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Research integrity policy for a scholarly journal

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Peer-reviewed medical journals serve as platforms for distribution of trustworthy information that may influence health professionals' decisions and patients' care globally. Adhering to the best available standards of research reporting, archiving well-checked records, and correcting erroneous publications are mandatory tasks for the editorial staff and advisory board members. Scientific authors, reviewers and experts in any academic discipline, who are invited to join the journal editorial board, are obliged to familiarize themselves with the principles of research and publication ethics and related recommendations of the global editorial associations.¹ The journal's staff members, acting as gatekeepers and shaping the landscape of evidence accumulation, should regularly revise their instructions for authors, and enforce them,² including well-formulated ethical points that guide the authors and help them avoid misconduct.

Experience gained by several successful journals suggests that launching a research integrity section, headed by a skilled specialist, can be useful in terms of expanding the indexing of the journal by prestigious databases (e.g. MEDLINE, Scopus, Science Citation Index Expanded). The research integrity editor should provide guidance on updating the journal's instructions and analyse ethical issues in submitted and published articles.³

Clinical specialists are primarily concerned with keeping abreast of recent developments in their narrow field

of their specialization. Most of them read and publish scholarly articles for professional growth, accreditation to societies, and continuing medical education. However, few

of them delve deeper into the structure of the articles, critically analyse available evidence and discard items negatively affected by unethical, biased or erroneous research reporting. The research integrity editor may help clinicians and scientists to systematically analyse the evidence base, avoid referring to unethical sources, and ethically edit their own research, reviews and practice guidelines.

Clinical journal editors are increasingly encountering research and publication misconduct that is partly related to the uncertainties with ethical policies in academic and research institutions. They need support of research integrity specialists to find ways to handle cases of suspected misconduct. Most institutions worldwide consider fabrication, falsification and plagiarism as serious transgressions, warranting 'policing' actions by lay persons.⁴ However, many other forms of misconduct, such as inappropriate authorship, mismanagement of conflicts of interest, substandard peer review and unethical publication practices, are often disregarded as serious threats to the research integrity. Interestingly, a recent analysis of the authorship policies in 600 impact-factor journals revealed that almost all journals provided guidance on authorship criteria, but only 32% warned against 'gift', 'guest' or 'ghost' authorship, and only 5% advised disclosure of author contributions.⁵ Our own analysis of Scopus-indexed Rheumatology journals in 2014 revealed that only one-third of these periodicals had statements on authorship.⁶ We also advocated the implementation of the Open Research and Contributor IDs (ORCID) to increase transparency and avoid inappropriate authorship,⁷ which is a big issue for research-intensive disciplines, including Rheumatology. To date, there are only a few Rheumatology journals that advise their authors to register and present their digital IDs.

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All clinicians follow recommendations from evidence-based sources, and especially those endorsed by relevant professional societies. Latest analyses of a large number of systematic reviews, which were retrieved from the Cochrane Database of Systematic Reviews, MEDLINE and PsycInfo, demonstrated incomplete disclosure of conflicts of interest by authors.^{8,9} Non-Cochrane reviews were 4 times less likely to report the authors' individual conflicts than Cochrane reviews.⁸ 'Systematic' reviews on psychological therapies were affected by biased citing of the authors' own studies.⁹ Our own analysis pointed to the fact that two-thirds of Scopus-indexed Rheumatology journals lack comprehensive policies over the disclosure of conflicts by reviewers and editors, and that two-thirds of published Rheumatology practice guidelines do not contain explicit disclosures of the experts' conflicts and their relationships with the pharmaceutical industry.¹⁰ The results of randomized controlled trials are also viewed as the 'strongholds' of the evidence pyramid, and are increasingly cited in the recommendations of professional societies. Most of these trials are conducted in the US, UK and other developed countries, while the results are indiscriminately implemented in clinical practice worldwide. That is one aspect of the mismanagement of trial results. Additionally, not all trials pass the expedient peer review, and sometimes are published with errors, potentially jeopardizing the patients' care. An analysis of 93 trials, which were reported in prestigious medical journals, suggested that peer reviewers failed to detect deficiencies in methodology of numerous trials.¹¹ As a result, 38% of the published trial reports did not describe randomisation, 35% - primary and secondary outcomes, and 34% - sample size calculation. In 16% of cases, peer reviewers inappropriately advised to run additional analyses that negatively affected the reporting. Some Rheumatology journals explicitly advise their authors and reviewers to follow the CONSORT guidance on reporting trials.¹² However, it seems that fundamental flaws in peer review may seriously affect the integrity of not just trial reports, but many other evidence-based articles. In fact, our analysis revealed that most indexed Rheumatology journals (75-77%) lack transparency in describing the employed peer review model and number of external reviewers.⁶ Oversights throughout the process of peer review may lead to redundant or otherwise unethical publications, requiring corrections and retractions. As of 25 August 2016, there are 20 retracted articles in PubMed which are related to Rheumatology. The number is small, but it can increase if one adds records from allied fields of science. Some of the retracted articles, published in impact-factor journals, were analysed by us earlier and linked to either blatant plagiarism, duplication, or publishers' error.¹³

All indexed Rheumatology journals can be affected by fraudulent, recycled or erroneous articles, despite the declared ethics, text similarity tests, peer review barrier and internal quality checks from submission to proofreading. As such, special attention to the articles' life is required post-publication. The journal instructions should incorporate an action plan for correcting/retracting inappropriate publications. Referring and adapting related instruction points of the leading multidisciplinary and rheumatology journals is advisable,¹⁴ though experience with handling cases in any given journal is probably more helpful.

With the fast growing online publishing market, the likelihood of publishing wasteful, misleading and unethical information is also increasing. Jeffrey Beall, a librarian from the University of Colorado, voiced concerns over the so-called predatory publishing and threats of publishing anything and everything for a fee.¹⁵ Rheumatology and allied disciplines with increasing research outputs are not immune to predatory publishing practices. A quick look at the blacklisted publishers and stand-alone journals may give an impression of the scale of bogus open-access publishing in multidisciplinary journals with titles attractive for Rheumatologists: "International...", "British...", "European...", "Eurasian..." and even "Mediterranean..." (<https://scholarlyoa.com/individual-journals/>). Rheumatologists and allied specialists with any record of publications in PubMed, Scopus or Web of Science can be targeted by predators, exploiting the authors' keen interest in individualized emails and invitations to act as contributors or honorary editorial board members. In all predatory journals, even those with indexing status, impact factors and impressive websites, authors' interests are subdued to financial considerations. Their editorial boards with often big names are not functional, and are, in fact, illegitimate. Controls for the novelty and validity of the published articles are absent, since no qualified internal or external peers are involved in the processing and publishing. Research integrity specialists can increase awareness of the apparent and covert predatory activities and help clinical Rheumatologists publish ethical articles in the best possible periodicals. As editorial team members, research integrity editors are best positioned to check the novelty, methodological rigour and systematic approach to references in the journal submissions. Spotting predatory references and suggesting relevant replacements is one of the simple and quite helpful actions by them,¹⁶ which can be appreciated by indexers from Scopus and Web of Science.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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