

## &gt;&gt;&gt; Searching for The Holy Grail...

will be befuddled into believing that the score has some value. Or worse, our managers and clients will believe that the score has value and will measure us against it. As soon as we know that we are being judged by a metric, we will adapt our writing to improve our scores irrespective of the needs of the audience. Like trying to pick up jelly with your fingers, you can do it but, in the attempt, you change its substance.

My fear is that we are heading towards valuing what we measure because we can measure it, not because the metric is intrinsically valuable. In reality, we decide whether or not to read a book based on previous experience of that author, recommendations by our friends, and reviews.

Sponsors select CROs and freelancers based on previous experience, recommendations, and interviews. Nobody has devised a meaningful metric for medical writing yet because there isn't one. We must accept that and move on.

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**References:**

1. <http://answers.google.com/answers/threadview?id=610195>
2. Alistair Reeves. MedDRA 'preferred' terms. TWS 2007;16(2):49.

**A Comment not a Counter**

When I was approached by the editor, Elise, about writing an article on the pros of medical writing metrics as a counter argument to Wendy's article, my first reaction was "no problem!" After all, when I worked at a Contract Research Organisation (CRO), I was often asked to supply 'numbers' for potential clients. The 'numbers' were used in response to a client's 'Request for Information' (RFI). Questions such as the following were regularly posed:

- "How many and what type of documents have you prepared in the last 2 years?"
- "How many weeks does it take you from Last Case Report Form in house to Final Clinical Study Report (CSR)?" That one had a veritable minefield of variables attached to it so when possible we responded with the manageable 'Number of weeks from Final Data Listings to Draft CSR'.

Yes, I could certainly come up with 'numbers'! For example, I readily knew how many CSRs had been issued by our CRO's global writing group in a defined period, although I used to worry that this number may have been viewed 'out of context' ... I needed the reviewer to be aware that the number of available medical writers had varied during that time, as had their level of experience and, most importantly, for each CSR there had been factors beyond the writer's control such as the highly variable quality of the data and the varied experience of clinicians, statisticians, and other contributors to the reports.

Looking back more carefully, I recalled my concerns about collating these numbers, frequently asking myself "just how valuable are the metrics we supplied?" Working for a CRO at the time, and later as a freelancer, however, I believed that if you wanted a chance of getting a particular job, then you just had to live with the metric requests, and supply responses with assumptions or annotations where possible.

When I read Wendy's article, I found myself agreeing with everything she wrote. So, how could I produce a counter argument? As Wendy stated "Nobody has devised a meaningful metric for medical writing yet because there isn't one. We must accept that and move on." With nothing more to add, I was going to decline Elise's kind offer when I happened to mention Wendy's article to a colleague.

"Don't abandon them (metrics) ... they must be of some use? Figure out how to apply them" they said but didn't offer any suggestions. I also don't have an answer but their plea did make me wonder about the people who use metrics. So, I spoke to a few colleagues at different pharmaceutical companies that outsource complete trials or medical writing-related tasks such as protocol and CSR preparation. From my, admittedly limited, survey, it appears that there are two approaches regarding metrics.

Some companies simply ignore metrics in relation to outsourcing, with decisions made on the basis of personal experience or recommendation from a trusted colleague. This appears to be the route taken when a clinical team makes the decisions; selectors go with gut reactions, and the chemistry between individual people and groups.

Metrics are of interest, however, where there is an 'Outsourcing Department' or a formal outsourcing procedure. Detailed RFIs including requests for metrics are issued to potential service providers. Responses to the metric-related queries appear to be used to assure the outsourcer that the potential providers are at least in the right 'ball park', that processes are being followed, and pre-defined standards are being met. In addition, for some companies, gathering metrics from potential providers appears to serve another purpose—showing senior management that a 'fair selection' process is in place.

For writers providing responses to metric requests, this can be a way to get a 'foot through the door' with a new client. The challenge, however, is not only to come up with the numbers but also to provide context, possibly in the form of annotations if the RFI allows. The explanations need to be sufficiently clear such that the outsourcer appreciates that metrics provided by others are not necessarily directly comparable. Of course, ensuring the outsourcer realises this is not something fully in the writer's control.

A final comment: the outsourcing manager who said they were reluctant to throw out metrics completely was also the same person who said they "were slightly suspicious of numbers" ... so, for now, I'm staying in Wendy's camp!

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