

## Writing in Plain English



We know it can be hard to explain complex research in simple terms. But writing in Plain English makes it much more likely that reviewers will understand your proposal, see its value, and score it well. This matters because your application will be read by different people, and not all of them will be experts in your field.

Applications are reviewed and scored by:

- Senior Leadership Team
- Scientific Research Committee, including PPI representatives
- Expert reviewers, who may bring technical expertise or lived experience

### Good Plain English is essential.

**✗** If someone without specialist knowledge cannot understand what you are proposing and why it matters, your score may suffer – even if the study itself is strong.

- Write as clearly and simply as you can.
- Most of the form should be written in Plain English.
- Use the technical section for scientific detail.
- Use the glossary to explain terms that cannot be avoided.

## Practical Plain English guide



This is prescriptive, not a set of strict rules. Use it if you find it useful.

### A. Start with your audience

- Assume the reader has no specialist knowledge
- Write for an interested member of the public, such as a patient, service user, or policymaker
- Ask yourself: what does this person need to understand?
- What decisions might they make from this information?

### B. Be clear about the purpose

- Clearly say:
  - What the research is
  - Why it matters
  - Who it is for
- Do not add long background sections unless they help a non-specialist understand the study.
- Put extra scientific detail in the technical section only where needed.

### C. Use plain, everyday language

- Use short, familiar words: *e.g. use* instead of *utilise*; or *help* instead of *facilitate*
- Avoid jargon, technical terms, acronyms and abbreviations.
- If using statistics, explain simply what things like p-values, confidence intervals are
- If you cannot avoid using them, write them out in full once and use them only when needed.
- Use glossary to describe unavoidable terms.

### D. Keep sentences and paragraphs short

- Aim for 15–20 words per sentence
- One idea per sentence
- 3–4 sentences per paragraph
- Avoid long, complex sentence structures

## E. Use active voice

Active voice is clearer. E.g.

- ✓ “We will interview 50 participants”.
- ✗ “Fifty participants will be interviewed”.

## F. Explain, don’t oversimplify

Plain English is not “dumbing down”. Explain ideas using:

- Simple examples
- Comparisons
- Everyday situations

## G. Structure for readability

Use clear headings and questions, for example:

- What is the problem?
- What will the research do?
- Who will take part?
- What difference will it make?

## H. Be concrete and specific

- Say what will happen, to whom, and when
- Avoid vague phrases such as:  
“Robust methodology”  
“Novel approach”
- Briefly explain how or why instead

Bullet points are often better than dense text.

## I. Check tone and inclusivity

- Be respectful and non-judgemental
- Avoid deficit-based language
- Use person-first language where appropriate  
“Patient” is appropriate when writing about:
  - people receiving clinical care,
  - activity within a healthcare setting (e.g. clinics, wards),
  - specific patient pathways / safety / outcomes.

## J. Test and revise

- Ask someone outside your field:
- “Can you explain this back to me?”
- If readers ask questions, revise the text.
- Work with patients, people with lived experience, and the public – particularly those your research is about – to shape and review your application.

	What to watch out for	What good looks like
<b>Hard words and jargon</b>	Acronyms are used without explanation, or the summary uses medical, research, or statistical terms that a lay reader is unlikely to know.	Complex ideas are explained in everyday language, with simple examples where helpful.
<b>Long or dense writing</b>	The writing is hard to read because it uses long sentences or large blocks of text with few breaks.	The writing is broken up with headings or bullet points where useful, and the message moves clearly from the problem to the research to the likely benefit.
<b>Why this matters</b>	The summary focuses too much on scientific detail and not enough on what difference the research could make to people’s lives.	The summary makes clear why this research is worth funding and how it could help people in Northern Ireland.
<b>Respectful language</b>	People are described in impersonal or overly clinical ways, such as “subjects” or “cases”, when more respectful wording is possible.	The wording is respectful and focused on people, for example “people living with stroke” rather than “stroke victims”.

## Examples

Question	Not so good example	A better example
Who benefits?	Stratified rural cohorts	People living in rural areas who are at high risk of stroke
How?	Diagnostic optimisation	A tool that helps GPs spot early warning signs sooner
Why?	Addressing gender-based statistical variance	Women in these areas currently wait around 20% longer for diagnosis and treatment

Readers often respond well when time is included.

	<b>This is good</b>	<b>This is better</b>
When will this help?	This tool could help GPs find problems earlier, so people are diagnosed sooner.	Within five years, GPs could use this tool to diagnose people faster.



### What good Plain English looks like

- It is easy to read.
- It uses short sentences and active verbs.
- It uses headings and bullet points where they help, without breaking the flow.
- It avoids jargon.
- Acronyms are written out in full the first time and added to the glossary.
- Technical, medical, and statistical terms are replaced with plainer words where possible. If they cannot be avoided, they are explained clearly and added to the glossary.
- It uses respectful, people-focused language, for example “people living with stroke” rather than “stroke cohort”.
- It uses everyday language, for example “high blood pressure” instead of “hypertension”.
- It clearly answers the key questions: who, what, why, how, and when.
- It makes clear how the research could benefit people living with CHS and support the NICHHS strategy.
- It shows a clear path from the research to the likely benefit.

### Plain English guide for reviewers

Plain English is not scored on its own, but it should be clear throughout the application. Reviewers should be able to follow the story of the research: what the study is about, where it sits in the wider pathway, whether it is an early pilot or a later step, and who could benefit, how, and when.

<b>Category</b>	<b>What reviewers should look for</b>
Very poor	Very hard to understand. Heavy use of jargon or technical language. It does not clearly say who will benefit or how.
Poor	Hard to follow. Uses complex terms without explanation, so the main point is unclear. Mentions possible benefits, but only in vague terms, with no clear route to change.
Fair	Some attempt to simplify, but still too much technical or academic language. A general reader can follow parts, but not all. The why, how and likely 5–10 year impact are mentioned, but not clearly linked.
Good	Mostly clear and understandable. Most jargon is removed or explained. It sets out who the research is for, why it matters, and how it could help. Some parts may still be wordy, or lack detail on how and when change will happen.
Very good	Clear and easy to read for a non-specialist audience. Uses everyday language (e.g. “high blood pressure” instead of “hypertension”). Explains who benefits, why it matters, how it helps, and the likely timescale. A general reader can see how this could lead to better outcomes.
Excellent	Clear throughout. Uses short sentences and plain language. The benefit to people living with CHS or the public is obvious from the start. Clearly shows how the research could lead to real change. Written well enough to use as a public summary.