

Plain Language Summaries of Publications (PLSPs)

Author Guidelines for Development, Submission & Publication

Plain language summaries communicate the significance of scientific evidence in jargon-free and easy-to-understand language, helping general audiences, patients and patient caregivers, non-specialist healthcare professionals, and policymakers, among others, discover and interpret published research.

Taylor & Francis offers three types of plain language publication:

- **Plain language summary (text PLS):** Published as a text paragraph below the abstract *within an article*, sharing the article's DOI
- **Graphical plain language summary (graphical PLS):** Published as a standalone image below the abstract *within an article*, sharing the article's DOI
- **Plain language summary of publication (PLSP):** Published as a *standalone article*, with its own DOI. Increased length and inclusion of visuals allows for greater opportunity to engage a wider readership in research in a more accessible way.

The following guidelines apply to PLSPs submitted to Taylor & Francis journals as standalone articles. If you would like more information on publishing text and graphical PLS, please view [Plain Language Summaries: Author Guidelines for Development, Submission, & Publication](#).

Taylor & Francis journals offering PLSPs are listed on [page 5](#). If you would like to submit a PLSP to a journal *not* on the list, please send an email to PlainLanguageSummaries@taylorandfrancis.com and include the details of the proposed PLSP. The Editorial Team will review the proposal and endeavor to respond within 1 to 2 weeks.

Description

Definition. Taylor & Francis defines a PLSP as a standalone, peer-reviewed, short-form article, with its own DOI and citation. It can summarize a single original research or review article from any peer-reviewed journal, whether that journal is published by Taylor & Francis, a Taylor & Francis imprint, or another publisher. The PLSP should accurately reflect the content of the original article, as well as summarize all pertinent study data and findings.

The PLSP should be submitted within 2 years of the original article's online publication date. However, if you would like to enquire about summarizing more than one article in a PLSP and/or summarizing research that falls outside the 2-year publication timeline, please reach out to PlainLanguageSummaries@taylorandfrancis.com.

Format. PLSPs can include text and/or graphics, with the optimal format being a mix of graphics and text. Audio and video files are also welcomed. For conciseness and adherence to optimal formatting of graphics and text, the recommended length is 3000 words or less (not including text in graphics). However, please note that this is a guide, not a limit.

While Taylor & Francis does not create or redesign figures as standard, content creation options are provided by our [Research Communication Services](#).

Authors & Audiences. Please note that at least one author from the original article must be included as an author of the PLSP. All PLSP authors must meet the authorship criteria defined in the [Taylor & Francis Editorial Policy](#), which aligns with the [International Committee of Medical Journal Editors \(ICMJE\) authorship criteria](#).

The audience of PLSPs can include, but is not limited to, patients and patient caregivers, patient advocacy groups, non-specialist healthcare professionals, policymakers, journalists, and the engaged public. Because most of these audiences interact with patients, or are patients themselves, inclusion of patients as PLSP authors is encouraged. As noted above, patient authors must meet Taylor & Francis/ ICMJE authorship criteria.

To facilitate identification of patient-authored publications, please include “Patient Author” as one of the patient author’s listed affiliations, including the city and country with which they identify, as well as other affiliations as appropriate. Use of a standard metatag, such as Patient Author, allows the affiliation search function on indexing platforms (e.g., PubMed) to find publications authored by patients. If the author is a caregiver, please use the term “Caregiver Author” instead.

Plain Language. PLSPs should be written in non-technical (jargon-free) and clear language. Please review [Tips for Writing Plain Language Summaries](#) on [page 8](#) for further guidance and resources.

Summaries. Structured abstracts should not be included, but a brief summary (250 words or less) may be included at the beginning of the PLSP under the heading “Summary”.

References. Only one reference—the citation for the original article being summarized—should be included as part of the PLSP. However, if you feel that an additional reference or references are needed, please reach out to PlainLanguageSummaries@taylorandfrancis.com or the Journal’s editorial contact.

A **PLSP Submission Checklist** is available on [page 6](#).

Permissions

PLSPs are considered an acceptable secondary publication by Taylor & Francis, as interpreted from the [ICMJE criteria for secondary publications](#). As such, PLSP authors must receive written permission to summarize the original article as a PLSP from both the original article’s:

1. **Corresponding and/or lead author, and**
2. **Publisher.** However, if the original article is published by Taylor & Francis or one of its imprints (e.g., Dove Press, F1000), publisher permission is *not* required.

To determine if the original article is published by Taylor & Francis or one of its imprints and, therefore, does not require written permission from the publisher, please:

- Search for the journal name or article title at [Taylor & Francis Online \(TFO\)](#)
- Check the [list of Dove Press journals](#)
- Search for the article title on the [F1000 homepage](#).

These permissions are a pre-requisite to submission, with evidence of written permission (via email or letter) from the publisher and corresponding author of the original article requested at time of PLSP submission. Without evidence of these permissions, the PLSP article will be rejected without peer review.

Citation of the Original Article

Citation of the original article is required. If the original article was published by Taylor & Francis, the PLSP will be linked to the original article on the [TFO website](#). Clinical trial or other unique registry identifiers should also be included where appropriate.

Publication

Timeline. PLSPs are published according to the journal's standard publication timeline; however, as they are secondary publications, review may occur faster than is average for the journal. If you have specific requirements regarding the publication timeline, please reach out to the Journal's editorial contact. If faster publication turnaround is required, our [Accelerated Publication service](#) offers a submission-to-online publication timeline of as little as 3 to 5 weeks for the Taylor & Francis journals listed on [page 5](#).

Submission. PLSPs are submitted via the journal's online submission system. Please choose the article type "Plain Language Summary of Publication". The **PLSP Submission Checklist**, [page 6](#), provides a full list of submission requirements.

Peer Review. PLSPs are peer reviewed by the journal according to its standard peer review process, although reviewers will be given specific guidance on evaluating PLSPs.

Open Access & Pricing. To reach their intended audiences, all PLSPs should be published as open access (OA) articles. The fee to publish a PLSP with Taylor & Francis is \$5,500. These fees cover the following:

- Publishing the PLSP open access under a CC BY-NC-ND license
- Editorial review of the PLSP prior to publication, including internal review, external peer review by patient/lay/plain language experts and scientific experts and editorial feedback
- In-house processing of the PLSP from submission to publication
- Full design of the final article, including creation of additional imagery, re-styling of graphics and layout into a patient-friendly format
- Online hosting of the article on our journal platform and associated website (www.plainlanguagesummaries.com), including keywords and other tools to enhance discoverability of the PLSP
- Dissemination across social media using relevant hashtags and mentions
- Indexing on relevant databases, such as Medline, where applicable (in accordance with the journal's indexing status)
- Liaison with relevant patient organizations to ensure they are aware of the PLSP as a tool to educate and inform their members

The journal's standard OA license is applied, and the journal's Instructions for Authors provides information on the OA licenses available. Please note that authors select OA publication *after article acceptance*, when the corresponding author signs the online Author Publishing Agreement.

Dissemination & Discovery

Title & Keywords. Keywords provide the appropriate metadata for indexing and tagging an article, and selection of the right keywords is essential for online discoverability of PLSPs. Most important, the term “plain language summary” should be included in the PLSP title, as well as the keywords list. For additional guidance, please visit the Taylor & Francis page [Using Keywords to Write Your Title and Abstract](#).

Indexing. PLSPs are indexed according to the journal's policies for article indexing. For journals indexed on MEDLINE/PubMed, articles, including PLSPs, are automatically listed on PubMed shortly after publication.

Content Permissions and Reprints. All queries about re-use of PLSP content can be directed to PlainLanguageSummaries@taylorandfrancis.com. This includes queries about ordering reprints and eprints and translation services.

Social Media. Upon publication, the Journal editorial team may choose to share a PLSP on social media (e.g., LinkedIn, Twitter) via the Journal or an individual editor's account and/or a Taylor & Francis account. If you have comments or questions related to the sharing of your published PLSP on social media, please contact the Journal's editorial contact.

Add-on Taylor & Francis Services

In addition to [Accelerated Publication](#), Taylor & Francis provides the following optional services.

Research Communication Services. Taylor & Francis offers services that help authors develop PLS and PLSPs, including assistance with writing and creation of infographics and videos. For more information, please visit <https://www.tandfeditingservices.com/services/research-communication.html>.

Editing Services. If you need editing assistance, Taylor & Francis offers English language, scientific, and translation-to-English editing, among other services. For more information, please visit <https://www.tandfeditingservices.com/>.

Taylor & Francis Journals Offering Plain Language Summary Publications (PLSPs)

[Bioanalysis](#)
[BioTechniques](#)
[Biomarkers in Medicine](#)
[CNS Oncology](#)
[Colorectal Cancer](#)
[Current Medical Research and Opinion](#)
[Epigenomics](#)
[Expert Opinion on Biological Therapy](#)
[Expert Opinion on Drug Delivery](#)
[Expert Opinion on Drug Discovery](#)
[Expert Opinion on Drug Metabolism and Toxicology](#)
[Expert Opinion on Drug Safety](#)
[Expert Opinion on Emerging Drugs](#)
[Expert Opinion on Investigational Drugs](#)
[Expert Opinion on Orphan Drugs](#)
[Expert Opinion on Pharmacotherapy](#)
[Expert Opinion on Therapeutic Patents](#)
[Expert Opinion on Therapeutic Targets](#)
[Expert Review of Anticancer Therapy](#)
[Expert Review of Anti-infective Therapy](#)
[Expert Review of Cardiovascular Therapy](#)
[Expert Review of Clinical Immunology](#)
[Expert Review of Clinical Pharmacology](#)
[Expert Review of Endocrinology and Metabolism](#)
[Expert Review of Gastroenterology and Hepatology](#)
[Expert Review of Hematology](#)
[Expert Review of Medical Devices](#)
[Expert Review of Molecular Diagnostics](#)
[Expert Review of Neurotherapeutics](#)
[Expert Review of Ophthalmology](#)
[Expert Review of Pharmacoeconomics and Outcomes Research](#)
[Expert Review of Precision Medicine and Drug Development](#)
[Expert Review of Proteomics](#)
[Expert Review of Respiratory Medicine](#)
[Expert Review of Vaccines](#)
[Future Cardiology](#)
[Future Endocrinology & Metabolism](#)
[Future Medicinal Chemistry](#)
[Future Microbiology](#)
[Future Neurology](#)
[Future Oncology](#)
[Future Rare Diseases](#)



[Future Virology](#)
[Hepatic Oncology](#)
[Hospital Practice](#)
[Immunotherapy](#)
[International Journal of Endocrine Oncology](#)
[Journal of Medical Economics](#)
[Journal of Obstetrics and Gynaecology](#)
[Lung Cancer Management](#)
[Melanoma Management](#)
[Nanomedicine](#)
[Neurodegenerative Disease Management](#)
[Pain Management](#)
[Personalized Medicine](#)
[Pharmaceutical Patent Analyst](#)
[Pharmacogenomics](#)
[Postgraduate Medicine](#)
[Regenerative Medicine](#)
[Therapeutic Delivery](#)

Plain Language Summary Publication (PLSP) Submission Checklist

Editorial Queries

Taylor & Francis recommends sending editorial queries early in the PLSP development process, and we always welcome questions and feedback. Please send your questions, comments, and presubmission queries to PlainLanguageSummaries@taylorandfrancis.com.

Authorship

- All authors.** Confirm that all authors meet the authorship criteria defined by our [Editorial Policy](#).
- Original article authors.** Include at least one author from the original article as a PLSP author.
- Patient authors.** Consider including at least one patient author (however, this is not mandatory). Include the affiliation “Patient Author” (e.g., Patient Author, City, Country) to facilitate identification of patient-authored publications on indexing platforms.

Permissions

- Publisher.** Request permission to summarize the original article from its publisher, unless the original article has been published by Taylor & Francis or one of its imprints (e.g., Dove Press, F1000).
- Corresponding/lead author.** Request permission to summarize the original article from its corresponding and/or lead author.

Transparency & Ethics

- Transparency.** Declare any competing interests relevant, or which can be perceived to be relevant, to the PLSP within the manuscript as specified by the journal’s Instructions for Authors.
- Ethics.** Confirm the research described has been conducted according to international and local guidelines ensuring ethical conduct as described by our [Editorial Policy](#).

Pre-submission

- Journal.** Confirm that the selected journal accepts PLSPs ([page 5](#)). If you would like to submit a PLSP to a journal not included in the list, please contact PlainLanguageSummaries@taylorandfrancis.com.
- Title.** Use the term “plain language summary” in the title; make it clear that the article is a PLS of a primary publication.
- Format.** Make sure the PLSP meets Taylor & Francis PLSP Guidelines:
 - Summarizes single research article published online within past 2 years
 - Written concisely, keeping in mind the recommended word count (max, 3000 words)
 - Includes citation for original article and any unique registry (e.g., clinical trial) identifiers.
- Keywords.** Use keywords that optimize online discoverability of the PLSP; include “plain language summary” in the article’s keyword list.
- Pre-submission query.** Queries can be directed to PlainLanguageSummaries@taylorandfrancis.com.

Submission

- Type and timeline.** Select *Plain Language Summary of Publication* article type and *Standard Track* service. If faster publication is needed, consider choosing our [Accelerated Publication](#) service.
- Files to include.** Please upload:
 - PLSP article (Word document required; other file types showing text and image arrangement are also welcome)
 - Written permission from the original article's publisher (if required) and corresponding and/or lead author
 - Original article being summarized (PDF)
 - High-resolution (min, 300 dpi) files of images (i.e., JPEG, TIFF, PNG)
- Audio/video files.** For instructions on submitting these files via an online file transfer service, please contact PlainLanguageSummaries@taylorandfrancis.com.
- Pre-submission review.** If the PLSP has undergone expert (i.e., patient) review prior to submission, please include these details in the cover letter and the manuscript's acknowledgements section. This information helps our Editorial and Peer Review teams determine how the PLSP has been evaluated during development.

Tips for Writing Plain Language Summaries

Content

- ✓ **Answer the questions:**
 - Why was the study done?
 - What did the researchers do and find?
 - Who took part in the study?
 - What do the results mean?
 - What were the main conclusions?
 - Why are the findings relevant to, and how do they affect, the PLS/PLSP target audience?
 - What is the objective influence on the wider field?

Please note that these questions do not need to be used as headings; they are provided to help authors determine what information to include in PLS/PLSPs.

- ✓ **Keep statements factual and avoid providing opinions or speculation** on the study's findings and significance.
- ✓ **Ensure statements accurately reflect the information and data within the original article**, and there are no statements that could be considered misleading or misrepresentative.

Composition

- ✓ **Use short, clear sentences and phrase sentences in neutral language**, remaining as objective as possible.
- ✓ **Use the active voice** rather than the passive voice (for example, "Dr Smith's team report several improvements" rather than "Several improvements were reported by Dr Smith's team").
- ✓ **Use language that aligns with preferences of the patient community**. For example, use person-centered language rather than focusing on the condition/illness or disability; however, alternative preferences may exist.
- ✓ **Avoid jargon, complex grammatical structures, and abbreviations**. If you need to use a technical term or abbreviation, explain it the first time you use it.

Content Review

- ✓ **Assess the ability of the audience to understand the PLSP** by having a writer/editor with plain language experience and/or a patient/patient advocate review the PLSP prior to submission.
- ✓ **Readability tools can assist in evaluating ease of understanding**; however, readability scores should be interpreted alongside other feedback and review comments provided.

Other Considerations

- ✓ **Review available guidance** on plain language writing for science.
- ✓ **Consult plain language glossaries** to assist with translating complex science into plain language.

Plain Language & PLS Resources

Plain Language Summary Guidance

Envision Pharma **Plain Language Summaries (PLS) Toolkit.**

<https://www.envisionthepatient.com/plstoolkit>

ISMPP/Envision Pharma **Plain language summaries of publications of company-sponsored medical research: what key questions do we need to address?**

<https://www.tandfonline.com/doi/full/10.1080/03007995.2021.1997221>

Open Pharma **Recommendations for Plain Language Summaries of Peer-Reviewed Medical Journal Publications.**

<https://www.tandfonline.com/doi/full/10.1080/03007995.2021.1971185>

Patient Focused Medicine Development (PFMD) **How-to Guide for the development and dissemination of plain language summaries of peer-reviewed publications and conference presentations.**

<https://pemsuite.org/How-to-Guides/WG5.pdf>

Plain Language – General

Center for Plain Language. <https://centerforplainlanguage.org/>

Plain Language Commission. <https://clearest.co.uk/>

Plain Language Association International. <https://plainlanguagenetwork.org/>

Readable.com. <https://readable.com/>

Hemingway App. <https://hemingwayapp.com/>

Plain Language – Medical

EUPATI Glossary. <https://toolbox.eupati.eu/glossary/>

Health Literacy – Plain Language Materials & Resources.

<https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>

NIHR Glossary. <https://www.nihr.ac.uk/about-us/glossary.htm>

NIHR Plain English Summaries. <https://www.nihr.ac.uk/documents/plain-english-summaries/27363>

plainlanguage.gov. <https://www.plainlanguage.gov/>

Plain Language at NIH. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language>

Plain Language Medical Dictionary. <https://apps.lib.umich.edu/medical-dictionary/>

Plain Language Thesaurus for Health Communications. <https://stacks.cdc.gov/view/cdc/11500/>

Universal Patient Language. <https://www.upl.org/about>

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