

# Public involvement in the production, dissemination and implementation of injury prevention research

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The practice of injury prevention requires that each of us, as citizens and members of the public whose absolute risk of serious injury is low<sup>1</sup> and who believe we are at lower risk than our peers,<sup>2</sup> complies with principles and processes that decrease the chance an unlikely event will ever occur. Berkeley might have had some trouble with that.<sup>3</sup> Not so much Wittgenstein.<sup>4</sup> Injury prevention is a fact, not a thing. Injury is a consequence of relationships between things, and its prevention is achieved by managing those relationships. Injury prevention is not something that can be implemented on people, but with people.

If injury prevention cannot be abstracted from the world in which it occurs, then neither can the science that supports it. Injury prevention research and practice exist not in the pages of a journal but in the world of the public citizen. The more the community is engaged in the work published in the *Injury Prevention*, the greater the injury prevention benefit we will all achieve.

The *British Medical Journal* has advocated for patient partnership in research for over 25 years (box 1). As public citizens and practitioners and researchers focused on the primary prevention of injury, how do we embed the principle of coproduced research and practice in *Injury Prevention's* editorial process?<sup>5</sup>

Coproduced research is having members of the public as research participants and including members of the public as coinvestigators. Coproduction of the research published in *Injury Prevention* needs robust teams that include researchers, practitioners, citizen's and public with each of the members of the team having considered input into the research study design and conduct, dissemination of findings and evaluation of impact. Perhaps the first step for the journal is to follow *BMJ* lead<sup>6</sup> (box 2).

Editorial expectation that authors include a description of public

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## Box 1 *BMJ* strategy for coproduced research

In 2013, *British Medical Journal (BMJ)* formed an international panel of patients and patient advocates that developed a strategy for incorporating the principle of coproduced research throughout the *BMJ* editorial processes.<sup>7</sup> This strategy has five pillars.

First, *BMJ* is elevating patient authority by instigating patient peer review of research papers, publishing manuscripts that specifically assessed the impact of patient partnership on patient outcomes and requiring all authors of research papers to include in the methods section an account of whether, and if so how, they involved patients in each of the various stages of the published research activity. Second, *BMJ* is increasing publication of analyses and commentaries on the implications of research results on areas of patient interest such as health service design, health policy, medical education and research priority setting. Third, *BMJ* is including the patient voice in published evidence reviews. Fourth, expert patients are included on the *BMJ* editorial board along with a patient to increase patient in *BMJ* internal decision making. Finally, *BMJ* is campaigning strongly in several public domain initiatives to support patient and public involvement such as coownership of personal health records.

involvement in the methods section of their research manuscripts would be of strong educational value. While in the first instance there may not be many manuscripts able to report substantial public involvement, the constant reminder of the need for research to be coproduced with the public will aid continuous improvement. *Injury Prevention* could also follow *BMJ's* lead and invite members of the public to the journal's editorial board and include public citizens as reviewers of submitted manuscripts. The value of this level of public

## Box 2 Proposed additional requirements for *Injury Prevention* manuscripts

Should *Injury Prevention* expect each published manuscript to include a brief account in the manuscript methods section covering the following points?:

- ▶ Specification of the point in the research process where members of the public were first involved in the research.
- ▶ Description of the involvement of the public and details of the role of members of the public in the investigator team.
- ▶ The nature of the involvement of the public in the formulation of the research questions and the choice of measures and instruments.
- ▶ The manner of public involvement in the design and implementation of the study.
- ▶ The extent of public involvement in the decisions about which study findings to disseminate and how best to disseminate them.

engagement would provide immediate return to authors seeking to improve the impact of their work.

Injury prevention cannot be abstracted from the world in which it occurs, but neither can *Injury Prevention* be abstracted from the people doing the science reported in it. We encourage you to engage with the journal in our journey to help support improvements in the injury-related health of populations.

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## REFERENCES

- 1 Mack K, Clapperton A, Macpherson A, *et al*. Trends in the leading causes of injury mortality, Australia, Canada, and the United States, 2000–2014. *Can J Public Health* 2017;108:185–e191.

- 2 Shepperd JA, Waters E, Weinstein ND, *et al.* A primer on unrealistic optimism. *Curr Dir Psychol Sci* 2015;24:232–7.
- 3 Berkeley G. Winkler K, ed. *Treatise concerning the principles of human knowledge*. Indiana: Hackett Publishing Company, 1982.
- 4 Wittgenstein L. *Tractatus logico-philosophicus*. New York: Cosimo Classics, 1922.
- 5 McClure RJ. Editorial licence: what gets published and why. *Inj Prev* 2018;24:105.
- 6 BMJ, 2018. Reporting patient and public involvement in research. <https://drive.google.com/file/d/14vnXwTJ2CDn2KQsuNpuEnSwad69gc7dR/view> (accessed 5 Aug 2018).
- 7 Richards T, Godlee F. The BMJ's own patient journey. *BMJ* 2014;348:g3726.