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Editorial

Peer-review developments at the IJS – publishing reviewer reports



The traditional process of peer-review for medical journals has been an integral part of the scientific process for centuries. Over the years however, the process has come under increasing scrutiny and criticism. Critics point to a lack of openness, accountability and transparency [1,2]. These are precisely the areas in which large parts of our society are making advances. On the 28th June 2013, approximately 3500 surgeons in the UK achieved a world first, publishing their individual surgical results [3]. In all, 99% consented to having their data published. This historic moment, followed the publication of named cardiac surgeon mortality data in 2005 by the Guardian newspaper following a Freedom of Information Act Request. This was followed by the launching of a publicly accessible website providing such data in 2006 by the Healthcare Commission and the Society of Cardiothoracic Surgeons of Great Britain and Ireland [4]. We vividly recall the debate at the time; surgeons will avoid taking on high-risk patients and that outcomes won't improve. A subsequent retrospective analysis of 25,730 patients undergoing Cardiac Bypass Grafting Surgery found that publication of results was associated with decreased risk adjusted mortality and that there was no evidence that higher risk patients were not undergoing surgery [5]. Today few cardiac surgeons think that such data should not be published. We must remember of course that the stimulus for publishing such data came from the Bristol Heart Scandal, a tragedy where the subsequent public inquiry called for the publication of performance data of both cardiac units and surgeons [6]. It is no surprise that today words like; governance, quality, outcomes, surveillance, audit and benchmarking permeate the surgical literature [7].

Changes are occurring in the law too. In the UK, the Freedom of Information Act 2000 entitles a member of the public to have information about them disclosed by a public body [8,9]. This seems progressive but in the USA, a similar bill was signed into law in 1966 [10]. Another powerful example comes from UK medicolegal law. The traditional Bolam test has been augmented by the Bolitho case i.e. a doctor is not guilty of negligence if a group of expert peers in the field would do the same thing – but that the basis of their opinion should be put forth and subject to logical analysis and scrutiny [11]. For the significant decisions that affect us as individuals and society at large, we expect to know who made them and the basis or logic for their decision. Drummond Rennie, the former Editor at JAMA and an advocate of open peer-review (where authors and reviewers identities are revealed) argues: “*The editors, assisted by the reviewers, are judges ... we have an ample history to tell us that justice is ill served by secrecy.*” [12] Lack of transparency can also affect the perceptions if not the reality; recent examples include the FIFA world cup bidding process and whether Iraq had weapons of mass destruction. Shining light on a process tends to improve it – be

it expenses claims by a Member of Parliament or phone hacking by the press.

Few of us though can recall a manuscript that was not improved through peer-review – so the fundamental process of having independent experts review one's work is sound. A randomised controlled trial looking at the impact of open peer-review, found that it did not increase review quality [13]. The authors still concluded that the ethical arguments in favour of open peer-review outweighed its disadvantages. However, our view is that this particular study was flawed in its design, especially if its aim was to assess whether quality would be improved. Of the reviewers invited to participate, 55% refused to take part – hence a self-selected group goes forward with a 50% chance of being randomised to the open peer-review arm – significant Hawthorne effects are likely to have biased the outcomes (people knew their review would be scrutinized and may have upped their game). A more appropriate design would be a *before and after* study [14].

At the IJS, we have utilised a double blind peer-review system since our launch over a decade ago. We feel that the focus should be on the science and the surgery rather than the individuals who were involved. This system has worked well for us but we are continuously looking for areas across the journal that can be improved and we are relentless in this drive for quality. This philosophy is essential when respected commentators are stating that there is a scandal in medical research, that surgical research is a ‘comic opera’ and that there is a crisis in scientific peer-review [15–18]. At the nexus of all these concerns is the potential loss of confidence and trust of patients and the public in published research. Critical appraisal teaches us to scrutinize what we read, with open access liberating increasing amounts of content – surgery and science at large must raise its game.

We feel that peer-review at the IJS needs a shake-up with greater accountability, transparency and openness. So for manuscripts submitted in mid September 2014, we will be publishing the peer-reviews reports (from all rounds) along with the initially submitted and final versions of the manuscript, as well as any revisions along the way (as a one year trial). We will allow our peer-reviewers to make an important choice in this process – whether they wish for their name to be revealed once a manuscript has been accepted and published online. The default will be to remain anonymous and reviewers can opt-in to having their name revealed. This is a gradual yet significant foray into a more open system but still keeps the focus on the science and the surgery. We will monitor the impact of this change in a variety of ways, assessing both quality, participation, feedback and usage of reviewer reports.

Whilst this is an important step forward in terms of accountability, openness, transparency and potentially quality, we feel

that it provides a fundamental benefit to the IJS and the wider surgical and scientific communities. If peer-review, is considered an integral part of the scientific process and peer-reviewers (along with editors) are 'guardians' of the scholarly literature, then why not publish their analysis and views? Publishing the reviewer reports will ensure they are archived in perpetuity, a permanent record of the decision making process that led to the publication of a manuscript (along with its alterations and development in response to those reviews). This will provide insights for both new or young authors and reviewers (and the rest of us of course) and allow us to be more accountable and transparent to others who utilise the knowledge which we publish, both now and for future generations of surgeons to come.

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