

# 3: The state of evidence: what we know and what we don't know about journal peer review

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Although there is a large literature on biomedical journal peer review, most of it is in the form of editorials, commentaries, reviews, and letters rather than original research. From the viewpoint of medical research, the evidence base for the effects of peer review is sparse and there are considerable gaps in our knowledge. This chapter aims to provide an overview of the literature on journal peer review and to direct readers to other parts of the book for detailed assessments of the research and distillation of the many opinions.

## Background

There is no shortage of publications about journal peer review. A Medline search of this term (from the earliest entry to February 2003) reveals over 7800 articles, yet the yield drops to less than 50 if the search is limited to randomised controlled trials. This chapter is designed as an introduction to the peer review literature and a commentary on the state of the evidence rather than an account of the evidence itself which is analysed in detail in other parts of this book.

This chapter started out with a literature review performed by one of us (J.O.).<sup>1</sup> The review covered the period from 1966 to July 1997 and the output of the 3rd International Congress on Biomedical Peer Review and Global Communications held in September 1997 in Prague. Since then, the output of the 4th International Congress on Peer Review in Biomedical Publication held in September 2001 in Barcelona has been added (by EW) but the exhaustive literature searches have not been updated.<sup>1-251</sup> However, since the first edition, three Cochrane reviews on peer review have been published, so readers interested in a recent systematic review can consult them.<sup>252-254</sup>

Box 3.1 shows the sources that were used to perform the original literature review. The bibliographies of all original articles retrieved were also studied. A book by BW Speck (*Publication peer review: an annotated bibliography*. Westport, CT: Greenwood Press, 1993) and a special issue of *Science and Engineering Ethics* were used to find articles

### Box 3.1 Sources used for the literature review of journal peer review<sup>1</sup>

#### Primary sources

- Editorial peer review in biomedical publication. The first international congress. *JAMA* 1990;**263**(10):1317–441
- Lock S. *A difficult balance; editorial on peer review in medicine*. London: BMJ, 1991
- *Peer review in scientific publishing*. Papers from the First International Congress on Peer Review in Biomedical Publication. Chicago: Council of Biology Editors, 1991
- Second International Congress on Peer Review in Biomedical Publication (abstract book). Chicago: *JAMA*, 1993
- Second international congress on peer review in biomedical publication. *JAMA* 1994;**272**:79–174
- Peer review congress IV. *JAMA* 2002;**287**:2745–71
- Fourth International Congress on Peer Review in Biomedical Publication (abstract book). Chicago: *JAMA*, 2001
- *Nederlands Tijdschrift voor Geneeskunde* (Dutch Journal of Medicine; 1984 to July 1997) was used as a source for a different language area

#### Medline

- The index terms “peer review”, “decision”, “quality”, “referee”, “acceptance”, and “rejection” were used to perform a Medline search for original articles on these subjects published in the period 1966 to July 1997

#### Social SciSearch

- The search strategy used for Medline was applied to the “Social Science Citation Index” (Social SciSearch) for the period 1973 to July 1997

#### Embase

- The same search strategy was used with “Embase” for the period 1974 to July 1997

#### European Science Editing/CBE Views

- *European Science Editing*, the journal of the European Association of Science Editors, issues for 1988–97
- *CBE Views*, the periodical of the Council of Biology Editors, issues for 1988–97

#### Additional Sources

- A special issue of *Science and Engineering Ethics* was used as an additional source for non-medical disciplines (Advances in peer review research, *Science and Engineering Ethics* 1997;**3**:1–104)

(Continued)

**Box 3.1 Continued****The International Congresses on Biomedical Peer Review and Global Communications**

- The results of the studies presented at this meeting in Prague, September 1997 and in Barcelona in September 2001 were added

**Systematic reviews**

- A set of systematic reviews on peer review was presented in Barcelona.<sup>190, 240</sup> These have now been published in the Cochrane library.<sup>252–254</sup>

about non-medical peer review. The reference list for this chapter is organised by the different sources, with references arranged alphabetically from each source.

**The quality of the evidence**

Despite the four international congresses on peer review, which have added considerably to our knowledge base, the number of robustly designed published studies of the effects of journal peer review remains small. Of the 229 original articles identified in our search, only 36 reported prospective studies. The Cochrane reviews, using stricter selection criteria, included only 21 studies on editorial peer review and 18 on technical editing (of which only 2 were randomised controlled trials).<sup>232,233</sup>

One of the reasons for the very small numbers of prospective randomised studies of journal peer review may be that such methods are not appropriate for studying a complex human behaviour. Most research on peer review in biomedical journals has been carried out by journal editors with a background in medical research. They therefore tend to use methods that have been developed for clinical trials. These methods (both for original research and for research synthesis) are widely accepted as valid ways of producing robust evidence about medicines and medical techniques, but they may be less appropriate for the complex psychosocial interactions involved in peer review. From the viewpoint of biomedical research, there is sparse evidence about peer review after the “real” research has been separated from the descriptive studies, opinions, and commentaries. Yet, to a social scientist, this might represent a rich literature base.

Another difficulty of research in this area is that peer review appears to fulfil a number of different functions and there is no consensus on its primary aim. In contrast, medicines are usually tested in strictly defined indications, with well established endpoints. Thus, studies of antihypertensive agents will recruit hypertensive patients and

measure the effects of treatment on their blood pressure, or on outcomes such as cardiovascular mortality. When the function of treatment has been clearly defined, and similar outcomes are used in large numbers of studies, it is relatively easy to compare the effectiveness of different treatments even when direct comparisons are not available. However, since the function of peer review has not been clearly defined, it is very difficult to measure the effectiveness of different interventions.<sup>255</sup>

Given the lack of consensus about the primary function of peer review, it is perhaps not surprising that a review of the literature reveals little agreement about the outcomes that should be measured. As with clinical trials, outcomes may be measured directly or via surrogates. For example, the ultimate aim of treating hypertension is to reduce the incidence of strokes and heart attacks. Yet new antihypertensives are usually licensed on the basis of evidence about their effects on blood pressure (measured in millimetres of mercury) since there is good epidemiological evidence linking this surrogate outcome to the more clinically meaningful ones. Sadly, for peer review research, there is little evidence linking proxy outcomes (such as reviewer agreement) to broader definitions of effectiveness (such as the effect on the importance or comprehensibility of published reports). However, our literature review, and those of others, reveal that nearly all studies of peer review concentrate on surrogate or process-based outcomes.<sup>255</sup>

## **Themes in peer review research**

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Despite the patchiness of the evidence about journal peer review, certain themes emerge. To avoid repetition, we suggest that readers interested in particular aspects consult the reference sections of the relevant chapters (Table 3.1).

## **Conclusions**

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Much has been published about journal peer review but most of it is opinion or commentary. Although the international congresses in peer review have stimulated research, most published studies are descriptive and there are few prospective, randomised trials. From the viewpoint of clinical research methodology we conclude that there is little evidence about the effects of peer review. Since its primary objectives have not been well defined, there is no consensus about how the quality of peer review should be measured. Most published studies have therefore focused on surrogate or process-based outcomes. However, lack of evidence should not be taken to imply lack of effect. Furthermore, it is possible that we should approach the

**Table 3.1 Themes in peer review research**

Theme	Topics	Chapter
Effectiveness of peer review	Characteristics of reviewers; masking reviewers; instructing/training reviewers; agreement among reviewers; readability; the review process	4, 11
Bias in peer review	Bias due to:	6
	author/reviewer gender; author prestige;	9
	author institution/geography; non-English language. Measures to reduce bias: blinding/masking	4
Review of grants	Effectiveness; bias	2, 6
Ethical conduct	Confidentiality; authorship; misconduct	7, 16

study of peer review from a different angle, and, instead of applying methods designed for clinical research and the synthesis of clinical data, we should seek a deeper understanding of this complex phenomenon from the behavioural and social sciences.

Although we do not know much about the peer review process, it is the only system we currently have to assess the quality of scientific work. Large amounts of resources are spent on peer review by journals and grant giving bodies. The costs in time and resources to the broader scientific community have not been properly measured but are undoubtedly high.<sup>256</sup> It is therefore important to develop standardised and validated methods for further research. An important component of this will be the development of agreed outcome measures to assess the effects of peer review.

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