Peer review is not a lottery: AHSE's Fast Track

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Medical education is not a big field, and many of us do work for more than one journal. It is not unusual therefore for someone to have reviewed and rejected a paper at one journal only to then see it again when it was submitted to another journal. For some time at AHSE we had associate editors approaching the EIC (GN) saying “I already turned this down at journal X. Should I disqualify myself from reviewing it again?” Geoff’s thinking then was that if you believe in peer review, then there’s no reason that a review for another journal is inherently less valuable than one for your own journal, so the right answer is “no”. If you say “yes” then one interpretation is that peer review is a lottery and every time an author resubmits their work they are just buying another ticket (another is that the feedback received from the first journal enabled improvements that made it more publishable, although we have encountered a number of occasions where the author ignored the feedback and just resubmitted the paper untouched to the second journal. Needless to say, that is a very unwise strategy if detected).

Consistent with the first perspective, in 2017 AHSE introduced Fast Track as a way of accelerating the review of papers that had previously been rejected at another journal. Authors who requested Fast Track processing were required to submit (1) their previous reviewers’ comments, (2) their responses to these comments, and (3) a tracked-changes version of the manuscript making it clear where changes had been made. The expectation was that, while some papers would likely still not meet the standards for or reflect the scope of the Journal, there would be others that could be considered for publication without further peer review. It was therefore left to the handling editor whether to make their decision based solely on the existing reviews and the authors’ responses, or to get additional peer reviews.

After 2 years of offering Fast Track processing, we decided to review the data we had on papers submitted as Fast Track, both to assess its success and to inform its future development. Using the list of all the papers submitted to AHSE between January 2018 and December 2019 that requested Fast Track processing, each of the editors (MT, RE, GN) used the Editorial Manager to manually extract data on each FT submission: date of first

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Table 1 Decision Pathway for Fast Track submissions and regular submissions

	Papers submitted to Fast Track (82)				Regular submissions (1110)	
	Editor only (52, 63%)		Full review (30, 37%)			
	Accept	Reject	Accept	Reject	Accept	Reject
Number of papers (percentage of total)	11 (21%)	41 (79%)	13 (37%)	17 (63%)	115 (10%)	995 (90%)
Time to decision (days)	45	23	97	82	99	94

Table 2 Journals that previously rejected AHSE Fast Track papers

Journal	Number (%)
Medical Education	27 (33%)
Academic Medicine	7 (9%)
Medical Teacher	4 (5%)
Perspectives in Medical Education	3 (4%)
Other	14 (13%)
Unknown	27 (33%)

major editorial decision (accept/reject), what the decision was, what kind of paper it was, and the previous rejecting journal (if provided).

Our primary interest was exploring the extent to which editors chose to make a decision on the manuscript without peer review, and whether papers processed without peer review were more or less likely to be accepted than those sent for peer review and papers submitted in the usual manner. We were also interested in whether the Fast Track process functioned as intended by shortening time to review.

Results

There were 92 Fast Track submissions between January 2017 and December 2019. Monthly distribution showed a general trend upwards with 36 Fast Track submissions in 2018 and 56 Fast Track submissions in 2019. Informal verbal feedback has also suggested a growing interest in this format.

In terms of disposition, 10 of the 92 papers were still under review at the time of the study. Of the remainder, the decision pathway is shown below (Table 1):

About 2/3 of the Fast Track submissions had a decision without peer review, and the overall acceptance rate of this group was about twice as high as the regular stream. For articles sent out for peer review, acceptance rate was nearly four times the regular stream at 37%. Not surprisingly, if a Fast Track article was sent for peer review, time to decision was about the same as regular stream; if it was “Fast tracked”, the decision was made in about half the time if the article was accepted and ¼ the time if rejected.

The journals that previously rejected papers subsequently submitted to Fast Track are shown in Table 2.

This is likely not surprising. The content of Medical Education and AHSE is quite similar; Academic Medicine and Medical Teacher, to some degree serve different audiences.

Discussion

Our interpretation of these results is that the AHSE Fast Track process is working well and as intended, with about 2/3 of submissions judged on the basis of previous reviews and author responses. Moreover, there appears to be a selection effect, as FT submissions have an overall acceptance rate of 29%, nearly 3 times the rate of the regular stream. Further, it appears that editors preferentially opt for full review on higher quality papers.

The Fast Track system does, to some degree, depend on the honour system. While we could seek to verify whether the reported reviewer comments are presented intact, we do not currently do so and we work on the basis that we are seeing all of the reviews unedited and unredacted. Moreover, we have no reliable way to determine whether authors respond honestly to the question about prior submission. Still, any accepted submission is subjected to an independent review process that involves a minimum of three reviews (deputy editor, associate editor and editor in chief) before being accepted. Conversely, an author who does not disclose that the paper has been reviewed elsewhere is simply endorsing the usual full review process. In short, the Fast Track strategy contains ample oversight compared to standard processing.

Having said that, there are clearly things we do not know. For instance, clearly not all papers rejected at other journals end up at AHSE as Fast Track submissions. Many of those that we do see seem to be 'near misses', papers that were only marginally rejected (perhaps because of capacity issues) or that were not a good fit to the other journal's identity or purpose. Whatever the reasons for the earlier rejection of the papers we see are, Fast Track is not at all intended to be a vacuum cleaner sucking up the world's rejected manuscripts. The standards for publication for Fast Track and regular submissions are the same.

Another aspect we have not pursued was to ask Fast Track submission authors why they elected to use Fast Track or whether they were satisfied with the process. Our working assumption is (of course) that the authors of those Fast Track papers that were accepted were likely to be better disposed towards the process than those whose papers were again rejected.

Going forward, we plan to continue with Fast Track at AHSE for now, with a watching brief on its strengths and weaknesses. If other journals adopt a Fast Track policy, then mechanisms may be developed to share reviews between journals to ensure that all relevant information is made available for the journal editors. We have no plans at present to make the previous reviews a part of the publication (as, for instance, MedEdPublish does) any more than we include the reviews in our standard publication track. While this might improve the transparency of the process, it represents a very different approach to scientific publishing than the one we currently use for AHSE.

In conclusion, the Fast Track approach appears to be a workable, if partial, solution to one of the most persistent problems facing scientific journals—the increasing burden placed on reviewers, with few incentives for participation. While it is not a panacea, we feel that it does at least reduce some redundancy and increase efficiency in the review process. To that extent, with Fast Track it would seem that everyone wins.