Dispatches from the editor: how should we reward those that peer review for our military journal?

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In continuing with my current series of editorials addressing the challenges facing the medical military publishing community,¹ I invite the readership to consider how we should potentially reward those that peer review for our journal. Peer review remains one of the principles of medical publishing and is a requirement for both the credibility of a scientific paper and the medical journal that publishes it. *JRAMC* has rigorously undertaken single-blinded peer review since its inception in 1903, and the transition to the *BMJ* in 2013 only strengthened this resolve. However peer review remains one of the principle difficulties to modern medical publishing. Certainly for me as editor in chief, with the exception of attaining adequate numbers of submissions, it is the main challenge that I have on a day-to-day purpose. As of February 2018 we have a board of 17 associate editors, reflecting the breadth of healthcare within the military. Currently these are predominantly UK Army, but this will change most likely over the coming years with my proposed evolution of the journal. These associate editors work tirelessly to attain peer review, which in my experience involves various levels of persuasion. That the journal has continued to thrive without any kind of reward to either our peer reviewers or associate editors is testimony to their professionalism, dedication and hard work. I however, as editor in chief, challenge this status quo and feel this cannot continue in its current form.

How then should we reward our peer reviewers and, by extension, the associate editors that work to attain these reviews and often give additional reviews of the paper themselves? Simple solutions such as publishing lists of reviewers, providing reviewer certificates and giving prizes to the best reviewers are already in place but are no real answer, even if having a reviewing certificate looks good when it's time for revalidation! ORCID (Open Researcher and Contributor ID) is a nonproprietary alphanumeric code to uniquely identify scientific

and other academic authors and contributors. Recently a company called Publons is providing the facility for reviewers to send them peer reviews undertaken, which they can collate into a more presentable format and link to your ORCID account. I would certainly encourage you all to do this as it is currently free of charge and simple to perform.

Perhaps the easiest and yet most controversial solution is to directly financially remunerate reviewers. Publishing medical journals is now big business and therefore, should the process of running a journal not be counted as a business? Publishers have taken advantage of the altruism of the scientific community and scientists have continued to peer review without reward. Financially rewarding reviewers has been taken up by some publishers but remains surprisingly rare. At *JRAMC* we have not historically paid reviewers, either before or after the start of our partnership with *BMJ*. This presents ethical dilemmas, and interestingly there is actually no evidence to support the fact that reviews are of better quality if you pay for them. There is also the issue that all paid reviews would need to be taxed. One way around this is to provide free access to journals for those who peer review. Other examples include discounting the cost of buying medical books or reductions in the cost of open access article publishing. Such measures are already undertaken by many publishers and are something I wholeheartedly support and will try to implement at *JRAMC* to some degree in the future.

Where then does the future with peer review lie if we don't financially reward reviewers? The least controversial solution is to allocate a specific time within job plans to peer review papers of direct relevance to the UK Defence Medical Services (DMS). Lack of time is the principal factor in the decision to decline undertaking peer review² and is particularly pertinent to reviewers in our journal who remain predominantly UK military. Very few of us have allocated academic time within our job plans. Most of us, particularly those in secondary care positions, have allocated military time, but this continues to be squeezed and should reviewing for the journal be counted as part of that? We

know that reviewers are more likely to accept to review a manuscript when it is relevant to their specific area of interest.² It also keeps us up to date and there still remains fortunately within the DMS the feeling that it is still our duty to perform peer review. Certainly on occasions the first time I've found out about a group undertaking research in a similar field is when I was asked to review a paper they had submitted. My personal feeling is that peer reviewing for the journal should form part of registrable hours towards continuing medical education and I will discuss this with my fellow editors at the next yearly *BMJ* editors meeting.

Finally the controversies of peer review in the future won't all be about reward. There are real concerns about fraudulent reviews enabling substandard or even factually incorrect papers to be published. There is evidence of a geographical imbalance of reviewers, leading to concerns about the sustainability of peer review to ensure high-quality, timely publications.³ Worldwide the vast majority of peer reviews come from the USA, UK, Germany and Canada with next to no reviews from Asia and the Middle East.⁴ This in general reflects the nationalities of the editors in chief, who in general choose peer reviewers in their own country of origin, often to ensure that peer reviews are genuine and non-biased.³ The *New England Journal of Medicine* has recently addressed this issue further and now only uses reviewers with an institutional email address. At *JRAMC* we always ask authors to recommend two reviewers but it is highly unusual that at least one reviewer is not one of our known colleagues and a respected expert, as in reality, the field of military medicine is, by comparison, relatively small. Finally there is a drive in medical publishing towards transparency, with a move towards 'open reviews' in which the reviewers are known to the authors and the names of the reviewers are published at the end of the article. I have surveyed both reviewers and the editorial board and in December 2017 I announced to the board the overwhelming consensus that we should not publish names of reviewers.

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