



Advances in peer review

**Being a scientific writer: seminar at CHUV
Lausanne, 14 January 2016**

Dr Trish Groves
Head of Research, The BMJ

Competing interests

I'm editor in chief of BMJ Open and Head of Research at the BMJ, a wholly owned subsidiary of the British Medical Association (BMA)

Part of the revenue for BMJ (the company) comes from drug & device manufacturers through advertising, reprint sales, & sponsorship. The BMJ and BMJ Open are open access journals that charge author fees for publication of research

I'm working on a strategy to see how BMJ might help to build health research capabilities in emerging economies. I'm editorial lead for the BMJ Research to Publication eLearning programme (by subscription)

My annual bonus scheme is based partly on the overall financial performance of both BMJ and The BMJ



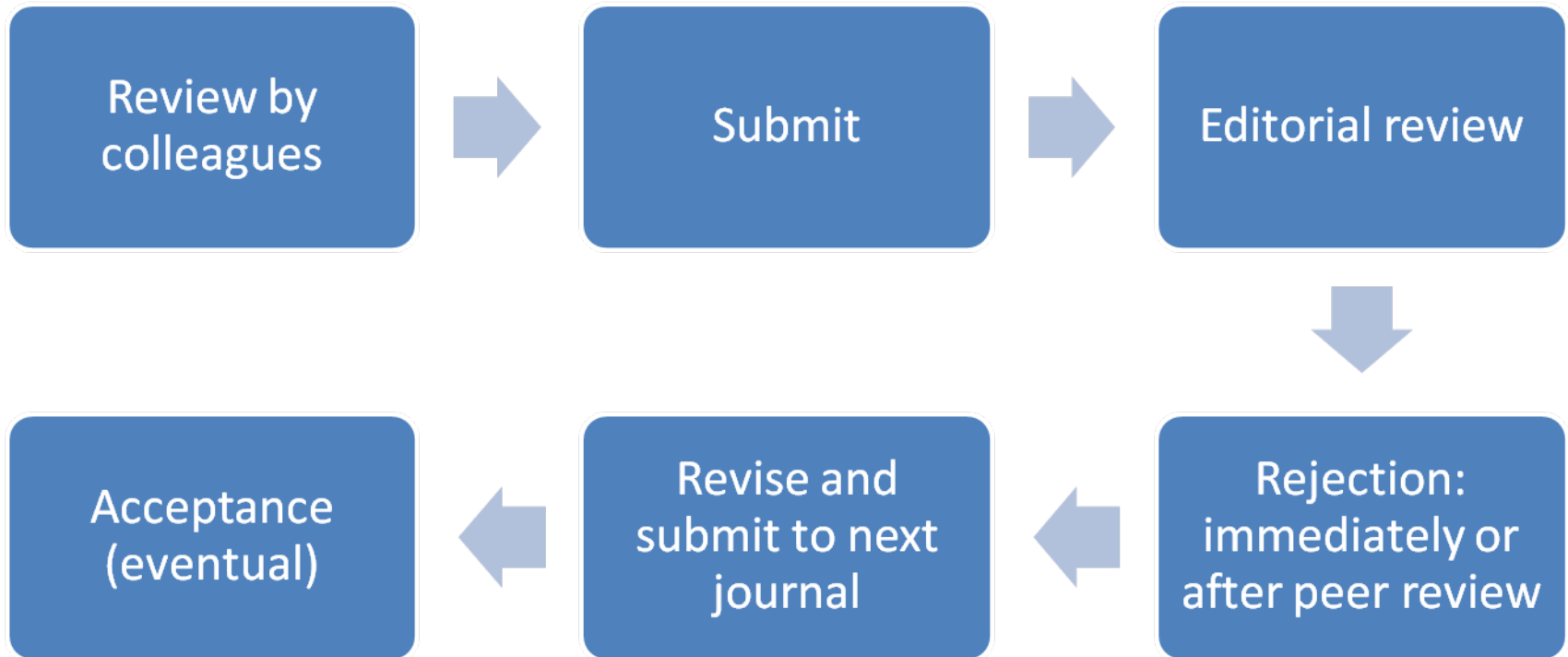
Key points for discussion

- how can we optimise the benefits of peer review?
- is peer review running out of steam?
- is transparency better than pragmatism?
 - what do open peer review and postpublication review add?
- what are the benefits of patient review?
- what is happening with data sharing?

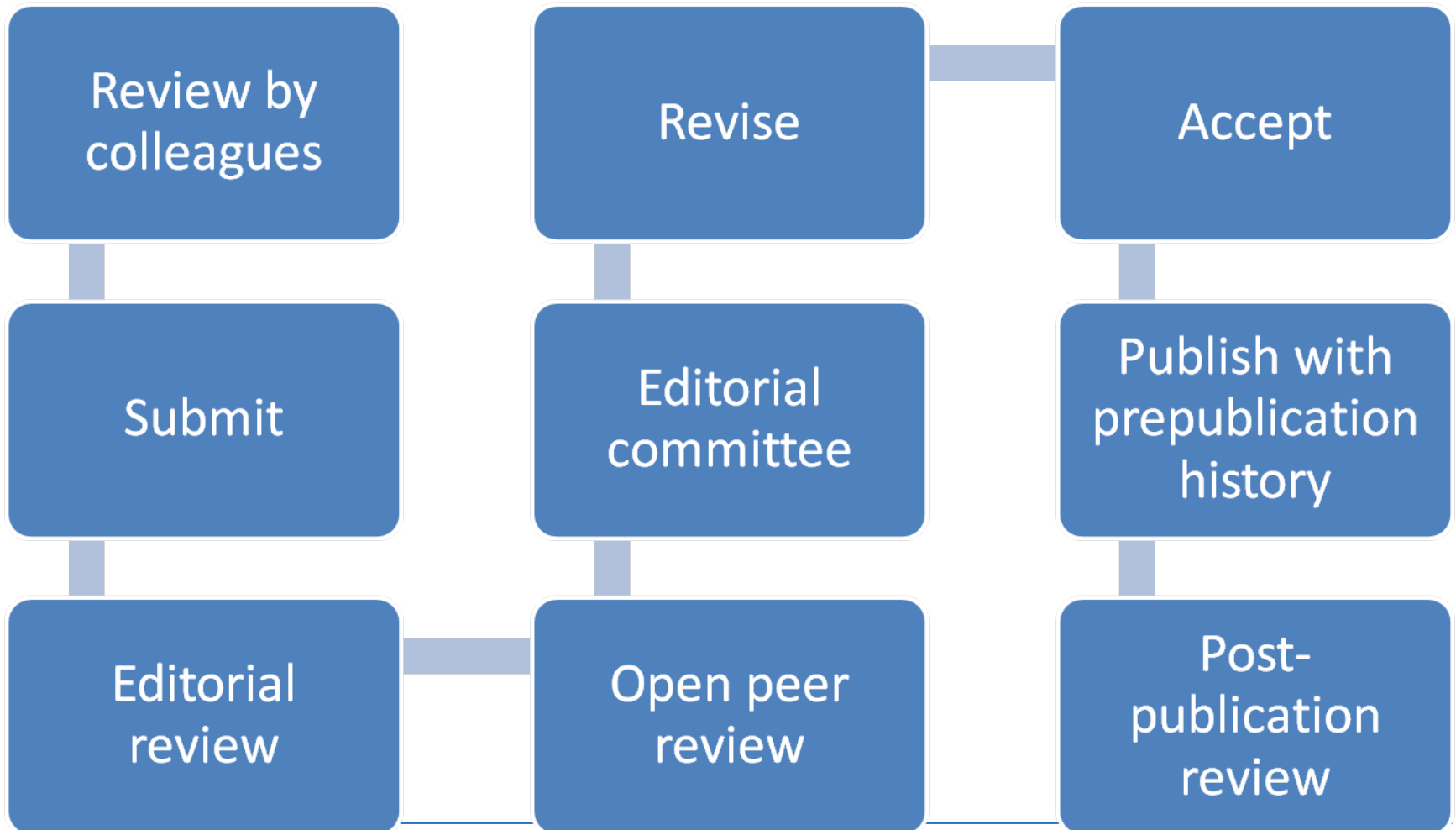
What journals provide: peer review & scholarly publishing



Typical peer review process (repeated)



Peer review at The BMJ



Journal families: making submission easier

Journals

Engaging, informative and influential journals for healthcare professionals and researchers

Our journals, blogs, podcasts and speciality portals

Journals from BMJ

Acupuncture in Medicine
Annals of the Rheumatic Diseases
Archives of Disease in Childhood
BMJ Case Reports
BMJ Innovations
BMJ Open
BMJ Open Diabetes Research & Care
BMJ Open Gastroenterology
BMJ Open Respiratory Research
BMJ Open Sport & Exercise Medicine
BMJ Quality & Safety
BMJ Quality Improvement Reports
BMJ Simulation & Technology Enhanced Learning
BMJ Supportive & Palliative Care
British Journal of Ophthalmology
British Journal of Sports Medicine
Drug and Therapeutics Bulletin
Education & Practice
Emergency Medicine Journal
End of Life Journal
European Journal of Hospital Pharmacy
Evidence-Based Mental Health

BMJ blogs

ADC Online
The BMJ
Richard Lehman's weekly review of journals
BMJ editors' at large
Junior doctors' blogs
BMJ Case Reports blog
BMJ Innovations blog
BMJ Open blog
British Journal of Sports Medicine Blogs
BMJ Supportive & Palliative Care blog
BMJ Web Development blog
Diabetes blog
Emergency Medicine Journal blog
European Journal of Hospital Pharmacy blog
Evidence-Based Medicine blog
Evidence-Based Mental Health Blog
Evidence-Based Nursing blog
Frontline Gastroenterology Blog
Heart JournalScan
Heart Asia blog
Injury Prevention blog
Journal of Family Planning blog

Frontline Gastroenterology
Gut
Heart
Heart Asia
Injury Prevention
In Practice
Journal of Clinical Pathology
Journal of Epidemiology & Community Health
Journal of Family Planning & Reproductive Health
Care
Journal of Medical Ethics
Journal of Medical Genetics
Journal of Neurology, Neurosurgery & Psychiatry
Journal of NeuroInterventional Surgery
Journal of the Royal Army Medical Corps
Lupus Science & Medicine
Medical Humanities
Molecular Pathology Archive
Occupational and Environmental Medicine
Open Heart
Paediatric and Perinatal Drug Therapy Archive
Postgraduate Medical Journal
Practical Neurology
RMD Open
Sexually Transmitted Infections
Student BMJ
The BMJ
Thorax
Veterinary Record
Veterinary Record Case Reports
Veterinary Record Open
Tobacco Control

Lupus Science and Medicine Blog
Medical Humanities
Open Heart Blog
Postgraduate Medical Journal blog
BMJ Quality Blog
Sexually Transmitted Infections blog
Tobacco Control blog
Thorax blog
Vet Record blog
Vet Record latest news

BMJ podcasts

Archives of Disease in Childhood
Acupuncture in Medicine
The BMJ
BMJ Open
British Journal of Sports Medicine
Drug and Therapeutics Bulletin
Emergency Medicine Journal
European Journal of Hospital Pharmacy
Evidence-Based Nursing
Frontline Gastroenterology
Gut
Heart
Injury Prevention
Journal of Epidemiology and Community Health
Journal of Family Planning & Reproductive Health
Care
Journal of Medical Ethics
Journal of Neurology, Neurosurgery & Psychiatry
Journal of NeuroInterventional Surgery
Medical Humanities

How journals try to minimise bias in peer review: open review

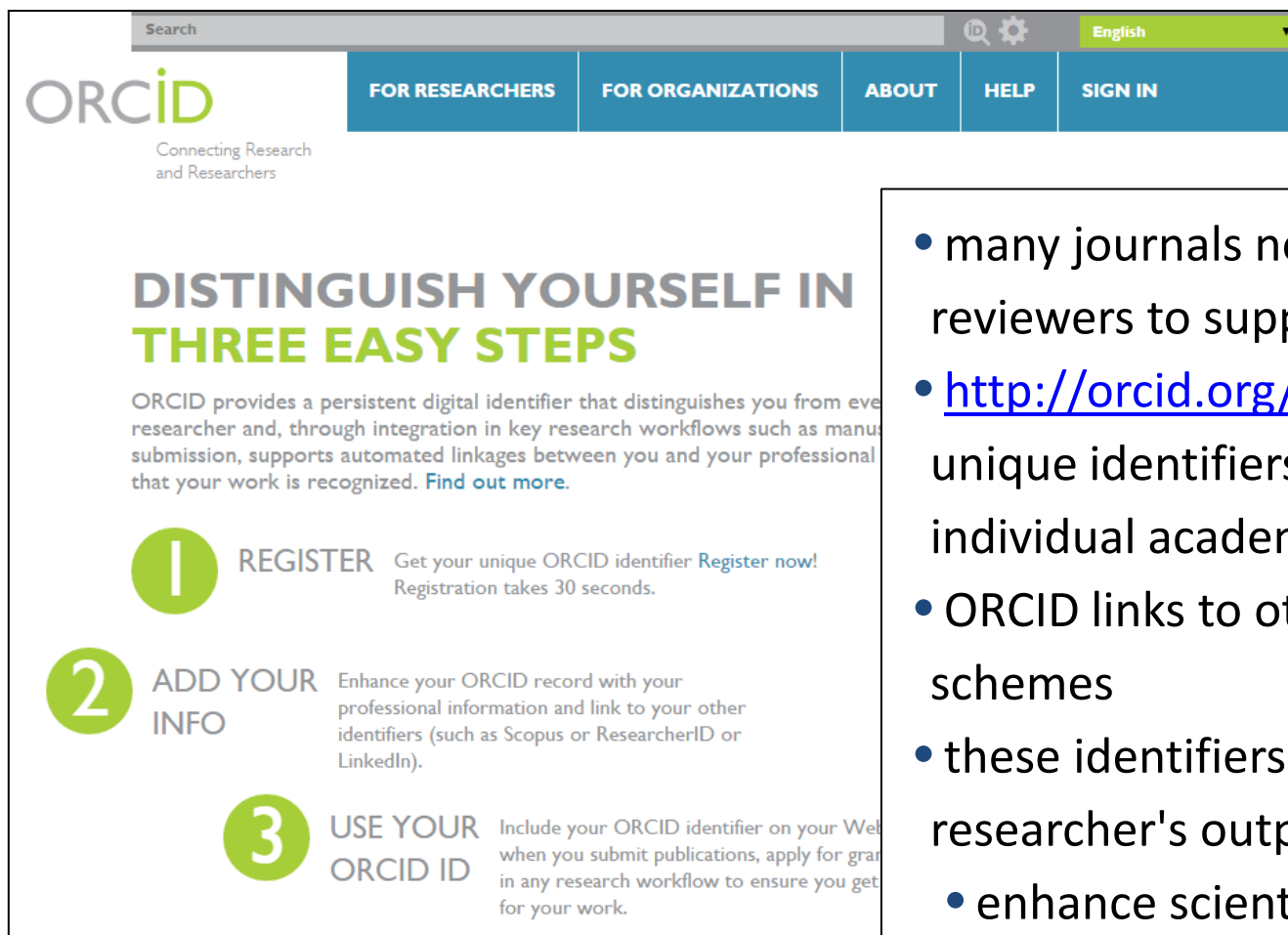
Open review

- open (signed) review
- open (to all) review – in real time
- open review with prepublication histories

For open and closed peer review

- reviewers should declare competing interests

ORCID: Open Researcher and Contributor ID



The screenshot shows the ORCID website homepage. At the top, there is a search bar, a language dropdown set to 'English', and a navigation menu with links for 'FOR RESEARCHERS', 'FOR ORGANIZATIONS', 'ABOUT', 'HELP', and 'SIGN IN'. The ORCID logo is on the left, with the tagline 'Connecting Research and Researchers'. The main heading is 'DISTINGUISH YOURSELF IN THREE EASY STEPS'. Below this, there is a paragraph explaining that ORCID provides a persistent digital identifier. The three steps are: 1. REGISTER (Get your unique ORCID identifier, registration takes 30 seconds), 2. ADD YOUR INFO (Enhance your ORCID record with professional information and link to other identifiers), and 3. USE YOUR ORCID ID (Include your ORCID identifier on your website when you submit publications, apply for grants, etc.).

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English

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- many journals now ask authors and reviewers to supply ORCIDs
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- ORCID links to other researcher ID schemes
- these identifiers can be linked to each researcher's output in order to:
 - enhance scientific discovery process
 - improve efficiency of research funding
 - aid collaboration

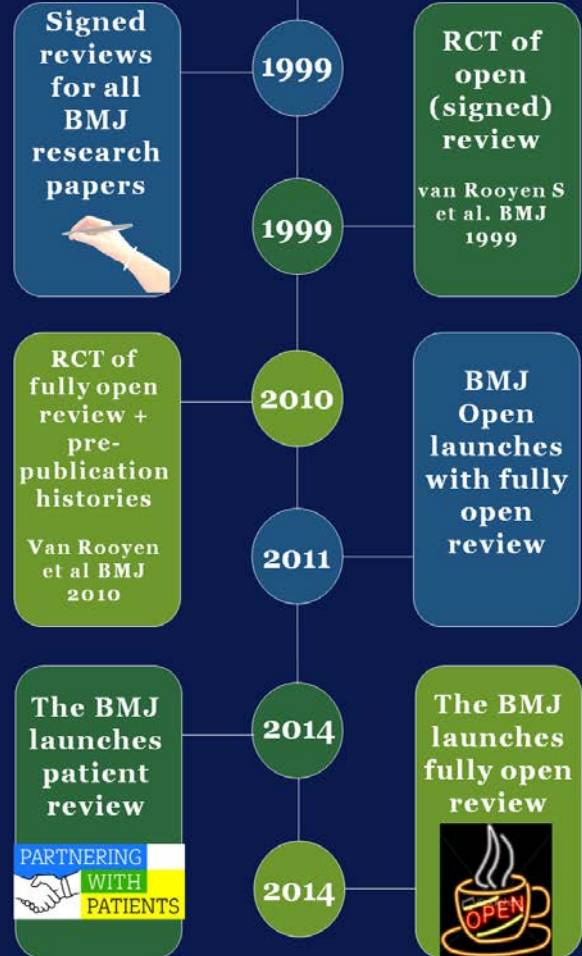
The BMJ

<http://www.bmj.com/theBMJ>
publishes all research with open access and, now, with a detailed prepublication history.

This open peer review policy draws on evidence from two randomised controlled trials of open peer review, and on experience of mandatory open peer review for more than 3000 published papers at BMJ Open <http://bmjopen.bmj.com/>

Timeline

Open peer review at The BMJ



Does open peer review improve research papers?



For 93 randomised controlled clinical trials published in BMC Medicine series journals in 2012 with pre-publication histories, reviewers requested relatively few changes.

Most changes requested by peer reviewers had a positive impact on the reporting of the final manuscript (n=27). Some changes requested by peer reviewers, however, had a negative impact, such as adding additional unplanned analyses (n=15).

This information is essential to enable readers to have a clear and transparent account of the peer review process. We would strongly recommend this model to other leading journals.

How The BMJ is working with patients to publish relevant research

- authors of research papers state if/how they involved patients in setting research question, outcome measures, design and implementation of study, and results dissemination
- patient review of papers
- patient partnership editor, patient editor

Patient peer review at The BMJ

“If you’re a patient living with disease, a carer of a patient, a patient advocate acting on behalf of a patient group, or you play a leading part in advocating for patient participation and partnership in healthcare we’d like to invite you to take part in a unique initiative...

The BMJ has committed to improving the relevance and patient centredness of its research, education, analysis, and editorial articles by asking patients to comment on them.”

Research

PAin SoluTions In the Emergency Setting (PASTIES)—patient controlled analgesia versus routine care in emergency department patients with non-traumatic abdominal pain: randomised trial

2015 ; 350 doi: <http://dx.doi.org/10.1136/bmj.h3147> (Published 21 June 2015)

Cite this as: 2015;350:h3147

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Status	Comments	Date
Original article submission	Access document	22 December
Decision letter	Access document	30 March 2015
Author response	Access document	23 April 2015

Open peer review with patient review

Reviewer(s)' Comments to Authors:

Reviewer: 1

Recommendation:

Comments:

Pain and its control is of the greatest importance to patients. As a sign of current or developing health problems it is a key factor in prompting patients to seek medical attention. It is widely understood among the general population that good, effective tools (drugs, etc.) for the relief of many kinds of pain are available, so expectancy for relief is high. Optimising use of these tools clearly makes sense as part of good clinical care and to enhance patient comfort and satisfaction. The best patient care often results from patient and clinician working in partnership with professional staff relinquishing some of their authority to better meet the patient's perceived needs. Wherever possible, patients should be given the opportunity of choice in treatments, although for some patients (those who are gravely ill or uncomfortable in making decisions) this might inflict an additional burden and they would prefer to have their health managed entirely by experts.

This study, where participants are randomised to one arm where standard treatment is applied (TAU group) or to another which permits a measure of personal control in their own therapy (PCA group), in some ways reflects this no choice/choice scenario, albeit group allocation was imposed by the researchers. What is gratifying in the outcome is that where partial patient control was exercised, pain relief appears to have been superior and patient satisfaction higher. More analgesic was used by the PCA group which could be a downside. There are several possible reasons for the favourable reaction in the PCA patients which are not discussed but which may include a feeling of "ownership" in the intervention and of satisfaction that they had contributed personally to their treatment.

No overt statement in the text is made to the role, if any, of patient/public/carer input to the development, etc of the project, but perhaps this is made in the separate protocol paper (no. 22 in ref. list)?

David Britt

Additional Questions:

Please enter your name: David Britt

Job Title: Retired (Patient Reviewer)

Institution: N/A

Reimbursement for attending a symposium?: No

A fee for speaking?: No

Questions for patient peer reviewers at The BMJ

Does this issue matter to you, and/or other patients and carers?
Any areas relevant to patients and carers missing or to highlight?

If the study was of an intervention or treatment, do you think it will really work in practice? What challenges might patients face? Are the outcomes and issues discussed in the article important to patients? Are there others that should have been considered?

Do you have any suggestions that might help the author(s) make their paper more useful for doctors to discuss with patients?

"I recently reviewed a paper for *The BMJ* and as a non-academic I was terrified of saying what I actually thought of it – I agonised over the words.... I wanted to be constructive, challenging, and polite, but the bottom line was that I felt that the authors of the paper were in an academic bubble and very divorced from what I experience, read, and talk about in real life.

A huge relief then to see the other reviewer felt the same way! It was a steep learning curve and a big leap to have faith in my own views and not be afraid to share these with the authors and *The BMJ's* editorial team."

Questions to BMJ authors I

- did you involve patients/service users/carers/lay people in the study design?
- did their priorities and experiences inform the development and/or selection of outcome measures?
- were they involved in developing plans for participant recruitment and study conduct? If so, how?

Questions to BMJ authors II

- have you planned to disseminate the results of the study to participants?
 - are participants thanked in the paper?
 - for articles reporting randomised controlled trials: did you assess the burden of the intervention on patients' quality of life and health? If so, what evaluation method did you use, and what did you find?
-

RESEARCH INVOLVEMENT AND ENGAGEMENT

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My Research Involvement and Engagement

Research Involvement and Engagement is an interdisciplinary, health and social care journal focussing on patient and wider involvement and engagement in research, at all stages. The journal is co-produced by all key stakeholders, including patients, academics, policy makers and service users.

Editors-in-Chief

Sophie Staniszewska, RCN Research Institute, University of Warwick

Richard Stephens, Involved and engaged patient

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From tokenism to meaningful engagement: best practices in patient involvement in an EU project

Supple D, Roberts A, Hudson V, Masefield S, Fitch N, Rahmen M, Flood B, de Boer W *et al.*

Research Involvement and Engagement 2015, **1**:5 (25 June 2015)

Review article [Open Access](#)

Biobanking from the patient perspective

Mitchell D, Geissler J, Parry-Jones A, Keulen H, Schmitt DC, Vavassori R and Matharoo-Ball B

Research Involvement and Engagement 2015, **1**:4 (25 June 2015)


Commentary [Open Access](#)


Practical considerations in improving research through public involvement

Jenner MK, Gilchrist M and Baker GC

Research Involvement and Engagement 2015, **1**:3 (25 June 2015)


Tweets

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Doing research into peer review, study reporting, or research & publication ethics? #RIPRjournal: buff.ly/1RwGxyW

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@MedicalEvidence

Already hitting the most viewed list in #SysRevs - Automating data extraction in systematic reviews: buff.ly/1RwFY8g

Expand

 **BMC Medical Evidence** 25 Jun
@MedicalEvidence



Post publication peer review

Authors should respond promptly to substantive queries and requests from the editors or readers after publication, particularly regarding the integrity of the published article

Concerns may be raised by editors or readers through:

- letters to the editor
 - complaints to the editor, the publisher, or via the Committee on Publication Ethics (COPE)
 - media or social media
 - other forums eg PubMed Commons
-

Online post publication peer review

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To reply to a comment, rate a comment or start a new comment thread on PubMed, you need to have an NCBI account. There are details about that in ["How to join PubMed Commons."](#)

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You can rate any comment as helpful or not just underneath the comment.

about a marker gene sequence (MIMARKS) and minimum information about any (x) sequence
Nature Biotechnology, 29(5), 415–420. doi:10.1038/nbt.1823

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Research

Consumption of spicy foods and total and cause specific mortality: population based cohort study

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h3942> (Published 04 August 2015)
Cite this as: BMJ 2015;351:h3942

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Re: Consumption of spicy foods and total and cause specific mortality: population based cohort study

21 August 2015
Nicholas D Moore
Professor of clinical pharmacology
University of Bordeaux; France
146 Rue Leo Saignat, 33076 Bordeaux, France

Dear sir,

The effect shown certainly appears plausible: people eating Chili pepper die less. The mechanism is unclear but is very probably not

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Postpublication review can uncover fraud

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"Stimulus-triggered fate conversion of somatic cells into pluripotency"

Haruko Obokata, Teruhiko Wakayama, Yoshiki Sasai, Koji Kojima, Martin P. Vacanti, Hitoshi Niwa, Masayuki Yamato, Charles A. Vacanti, Nature (2014)

Comments (134):

1 Peer 1: (January 29th, 2014 8:21 pm UTC)

From Paul Knoepfler's blog:
<http://www.ipscell.com/2014/01/review-of-obokata-stress-reprogramming-nature-papers/>

"...something akin to hitting the cells over the head with a sledgehammer of a pH 5.7 (physiological pH is more typically thought of as around 7.4), they report the blood cells of 1-week old mice turned on expression of an Oct-GFP reporter as they floated around in clusters in the media."

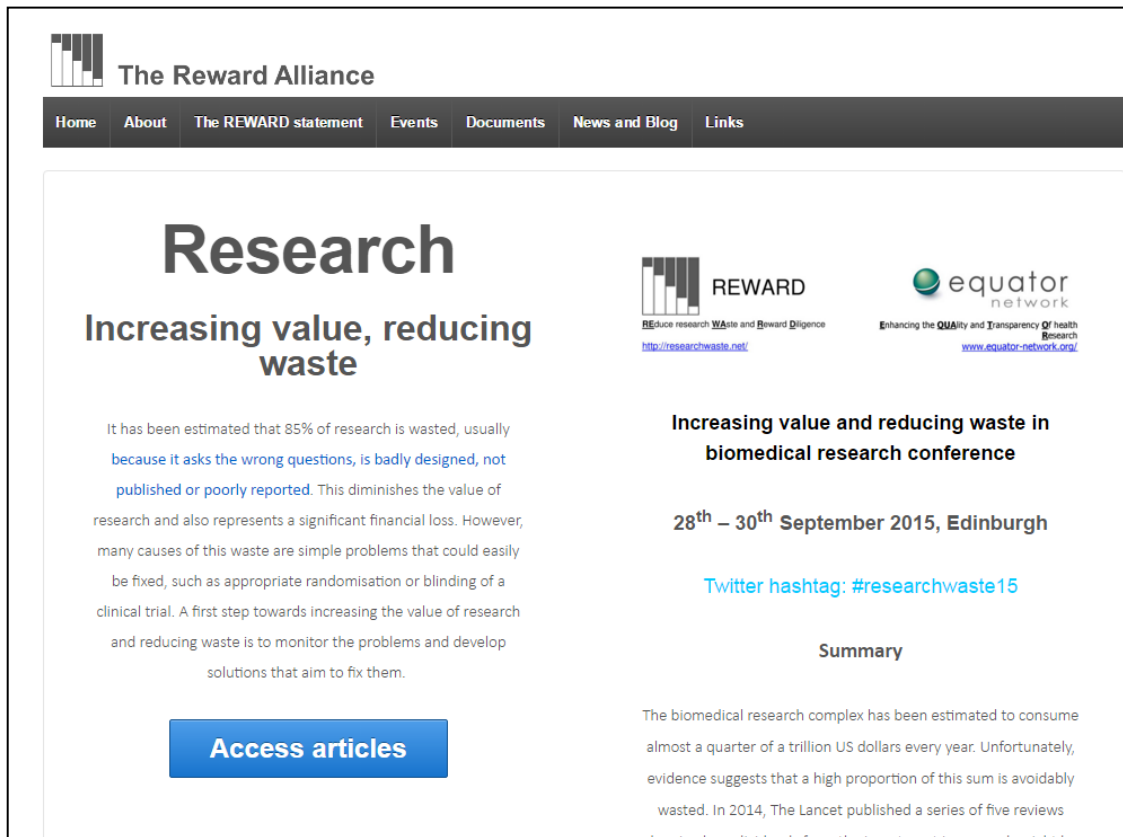
"...the team provided pretty good evidence that the STAP cells arose from the differentiated blood cells themselves rather than potentially from rare pre-existing primitive stem cells in the cell populations."

"...After a relatively quick read, no particular red flags jump out at me from the STAP cell paper. It just seems too good and too simple of a method to be true, but the data would suggest so far at least that this team is onto something really important."

External links

The goal of PubPeer is to foster a scientific environment where robust, high-quality research is valued, while providing a forum to discuss the problems of unreproducible, misleading, misconceived or fraudulent work

We need research that is less wasteful, more relevant



The Reward Alliance

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Research

Increasing value, reducing waste

It has been estimated that 85% of research is wasted, usually because it asks the wrong questions, is badly designed, not published or poorly reported. This diminishes the value of research and also represents a significant financial loss. However, many causes of this waste are simple problems that could easily be fixed, such as appropriate randomisation or blinding of a clinical trial. A first step towards increasing the value of research and reducing waste is to monitor the problems and develop solutions that aim to fix them.

[Access articles](#)

REWARD
Reduce research Waste and Reward Diligence
<http://researchwaste.net/>

equator network
Enhancing the Quality and Transparency of health Research
www.equator-network.org/

Increasing value and reducing waste in biomedical research conference

28th – 30th September 2015, Edinburgh

Twitter hashtag: [#researchwaste15](#)

Summary

The biomedical research complex has been estimated to consume almost a quarter of a trillion US dollars every year. Unfortunately, evidence suggests that a high proportion of this sum is avoidably wasted. In 2014, The Lancet published a series of five reviews showing how little gets from the investment in research into the

85% of the resources for biomedical research are wasted, costing more than \$100 billion a year, the REWARD Alliance estimates

Stages of waste in the production and reporting of research evidence relevant to clinicians and patients; from Chalmers and Glasziou, The Lancet 2009

<http://researchwaste.net/about/>

<http://researchwaste.net/>

Replication: desirable, but not always possible

- scientific evidence is strengthened when important findings are replicated by multiple independent investigators using independent data, analytical methods, laboratories, and instruments
- replication is standard in basic sciences
- it is critically important in epidemiological studies, particularly when they affect policy or regulatory decisions
- but the time and expense required for epidemiological studies means that many are often not fully replicable, so policy decisions must be made with the available evidence

Reproducibility: should always be possible

- reproducibility is an attainable minimum standard
- independent investigators subject the original data to their own analyses and interpretations
- reproducibility requires datasets and software to be available for:
 - verifying published findings
 - conducting alternative analyses of the same data
 - eliminating uninformed criticisms that do not stand up
 - expediting interchange of ideas among investigators

ICMJE: principles of data sharing; with full policy coming in 2016

- data can be understood and reanalyzed by others
- authors should share data on reasonable request
- all data that underpin the published results, incl. recent/current data on harms, should be shared
- de-identified individual patient data, data dictionary statistical plan & code used to analyze the data
- IRBs should ensure patient informed consent covers all this
- journals may investigate breaches, express concern, retract
- data users must commit to making results of their analyses public, report methods, credit source

The BMJ mandates data sharing on request

Applies to any paper reporting main endpoints of an RCT of one or more drugs or medical devices in current use.

2012: 31 main reports of RCTs published. None about devices; 6 about drugs. 1 industry sponsored. 2 with datasets available from corresponding authors on request.

2013: Policy starts in January. 6 eligible trials published: all complied. None rejected because of policy.

2014: 5 eligible trials all complied.

July 2015: extended policy to all trials submitted to The BMJ

Godlee F, Groves T. BMJ 2012;345:e7888
Loder E, Groves T. BMJ 2015; 350 :h23733



London annual analysis dataset_BMJ Open - Microsoft Excel

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H3 43090

Claritying Life Lost_dataset

ws_year	annual_cold	annual_cold_t15	annual_cold_t21	annual_heat	annual_heat_t15	annual_heat_t21	ALLDEATHS	CVD	RESP	AGE65	AGE65PLUS	propinf
1949	7.179808	4.782143	10.04904	0.1512363	0.7535715	0.020467	38585	13214	4889	14670	23915	0.66347
1950	8.510577	5.945055	11.40975	0.1041209	0.5385989	0.0032967	43090	14646	6480	15430	27660	1.82641
1951	7.510714	5.040385	10.33173	0.2241758	0.7538462	0.0451923	37688	12770	4467	13891	23797	0.33698
1952	8.266071	5.732006	11.1533	0.1313187	0.5972528	0.018544	43157	14150	7653	15066	28091	2.20358

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Rehill N, Armstrong B, Wilkinson P (2015) Data from: Clarifying life lost due to cold and heat: a new approach using annual time series. Dryad Digital Repository. <http://dx.doi.org/10.5061/dryad.02k83>

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About

This site

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Researchers can use this site to request access to anonymised patient level data and supporting documents from clinical studies to conduct further research.

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Other clinical trial sponsors and funders are invited to join with the aim of transitioning to a fully independent system which allows access to data from clinical trials conducted by multiple

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Researchers can submit research proposals and request anonymised data from clinical studies listed on this site. Study sponsors will add more studies when the site is updated.

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Thank you

Dr Trish Groves, The BMJ