Building a better mousetrap: Models of Open Peer Review

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Competing interests

I’m editor in chief of BMJ Open and deputy editor of The BMJ. Publishing company BMJ is a wholly owned subsidiary of the British Medical Association

Some 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 research

I’m director of academic outreach and advocacy for BMJ; this includes work for the BMJ Research to Publication eLearning programme

Annual bonus scheme is based on performance of both BMJ and The BMJ
What I’ll cover

Based largely on experience at two online general medical journals The BMJ and BMJ Open, I’ll discuss:

• open peer review
• postpublication review
• patient review
Open review
• signed review
• real time open review
• open review with prepublication histories

For both open and closed review reviewers should declare competing interests
The BMJ http://www.bmj.com/theBMJ publishes all research with open access and, since early 2015, with a detailed “prepublication history” that includes reviewers’ signed reports. 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/
Open review as a tool for education and research

Design  Retrospective before and after study.
Setting  BioMed Central series medical journals.
Sample 93 primary reports of randomised trials published in BMC-series medical journals in 2012 [with open review and prepublication histories].
Main outcome measures Changes to the reporting of methodological aspects of randomised trials in manuscripts after peer review, based on the CONSORT checklist, corresponding peer reviewer reports, the type of changes requested, and the extent to which authors adhered to these requests.

Does peer review improve research reporting?

Results  ... Most changes requested by peer reviewers had a positive impact on the reporting of the final manuscript—for example, adding or clarifying randomisation and blinding (n=27), sample size (n=15), primary and secondary outcomes (n=16), results for primary or secondary outcomes (n=14), and toning down conclusions to reflect the results (n=27).

Some changes requested by peer reviewers, however, had a negative impact eg adding additional unplanned analyses (n=15).
Patient review at The BMJ

• 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
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

Reviewer(s)
Reviewer: 1

Comments to Authors:

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

Open peer review with patient review
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

~100K Rapid Responses at bmj.com since 1998

many journals now ask authors and reviewers to supply ORCIDs

http://orcid.org/ = online registry of free, unique identifiers for nearly 2 million individual academics

ORCID links to other researcher ID schemes

text

these identifiers can be linked to each researcher's output in order to:

• enhance scientific discovery process
• improve efficiency of research funding
• aid collaboration
Thank you

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