

# REFLECTIONS ON PEER REVIEW



Prof Bob Mash  
Family  
Medicine and  
Primary Care  
Stellenbosch  
University

# PEER REVIEW

- “The least worst system we have”  
Richard Smith in *The Trouble with Medical Journals*
- “The practice of peer review is based on faith in its effects rather than on facts.”  
Systematic review *JAMA* 2002
- “Level of agreement between reviewers only slightly better than chance” Richard Smith

# CHALLENGES

- Time taken by peer reviewers to respond to invite and to do review – appoint more and discard or serial invitations?
- Expertise of peer reviewers (methods, topic, context)
- Balancing conflicting views – average view or do extremes matter?
- Vague generalities vs. copy-editors vs. critical appraisal
- Editors time – how much to leave to the reviewers and how much to review oneself? How much to triage studies and pre-select before peer review? How to use reviewers time more effectively?
- How much to take a developmental role in peer review and publication?
- How much to publish – paper based limits vs. open access internet based publishing?

# QUESTIONS

- Should the process be blinded or open – issues of bias and objectivity and influence vs. accountability and credit and sabotage by competitors and conflict of interests?
- Should reviewers be paid for time and lost opportunity costs?

# IMPROVEMENTS

- Use of templates, checklists and standardised forms.
- Training of reviewers or mentorship through feedback
- Access to more reviewers via Internet.

# QUOTE

- “There seems to be no study too fragmented, no hypothesis too trivial, no literature citation too biased or too egotistical, no design too warped, no methodology too bungled, no presentation of results too inaccurate, too obscure, and too contradictory, no analysis too self-serving, no argument too circular, no conclusions too trifling or too unjustified, and no grammar and syntax too offensive for a paper to end up in print.” D Rennie 1986 conference on peer review JAMA