Peer Review: The Weakest Link

T he primary function of a medical journal is to provide important new research information to its readers. Since the new data may alter clinical care or research protocols, the goal to convey the information in as timely a manner as possible is implicit. Readers want to have new findings available as soon as possible, and authors seek prompt publication to document innovation, provide the basis for new grants, and for personal reasons such as promotion. It is not surprising, therefore, that one of the metrics used to assess the performance of journals is the time required for peer review, and ultimately for publication of those papers that are accepted. We at JACC keep a very close eye on this interval.

All manuscripts submitted to JACC go through a number of steps, each of which requires some time. The process is similar for most journals. After a paper is received in our office and logged in, it is sent to an Associate Editor for initial screening and to select possible reviewers, if that is judged appropriate. Although we try to select referees on a daily basis, travel, clinical responsibilities, and deadlines often delay this task a bit. We then await those solicited to either accept or decline, and usually resend at least one time if no response is received after several days and we still have needs. I must admit to being surprised by the number of times solicited individuals have failed to ever respond to our invitation, often prolonging the process. We have found it is necessary to solicit an average of 6 individuals to obtain 2 who agree to evaluate a manuscript, but not infrequently this number is 10 or more. Once reviewers have accepted our request, we wait to receive the critiques. This is far and away the longest part of the process, often requiring 1 month or more despite frequent assurances that the evaluation is “in the mail” or will arrive tomorrow. Sometimes the critique is never delivered. After having received the reviews, the Associate Editors formulate a recommendation to accept or reject, and each week we meet as a group to make the final decision on acceptance. Again, travel and other activities may sometimes slow this step. On occasion we feel the need for an extra opinion, or carry a borderline paper over for discussion at several meetings, further prolonging the process. At the moment our average time to initial decision is approximately 30 days. Nearly all papers undergo at least 1 revision before final acceptance.

In view of the above, it is easy to see the absolutely crucial role that reviewers play in determining not only what should be published, but also how promptly it will appear. Although most reviewers do a spectacular job, unfortunately, we are increasingly encountering difficulty with some which is prolonging our peer-review process. The difficulties take many forms, and are a frequent topic of conversation at our Editors’ meetings.

As I have said in prior essays (1), reviewing manuscripts is one of the least appreciated and least rewarding tasks in medicine. Good evaluations require time, effort, and clear statement of the opinion that has been reached and why. Reviewers accept the responsibility without financial compensation. In fact, they create written critiques with full knowledge that they will be seen only by the editors and authors, and will be anonymous to the authors at that. It is a service that all of us involved in research contribute.
to the enterprise as a whole. In order for the process of peer review to function, we must all review each other’s manuscripts. Therefore, it is very disconcerting that some individuals choose not to participate as reviewers. Many of these individuals submit actively to the Journal, and in fact express concern if their papers are not handled rapidly. We need everyone to contribute to the peer-review process. A system in which everyone submits articles but only some perform reviews will neither be efficient nor timely nor fair.

A number of difficulties are encountered by those who do serve as reviewers. As mentioned above, it is much better for us to receive a prompt decline to evaluate a paper than to be uncertain as to whether the email was received. However, this delay pales in comparison to that resulting from a prolonged time required to complete a critique. We ask everyone who accepts a request to review a paper to complete it in 14 days, but we understand that on occasion more time may be required. However, a review that takes over 1 month is really not being fair to the authors, or the readers. It also sets a tone and suggests a standard; “if it took 7 weeks to review my paper, I guess that is what is expected of me when I am doing the evaluation.” Clearly the most egregious problem occurs when someone agrees to provide a critique, in fact often assures us that it will be received in the next several days, and then never delivers. Thankfully, this happens infrequently, but that it happens at all is surprising. Since we are sometimes slow learners at JACC, on occasion we go back to these same individuals only to experience the same failure to deliver. We place an asterisk next to their name on our computer, so that whenever their name appears we know not to use them as reviewers. In such cases the editors often provide a detailed critique, although this removes them as adjudicator between reviewers and authors.

I suppose I should issue a disclaimer here. In the days prior to becoming Editor I was not always the promptest reviewer. My rationale was that I took the task very seriously, always read the paper several times, and constructed what I believed were thorough and well-delineated critiques. However, this was clearly not a good excuse then, and it is not now. Most of our highest-quality critiques come in promptly. I was also one of those who assumed this was acceptable since the decision on my own submissions was almost never received in less than 1 month. Another explanation, but not an excuse.

Like most editors, we at JACC have repeatedly stress the importance of high-quality and timely reviews to the medical literature and research enterprise overall. However, we have always done this in a positive fashion. We have established the Elite Reviewer program to recognize our best reviewers, and more recently initiated the Simon Dack Awards for the best of the best. The hope, of course, has always been that everyone would want to follow the example of these outstanding individuals, and that the awards themselves would incentivize high performance in peer review. Recently, perhaps due to a bit of frustration, the Associate Editors have urged me to be more directly critical of poor performance. At a recent Editors meeting it was even suggested that I make an example of someone who submits papers but does not actively participate as a reviewer, or who fails to deliver critiques. I jokingly asked if we should issue a scarlet letter to such individuals to be worn at the ACC meeting. While we will not do this, I do agree it is time that we acknowledge that it is incumbent upon all of us performing research to actively contribute to the peer-review process, and that some in our ranks are falling short. The system is imperfect to begin with. For peer review to function at its best, we have to take the reviewing of manuscripts as seriously as the writing. There is no question that, when it comes to peer review, the reviewers themselves are the weakest (or strongest) links.

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