Peer Review of Peer Review

Somewhere Over the Rainbow

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“Somewhere over the rainbow, skies are blue
and the dreams that you dare to dream
really do come true”

—Judy Garland (1)

Remember your first paper submitted to a peer-reviewed journal? For some that was a long time ago, and for others it may have been today. Packages are sent off with care after the long efforts of scientific conduct, analysis, and writing. The hope is that a fair and careful review that is of the highest quality will result in a publication that will provide academic and professional awards. By doing so, we aspire to advance knowledge and care of the patients we serve. The reward is described in the song by Judy Garland, “Somewhere Over the Rainbow” (1), which was recently sung by one of our associate editors at a thank you reception for our reviewers. The reality is that the traditional peer review process is under attack in a war with multiple fronts. The army of peer reviewers is seeing its numbers diminish, reinforcements dwindle, and criticisms lengthen.

Traditional peer review, perhaps, represents a vintage of editorial meritocracy. The analysis of 2 to 3 unbiased content experts under anonymous protection resulting in a clear decision. Despite these challenges, it seems to work. Papers move through the system. Higher-quality papers are accepted, lower-quality papers are rejected. In a recent review of JACC: Heart Failure’s rejection analysis, <2% of papers rejected by the peer review process ended up in a journal with a higher impact factor; suggesting perhaps the process is working. With challenges noted, most investigators have accepted the process and agree that it is fair.

The crisis facing peer review is several-fold. First, the number of qualified reviewers is decreasing as the content continues to increase exponentially in complexity and volume. The content is getting more specialized and the methodology more rigorous, making it harder for clinicians and clinical investigators to feel comfortable with the task at hand.

Second, the time left for the volunteer army continues to erode as health care reform marches forward without the promised efficiencies of the electronic health record, which consumes more administrative time out of each day. There is less time to conduct the voluntary work of peer review.

Third, there is a move afoot to remove the anonymous aspect of peer review. Will a review be as critical and clinically unbiased if anonymity is lost? Who will be the one to challenge Dr. Califf, for example, and will this further diminish the pool of peer reviewers? Finally, some are advocating to remove peer review entirely. With the explosion of open-access and online-only journals, there is an entire industry of new journals publishing for cash without peer review under the assumption that all information should be public and that science is self-correcting.

To preserve this precious species of clinicians and investigators, the JACC family has recognized the lead reviewers with distinguished awards and support letters of recommendations for promotion on the basis of this work. We recognize those who provide countless reviews for our and other journals, because many authors ask for peer review on their papers but often decline reviews when invited. Perhaps there should be a system of trade: for each paper receiving a peer review, the authors pay back with a peer review to others?

Can we do more? Can we create “EVUs” to rival relative value units for this support activity? As
health care leaders, it is up to us to find the blue sky for peer reviewers and the investigators whose papers deserve such treatment. Thank you for all who engage in this labor of love. Let us work together to solve these challenges and to preserve the time-honored activity of peer review.

REFERENCE