been really helpful (as another appendix after the ICMJE criteria appendix tables), what do others think?	10/6/2015 3:20 PM
12	Authors' and sponsors' disclosures should be available/visible online together with the available abstract, not just accessible if when reader can see the full text only.	10/6/2015 1:55 PM
13	I think the addition of greater clarity on the roles of each author during the stages of manuscript development is a positive move towards greater transparency.	10/6/2015 1:27 PM
14	Keep up your efforts to make your work viewed as relevant to the average academic physician, including those who are not recipients of major corporate/private funding!!! Some of these individuals continue to think they are fundamentally honest (which is true in my experience), and need not pay direct attention to outside guidelines.	10/6/2015 1:19 PM
15	Some clients we work with rely on agencies to follow guidelines but are unwilling to change their own processes. Has anybody had any experience of changing embedded, but non-compliant, publication processes?	10/6/2015 1:17 PM

16	Its always useful to review and update guidelines periodically and it has been a prompt to take a fresh look at our own guidance. However we have not needed to make any substantive changes to our day to day working practices as a result of this update.	10/6/2015 9:14 AM
17	They are an improvement on the previous version with clearer and stronger guidance.	10/6/2015 8:35 AM
18	What do the panel see as the future of GPP?	10/6/2015 8:03 AM
19	Great job and glad it's public as open access!	10/6/2015 3:07 AM
20	Need better guidance on basis for author order (i.e. contributions)	10/5/2015 10:24 PM
21	I doubt there will be many pharma people in attendance, but just wondered whether they see GPP3 resulting in them having to make significant changes to their internal policies and practices, or just some changes relating to nuance of wording and clarification of certain areas. Do they see it as a positive that there is less room for interpretation or do they see this as a negative?	10/5/2015 10:02 PM
22	Discussion on the subject of *strict* exclusion of commercial colleagues from input into publication planning.	10/5/2015 9:52 PM
23	Not at this time. Thanks.	10/5/2015 8:08 PM
24	We, as publications professionals need to ensure all individuals involved in publications are aware of the new/updated guidelines and recommendations. We need to act as educators.	10/5/2015 3:07 PM
25	The 10 principles defer strongly to FDA rules, ICMJE, journal/congresses submission guidelines, authors, Steering Committees of authors, and sponsoring company policies so why even bother thinking that the pub planning industry has influence. When pub planning representative organization tried to handle the biggest issue in Sunshine Act, it goofed it up for the whole field and lost . GPP 1-3 is just a document to say if you're doing pub plan you need to be aware of the rules that other stakeholders have already set for scientific publications but you have limited influence to change any of it anyway. Role of ISMPP is to promote ISMPP, the CMPP that has little influence outside of ISMPP, and overpriced med comm agency business model.	10/5/2015 3:05 PM
26	I am not able to attend but interested to see if the panel feel that GPP3 goes far enough to "ring fence" commerical teams/personnel from publications teams . It is covered in the appendix - hoever, could this or should this have been more upfront or gone even further? "Commercial functions should neither direct publication planning or development nor be involved in publication review or approval"	10/5/2015 2:45 PM
27	We still feel that encore abstracts and presentations at congresses is still a bit of a grey area. Assuming a congress accepts encore abstracts: 1. Should we contact the first congress to let them know we are taking an abstract and resubmitting to another congress (e.g. local country meeting)? 2. Should we declare to the second congress that the abstract has been published previously and then state on the poster that it has been previously presented? 3. Do we need to seek copyright permission to reproduce the abstract if it has previously been published and we haven't changed it?	10/5/2015 2:41 PM
28	"Commercial functions should neither direct publication planning or development nor be involved in publication review or approval". Yeah, right.	10/5/2015 2:04 PM
29	The relationship between academic researchers (investigators) and industry sponsors should be clearer. In times past, it was encouraged for these parties to work together to progress treatments and diagnosis. More on NIH grants and government sponsor research and disclosure is needed. The government needs to be as accountable as everyone else. There are times when professional medical writers should be authors: review articles, subgroup analyses, and letters the editor. Consultant assisting with clinical protocol design should be acknowledged. The financial relationship disclosure is a little excessive.	10/5/2015 1:39 PM
30	Annals seems a bit of a strange choice of journal to publish GPP3. Agree/Disagree? For anyone who agrees, where would the best place to publish such guidelines be?	10/5/2015 1:21 PM