Locknet: The International Peer-Review Research Network

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The idea that peer review should be scrutinized as critically as its practitioners scrutinize the work of others is quite a recent one. For years there has been a clear double standard: journals only publish (and granting bodies only fund) research based on valid, reliable, and clearly presented methods; meanwhile their own methods remain opaque and accountable to no one. Since Drummond Rennie convened the First International Peer Review Congress in 1990, editors and peer reviewers have increasingly found themselves the object of study. Three years ago, Richard Smith at the British Medical Journal (BMJ) gathered a random assortment of editors, reviewers, and authors to take things further.

The result was Locknet, an international network for research into peer review. Named after Stephen Lock, former editor of the BMJ and an early exponent of research in journalology, the network’s aims are ambitious: to develop international research projects into the preparation, publication, and dissemination of health research, and to raise its quality; to produce a database of projects under way; to bring together people interested in this sort of research; to encourage an environment in which organizations are interested in funding such research and people are keen to engage in it; to promote the idea that such research is worthwhile; and to ensure that the results are put into practice. The network is an open forum—a place where people and ideas can meet and meld. It now has over 200 members, 8 working groups, a coordinating group, a growing list of projects under way, and a longer list of ideas under development.

The “Decision Making” working group is exploring the question of whether peer review quality is improved by blinding reviewers to the identity of the authors or grant applicants, or by telling them that their signed comments will be passed on to authors and coreviewers, and whether peer review is biased against research into alternative medicine. Two randomized controlled trials have been set up: in the first, the same paper was sent out to 400 reviewers randomized to blind or unblind and anonymous or signed review; the second is the subject of a £40,000 grant from the North Thames Research and Development Initiative in London and has been designed to allow meta-analysis with data from studies of blinding being performed at other medical journals in Europe and America.

The “Authorship” working group has performed a questionnaire survey of clinical researchers in 1 British teaching hospital, asking them about their knowledge and views of the Vancouver guidelines on authorship and their experiences of authorship, in particular the problem of gift authorship. The data were presented at an international meeting in Nottingham in June 1996, after which the BMJ and The Lancet agreed to pilot alternative ways of attributing authorship, including a “task-based” approach whereby each contributor would be asked to specify their exact contribution to the work.

Other working groups are looking into factors that change the practice of medicine, how journals deal with the peer review of economic analyses (not well, it seems), and the role of the drug industry in medical publishing. The ultimate aim of all of this work is to improve the quality and accountability of peer review, and along the way we hope to have some interesting and high-quality research to present at the 3rd International Peer Review Congress in Prague in September 1997. Locknet welcomes anyone with ideas, time, or money for research who would like to become involved. Contact Fiona Godlee at the BMJ on 100730 .1246@compuserve.com or Richard Smith on 100336.3120@compuserve.com.

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