

The reviewing process

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Over the past year, we have made changes to our process of reviewing articles for the Journal. In line with our commitment to having transparent and accountable processes of decision making, we outline here the processes we use for review.

The Public Health Association was bold, we think, in appointing two journal editors of very different backgrounds. Were we to bring prejudice to our editorial decision making, we would probably be inclined to diametrically opposed positions. The problems that this would have created have not eventuated, in large part because of the checks and balances built into the reviewing process.

Our first aim is to select reviewers who can give us an assessment of the paper as a whole. Some papers address areas in which a number of other groups are active and where there are reviewers with a lively interest in assessing the paper. We have an extensive database of reviewers listing areas of interest but we also identify suitable reviewers from articles published in the Journal over the past few years. With straightforward papers of this kind, we can readily obtain three reviews and we can reach a speedy decision to accept, reject or recommend revisions.

When articles submitted to the Journal address more than one area of public health theory or practice, we try to obtain reviews that assess each of the substantive areas covered in the paper. The reviewing task then becomes more difficult. If a paper addresses, for example, a prevention program for a chronic disease in older people living in a remote area, there may be no reviewers expert in the exact issues being addressed. In that case, we look for three reviewers each of whom we see as able to assess one of the components of the paper. It is then our task as editors to integrate the three reviews into an overall assessment. And a challenging task it can be!

Given the high rate of refusal we have with finding reviewers for papers that address more than one substantive area, reviewers clearly also find it a difficult task. From our perspective, the most helpful response is for reviewers to address the specific area in which they have experience. Some reviewers state which areas they are addressing and which areas they feel unable to address. When the reviews are assembled, if all reviewers, from their different perspectives, support the paper it persuades us that we have an important paper for publication. There may well be disagreement between reviewers without one reviewer being wrong and another right. One reviewer, passionate about the health of older people in remote areas, may recommend publication because of the importance of the issues involved; a different reviewer may feel that the paper has methodological flaws or makes unwarranted assumptions about the effect of a specific health promotion program.

It is our task as editors to resolve such differences. We may be convinced to publish a paper because it is unusual in addressing

an important current public health issue. We also have the option of offering authors the opportunity to revise the paper as a brief report of the substantive issues involved, as a Point of View paper, or as a Letter to the Editor. In cases where the debate between authors and reviewers raised important issues of difference, our preference is to persuade reviewers to allow us to publish both paper and commentary.

Reviewers who agree to take on what we recognise as a difficult task receive copies of the other reviews and are able to judge the outcome for themselves. We are always happy to provide additional explanation about our own decisions or to publish a Letter to the Editor commenting on a paper.

We see little alternative but to continue with this process of review even when we have to approach 10 or more reviewers. Authors can become understandably frustrated at the delays especially if, after this lengthy process of review, the paper is rejected. Our grateful thanks go to that small number of truly noble reviewers to whom we know we can turn for fair and considered assessment of the most difficult papers. We recognise that these and other reviewers can become over-burdened, especially when more than one journal turns to them for reviews. In that case, it is very helpful to us if they recommend one or two alternative reviewers.

After papers are reviewed, the majority of authors are asked to revise their papers and these revisions can be major or minor. When revised papers are resubmitted to the Journal, we go through a painstaking process of checking that all reviewers' comments have been addressed. We do not expect that authors will necessarily agree with all points raised by reviewers but we are inclined to believe that the points raised are worth addressing in some form in the paper itself. So, for example, a reviewer may suggest a different form of analysis from the one used by the authors. If an expert reviewer raises this point, it may well also occur to other readers. Our preference is that authors should then incorporate a simple explanation of the choice of method in the text of the paper instead of explaining solely to us, the editors, why they have made that choice.

There are reviewers who ask that a paper that requires major revision is resubmitted to them for additional assessment after revision. We always honour such requests. Sometimes reviewers feel that the required changes have not been made and there have even been cases where a paper has been resubmitted to the original reviewer for still another assessment. We recognise that this can be a frustrating process for authors. It is an experience endured by well-established authors as well as those submitting their first paper. Our experience is that the result can be well worth the effort involved when a polished paper emerges. Tedious as the process may seem, it is accompanied by more successes than failures.

The process of submitting a paper to our Journal and having it reviewed can be frustrating for authors and time-consuming for reviewers. It is our common commitment to producing a great national public health Journal that makes the long process worthwhile.

Finally, we are committed to helping new authors and new reviewers to take part in this important professional activity and are always happy to answer questions about process and standards.

In this issue

This issue extends the discussion of public health disciplinary excellence which was the focus of the August Editorial with a series of papers about making changes in the health of the public.

In the opening section, *Reducing Harm*, work on tobacco control is, as you might expect, a major area of activity. Two of these papers deal with nicotine replacement therapy (NRT). Rowena Ivers and colleagues offered free nicotine patches and a brief smoking cessation intervention in three Indigenous communities in the Top End of the Northern Territory, assessing the extent of change with pre-intervention and post-intervention questionnaire-based interviews. The detailed discussion of smoking issues among the individuals and communities involved is particularly illuminating. Christine Paul and colleagues report on the use of NRT in New South Wales from a cross-sectional telephone survey, concluding that there was a concerning level of inappropriate use. Melissa Cameron and colleagues interviewed a random sample of members from the Australian Liquor, Hospitality and Miscellaneous Workers Union, finding that a third of all members but more than half of those working in the hospitality sector were exposed to second-hand smoke during the working day. Whether or not they themselves were smokers, a large proportion were concerned about the effects on their health. A paper in the second section of this issue, by Flora Tzelepis and colleagues, reinforces their opinions, showing the extent of community support for smoke-free policies to apply to licensed premises

Fall-related injuries continue to be an important public health issue. Lisa Barnett and colleagues remind us of this in their assessment of which components of a multi-strategy falls-prevention intervention that targeted non-institutionalised older people had a lasting effect on GPs' practice. Ways to sustain long-term changes remain elusive. The three remaining papers have a focus on cancer screening as a potential strategy for reducing harm. Mary Jane Sneyd and colleagues found that many New Zealand men are having digital rectal examinations and prostate-specific antigen (PSA) testing in the absence of symptoms of prostate cancer. In this instance, lack of education was a protective factor as these inappropriate screening procedures became less likely with decreasing levels of education. Kirsten Howard and Glenn Salkeld's investigation of home bowel cancer tests identified a similar lack of attention to the uncertainties of screening and its potential harm, and asked how there can be informed choice in the absence of adequate information. Kerri Beckmann and colleagues show how adjustments for hysterectomy rates can change the estimated screening coverage in a given area, allowing a better definition of areas where screening is under-used.

Promoting Health emphasises that public health has a wider remit, but also reminds us of the very high degree of difficulty involved in changing behaviour. Robert Parker and colleagues

describe the processes involved in developing a charter around physical activity and sport for children and youth, achieving a broad consensus across diverse organisations. Lynne Parkinson and colleagues report that having a sun protection policy in place may not translate to sun protection practice at child care centres, a gloomy but not surprising finding. The 'Nifty after fifty' physical activity directory for older people, described by Ruth Miller and Yvette Miller, raised awareness about physical activity options but had minimal short-term influence on participation. Afaf Girgis and colleagues explore whether fake tanning lotions are seen as a safe alternative to sun exposure or solaria, or as intrinsically unsafe in encouraging the view that looking tanned is desirable. However, the final paper in this group provides a little good news, as Brynley Hull and colleagues report immunisation coverage adjusted for incomplete notifications to the Australian Childhood Immunisation Register.

The final section, titled *Making Little Progress?*, hardly warrants the question mark we gave it. Eleonora del Grande and colleagues' population telephone survey found almost one in five South Australian adults over 18 had been exposed to violence – physical, sexual or emotional abuse – by a current or former partner, with marked differences between women and men. Max Hopwood and colleagues conclude that the recent policy withdrawing methadone-injecting equipment from government-funded needle and syringe programs has led to increased reuse of equipment. Effective public health responses in these two unglamorous arenas are badly needed. Tobacco and drug use issues dominate the Letters, but we are also reminded of the raw deal experienced by many young people with a chronic illness. Twelve book reviews must mean there is something for everyone in this issue.

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