

*Correspondence***Editorial input on manuscript review feedback**

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The author has no conflict of interest to declare.

Gina Joubert✉

Department of Biostatistics, Faculty of Health Sciences, University of the Free State,
Bloemfontein, South Africa

gnbspgj@ufs.ac.za

orcid.org/0000-0002-3728-6925



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In 2022, Sovacool et al.¹ published suggestions for codes of practice for navigating the peer review process. They provided advice for peer reviewers, editors (Table 1), and authors. Regarding editors, they emphasize that the peer review process must be respected (item 6), the full reviewer reports need to be provided (item 8), and editors should not become reviewers or

even authors (item 7). However, they urge editors ‘to engage with each article they handle’. It is important that editors provide authors with ‘an editorial “steer” towards how they themselves evaluated the reports and offering critical advice’,¹ thus achieving items 2 and 3. The World Association of Medical Editors states that ‘editors should routinely assess all reviews for quality; they

Table 1. Editorial performance according to the codes of practice proposed by Sovacool et al.¹

Codes of Practice ^a	Editor Feedback Received for Submissions Requiring Revision
1. Promptly process articles.	
2. Provide direction, do not just cut and paste reviews.	<ul style="list-style-type: none"> • 2/46 submissions • 0/10 submissions with vague review comments • 0/4 submissions with incomprehensible comments • 0/12 submissions with wrong/inappropriate comments • 0/13 submissions with comments indicating the reviewer has not understood the information provided or has not read the manuscript closely • 0/6 submissions with comments implying change(s) to the Ethics Committee-approved protocol • 0/2 submissions where reviewers made contradictory statements
3. Identify and seek out any missing perspectives.	<ul style="list-style-type: none"> • 6/46 submissions with the editor making additional comments • 1/1 submission for which both reviewers did language editing only; the editor added comments
4. Recognize that controversial papers might be the most innovative.	
5. Be responsive.	
6. Respect the peer review process and integrity of reviewer reports.	
7. Avoid mixing reviewer and editorial responsibilities.	<ul style="list-style-type: none"> • 1/46 the editor was the sole reviewer • 1/46 after revision, the editor reviewed the manuscript for a number of further review rounds, adding numerous new comments in each round
8. Provide the full, unedited reviewer reports.	
9. Recognize possible bias or conflict of interest.	
10. Carefully consider author appeals.	
11. Blacklist “bad” reviewers and recognize “good” ones.	

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may also edit reviews before sending them to authors or simply not send them if they feel they are not constructive or appropriate.² Guidance given by the Committee on Publication Ethics regarding editors' active roles in the review process deals mainly with editing of reviewer comments in terms of 'tone, language, and deviations from journal policy and reviewer guidelines'.³ The International Committee of Medical Journal Editors' Recommendations focus on editorial conflict of interest, integrity, and confidentiality.⁴

A manuscript of mine was recently reviewed by *European Science Editing (ESE)*. The editor (i) provided the 2 reviewers' reports; (ii) provided her own comments on the manuscript; (iii) indicated, with motivation, which reviewer comments need not be addressed; and (iv) motivated the outcome of the review round, referring to the reviewer and editor comments. I found this approach, which aligns with a number of items of the codes of practice for journal editors by Sovacool et al.,¹ very helpful as guide for the revision. Against this background, I further analysed data I had collected for a study of reviewer comments I received as health sciences author during 2020–2022. That study (approved by the Health Sciences Research Ethics Committee of the University of the Free State, UFS-HSD2022/0001/2202) included 118 reviews for 65 reviewed submissions.⁵ For 62 submissions, full review documentation (letter from the editor and reviewer reports) could be retrieved from emails received from the journal or the journal platforms. Of these 62 submissions, 46 (74%) required revisions after the first review round. These submissions were mainly in clinical medicine (27/46, 59%), full-length original research articles (44/46,

96%), and submitted to South African-based journals (38/46, 83%). For only a few submissions, the editor feedback was given in the way I experienced with my submission to *ESE*. In Table 1, results are indicated for the aspects of the codes of conduct of Sovacool et al.,¹ which I could assess from the review documentation. For only two of the submissions did the editors/associate editors give direction in their feedback. In none of the identified problematic situations was direction given. Editors/associate editors did, however, occasionally add comments when they identified gaps in the reviewer feedback. Editors/associate editors rarely mixed reviewer and editorial responsibilities.

As an author, I agree with Sovacool et al.¹ that editors' active engagement with manuscript reviews saves time, since authors are less confused about what is expected of them when doing revisions. This engagement requires editors to study the manuscripts and reviewer reports, which could be considered an added burden but should also benefit the editor by guiding authors to submit improved revisions.

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