

# Reporting research: what do editors need to raise the quality?

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# What I aim to cover

What editors need:

- to correct misconceptions
- to get guidelines into editorial practice
- to have really useful guidelines
- a new statement: CLEAR

# Misconceptions about reporting guidelines

- that these guidelines set strict standards for research **conduct**
- that, if a journal endorses a guideline, no study that fails to tick all the boxes can be accepted

# What deters editors?

“We’d never get any RCTs if we asked authors for CONSORT – trials are just not done well enough in our field”

Editor of a peer reviewed high impact specialist journal, 2008

# Too many notes?

## STROBE short paper

Abstract 217 words, main text 1866 words, 1 table, 28 references

– and 22 items

**“The STROBE checklist is best used in conjunction with the explanation and elaboration article”**

## STROBE Explanation and elaboration

Abstract 225 words, text 19,999 words, 1 table with checklist, 237 references

Text includes 8 boxes and 45 examples of reporting (including 8 tables and 1 flow chart)

29 web pages at Annals of Internal Medicine

# ..and overextended?

CONSORT (revised) and extensions for reporting:

- harms: Ann Intern Med 2004; 141(10):781-788.
- noninferiority and equivalence trials: JAMA 2006; 295(10):1152-1160
- cluster trials: BMJ 2004; 328(7441):702-708.
- herbal interventions: Ann Intern Med 2006; 144(5):364-367.
- ...and more to come

# Getting reporting guidelines into editorial practice

Make them easier for editors and authors to use

- EQUATOR - a huge leap forward
- EQUATOR training for editors and reviewers – an important step
- what else?
  - clarify guidelines' provenance
  - “how to” advice for editors, reviewers, and authors
  - publicise EQUATOR

# Clarify provenance and transparency

- who decides which guidelines are needed?
- who forms the guidelines groups?
- who decides whether a guideline is listed at EQUATOR, and what are the criteria?
- should EQUATOR include pre-publication reporting guidelines eg PROCTOR? And ethics guidelines?

**Resource Centre****Library of health  
research  
reporting****Authors of  
research reports****▸ Editors and peer  
reviewers****Reporting  
guidelines  
developers****Editors and peer reviewers**

- This section is currently under development.

In the near future this page will bring you the useful information on why and how to use reporting guidelines in the editorial process, information about available online training modules and face-to-face workshops, experience of other editors and peer reviewers with using reporting guidelines, and lot more.



We are committed to build a useful resource point and would love to hear from you on what information you would find useful to have here (please email [iveta.Simera](mailto:iveta.Simera)).

You are welcome to register your interest and join our network of people interested in improving the quality of research reporting. There are no obligations or fees for [joining the network](#)

Page last edited: 24 April 2008

# Make guidelines easier to use

Could EQUATOR have “how to” sections, like COPE’s, for editors, reviewers, and authors?

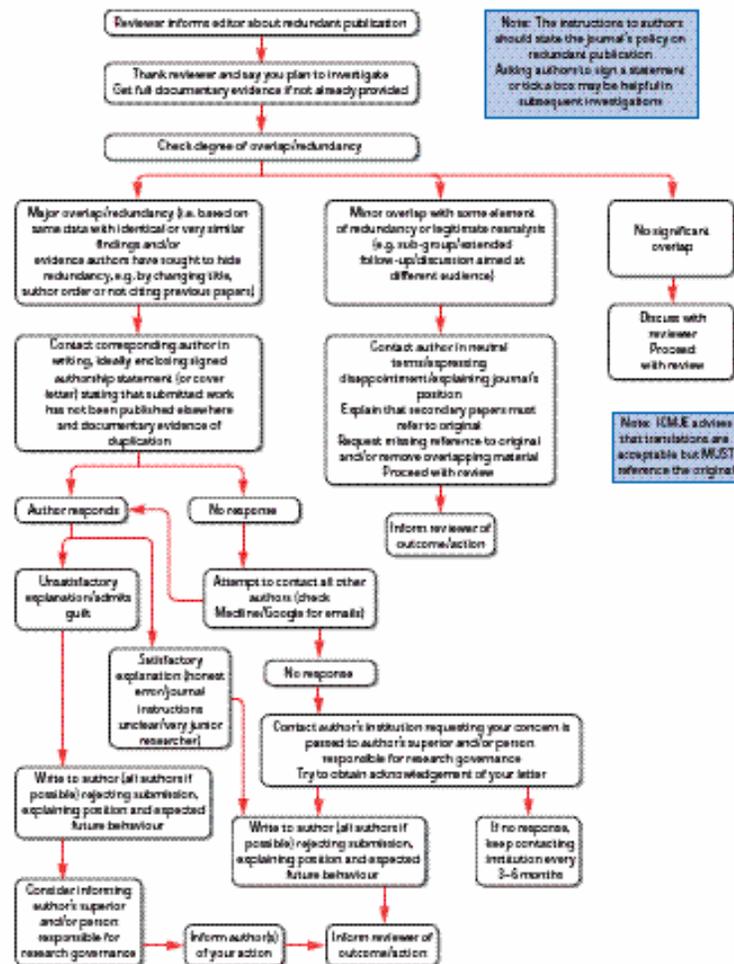
- flowcharts
- suggested wording for advice and letters
- instructions at top of each checklist



## Committee on Publication Ethics Flowchart www.publicationethics.org.uk



### What to do if you suspect redundant (duplicate) publication (a) Suspected redundant publication in a submitted manuscript



# Advice to journal authors

As supplemental files:

- the appropriate [CONSORT](#) checklist, structured abstract, and flowchart for a randomised controlled trial (CONSORT has several extension statements, eg for cluster RCTs)
- the original protocol for a clinical trial
- [QUOROM](#) checklist and flowchart for a systematic review
- [MOOSE](#) checklist and flowchart for a meta-analysis of observational studies
- [STARD](#) checklist and flowchart for a study of diagnostic accuracy
- [STROBE](#) checklist for an observational study
- [BMJ health economics checklist](#)

In the cover letter:

- assurance that a clinical trial funded by a pharmaceutical company follows the [guidelines on good publication practice](#) and that any article written by a professional medical writer follows the [guidelines by the European Medical Writers' Association](#) on the role of medical writers

To find research reporting guidelines and statements such as [CONSORT](#) you may find it easiest to go to the website of the [EQUATOR](#) network. This network seeks to improve the quality of scientific publications by promoting transparent and accurate reporting of health research.

# Advice with teeth

Many thanks for sending us your paper, which we have read with interest and plan to send for external peer review, only 40% of our articles get this far. Before we do, however, we need you to provide some further information.

The information we need is itemised below (with an X). Please either include the information in your manuscript and re-upload a revised manuscript or upload the required information in a separate file as supplementary data.

CONSORT statement

Please see

<http://resources.bmj.com/bmj/authors/types-of-article/research>

We are not asking you at this stage to restructure the paper, but we would like to have the CONSORT flow chart, and the CONSORT check list, with page references indicating where the questions are answered in your paper.

[Return to Previous Page](#)

### Files for manuscript BMJ/2008/565044:

Clicking on a single link, or selecting only one checkbox, will download that file in uncompressed form. Selecting more than one checkbox will download a ZIP file containing the corresponding files.

Select	Filename	File size	Date uploaded	File label (originally entered by the author)
<input type="checkbox"/>	<a href="#">Peer-reviewed PDF</a>	(69 KB uncompressed)	14 Apr 2008 8:15 AM Pacific	
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<input type="checkbox"/>	<a href="#">STROBE checklist.page numbers.doc</a>	(90 KB uncompressed)	14 Apr 2008 10:56 AM Pacific	None
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<input type="checkbox"/>	<a href="#">STROBE checklist.page numbers.doc</a>	(90 KB uncompressed)	14 Apr 2008	None

Download

# Overload

At the BMJ:

- 8000 submissions a year
- 4000 research
- up to 2000 sent for external review, at least 1000 with checklists
- 600 checklists to review in depth at committee

Help us, don't hinder!

**Will reviewers, editors, and advisers  
read the checklists?**

...tell them why they should

# Better PR for EQUATOR

- spread the word
- get 'em young
- encourage editors to speak out (and about)
- get researchers interested
- focus on aims and benefits of guidelines

# Do guidelines make papers more useful?

Strike balance between relevance and detail, to encourage authors' and editors' buy in

- editors want research that's good enough to publish – the best is a rare beast
- for readers - is science clearer but meaning lost?
- can clinicians more easily use the evidence?
- can other researchers replicate the study?

**Fig 2 Graphical depiction of interventions in a trial of community based nurses specialising in Parkinson's disease**

Time line	Community based specialist nurse	Usual general practitioner care (control)
	(a)	
Randomisation		
Baseline (time 0)	(b) (c) (d)	
During 2 years from baseline	(e) (f)	(f)
2 years	Measurement of outcomes	

(a)	Course for nurses on meeting needs of people with Parkinson's disease and their carers (referenced)
(b)	Leased car given to specialist nurse
(c)	Mobile phone given to specialist nurse
(d)	Description of areas of responsibility given to specialist nurse. These are counselling and educating patients and carers about Parkinson's disease; providing information on drugs; monitoring clinical wellbeing and response to treatment, and reporting to doctors where appropriate; instigating respite or day hospital care where appropriate, seeing patients in hospital and liaising with hospital staff on patient discharge; assessing entitlement to state benefit; liaising with local primary care teams for ongoing care and treatment when
(e)	Nurse works under the guidance of a nurse manager, assuming the stated areas of responsibility. Clinical position of nurse is as adviser to general practitioner, rather than clinically autonomous
(f)	Usual care from general practitioner (details not given)

# EQUATOR-lite?

- weighted items for each guideline?
- minimum requirements highlighted on checklists?
- ...or too risky?

# CLEAR statement

Concise Lists for Editors and Authors on Reporting (CLEAR)\*

- **for each reporting guideline on EQUATOR editors need:**
  - aim stated simply
  - downloadable checklist and flowchart
  - minimum requirements (?)
- **for all guidelines suggest:**
  - wording for advice to authors and reviewers
  - “how to” hints on editorial workflow

\* or TEA – That’s Enough Acronyms

**Thanks**

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