Reviewer’s report

Title: Learning about how Public Involvement strengthens HIV research as a Medical Student

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Reviewer: Jane Taylor

Reviewer's report:

An interesting reflection on your response to discovering and researching PPI as part of a 3rd year undergraduate research project. The reflections focus on your initial experiences of researching PPI and in particular your learning of the positive contribution of PPI in the PROUD study.

Your reflections raise some interesting issues here: It is telling that you chose this as an optional 3rd year study having no knowledge of PPI prior to this and like many people equating PPI with patient participation as research subjects. This begs the question: If you hadn't chosen this project would you have gone through the whole of your medical education without knowing anything about PPI in research. This view is one you acknowledge is shared by your peers and it is encouraging that you want understanding of the value of PPI 'to be more widely included in the standard undergraduate medical degree programme.' That your initial misunderstanding of what is meant by PPI is often the dominant perception of PPI among newly qualified junior doctors/researchers suggests that PPI in research is still not included as an important part of research practice in the undergraduate curriculum. I also wonder whether this was part of an elective study or your main core curriculum? Elective studies often allow for a wider range of approaches to research than the core medical curriculum.

Another interesting issue raised is the underreporting of PPI in studies. This makes it difficult to learn about PPI and how it is used to improve research. This is an important point and often results in us reinventing the wheel and viewing PPI as something 'new' rather than something with a significant cultural history, from which we can learn. You acknowledges this history in seeing PROUD as part of the legacy of patient involvement and advocacy work in HIV research in the 80s.

Since 2009 the GMC have published guidance on public and patient involvement in the design delivery and evaluation of medical education. Although this is focused on curriculum development and assessment and usually takes the form of feedback and evaluation of students' clinical performance, it has in some institutions resulted in establishing PPI groups to support undergraduate and graduate research in their own medical schools giving some students experience of the benefits of PPI at an early stage in their studies. It is good that you make use of your own university's Health and Environment Public Engagement Group in commenting on and advising on this letter. I wonder, however, if your project had been on something else whether you would have engaged with this group for feedback?
You highlight several positive ways that PPI contributed to the success of the PROUD project. It also focused on 'seldom heard' voices in PPI today - those representing contemporary experiences of gay men and other men who have sex with men, as well as transsexual women. One of the other absences in medical curricula is the experiences of LGBT people. Researchers have highlighted the overwhelming heteronormative discourse in medical education and how many medical schools are failing to provide LGBT-specific learning and teaching resources (See for example Parameshwaran et al, 2016). Your reflections bring those two 'absences' nicely together here.

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