Reviewer’s report

Title: Learning as an outcome of involvement in research: What are the implications for practice, reporting and evaluation?

Version: 0 Date: 08 Oct 2018

Reviewer: Roger Wilson

Reviewer’s report:

This is a valuable paper and an important contribution to the understanding and development of involvement in research. I like the considered approach the paper takes, building its argument carefully and with strong references. The underlying thesis is sound, the analysis of the various influences is rational and logically mapped, and there are some real insights which demonstrate the authors' familiarity with and experience of involvement. The paper is clear and well written with some very quotable sentences which I am sure will reside in future literature.

As an involved patient I appreciate the analysis of the "thinking" partnership and can identify my own development over time into that style of working, now with the confidence to impose it on research colleagues. It was natural and evolutionary rather than intellectualised, and that may be a point to be explored in a further paper. Having been in a four hour research meeting last week I can reflect on that meeting in the terms of this paper and see how colleagues might 'evaluate' my involvement. Very useful perspectives.

I have one point to make and a tiny niggle.

Page 7 could expand on the "wider implications" for patients and could add some useful breadth to the article by linking research involvement with the wider world. Patients involved initially in research can get opportunities to be involved in strategic areas of service development where systematic review is usual practice. Here research understanding and knowledge is valuable but no new research is involved. These opportunities do not usually open up to those who are only involved in localised service related advocacy. I am thinking of work with NICE, MHRA, clinical guideline development, and NHS policy. Involved patients have also gone on to create small charities which fill gaps in provision. In all these areas the "thinking" collegiate approach is essential.

Is this suggestion an example of where the thinking patient has experience which adds something the researchers did not consider? You can decide!!

The niggle, it is a tiny one. The paper could use a critical read for clarity. Eg P9 line 19 "...reporting and evaluation." Of what, should be stated, just for clarity. P26 line 58 "... outcome will be unpredictable."

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