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Article:

Hadi, MA orcid.org/0000-0003-0108-7833 (2016) Fake peer-review in research publication: revisiting research purpose and academic integrity. *International Journal of Pharmacy Practice*, 24 (5). pp. 309-310. ISSN 0961-7671

<https://doi.org/10.1111/ijpp.12307>

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The “publish or perish” phrase has become more relevant in today’s academic world than ever before as universities across the globe strive to climb up the university rankings. Consequently, academics are being continuously put under more pressure to generate increasing levels of research income and high quality publications in order to ‘survive’ and ‘progress’ in this highly competitive academic world. This pressure to publish and meet university criteria for annual performance review and academic promotion has led academics to ‘cheat the system’. The most recent mechanism used by academics to get quick and easy research publication is “Fake peer-review”[1].

Although not ideal, the peer-review system is used by journals to ensure that the research has been conducted rigorously and ethically, reported transparently and fits well within journal’s scope and quality. To encourage rapid and efficient peer-review, journals’ online manuscript systems often ask authors to recommend names of suitable potential peer-reviewers during manuscript submission. Authors involved in peer-review scams created and supplied fake email addresses, owned by themselves [1,2]. They then wrote positive peer-review reports for their own manuscripts which led to acceptance of their articles by the editor, destroying the basic essence of the peer-review system. Editing agencies have also been involved in ‘selling’ favourable peer-reviews to authors for whom they had initially edited the manuscript, a more sophisticated and organised ‘academic crime’ [1,3]. A number of leading medical publishers including Springer, BioMed Central, Sage, Hindawi and Informa have retracted papers due to fake peer-reviews [1,4,5]. First identified in 2012, peer-review fraud has led to retraction of more than 250 papers (as of December 2015), accounting for 15% of all retractions [1]. Despite the issue being flagged up in leading journals over the past couple of years, this malpractice continues to increase [1,6]. However,

a couple of manuscript submission systems no longer require authors to propose names of peer-reviewers in an effort to curtail the abuse of peer-review system [1].

So far there is little objective evidence available to explain why academics get engaged in this type of malpractice. But, it is likely that the ongoing 'numbers-race' within universities and research groups is the major driver behind this malpractice because, unfortunately, the number of research papers rather than their quality is frequently used by universities as a key performance indicator. In the UK, the introduction of the 'Research Excellence Framework' (REF) has resulted in UK universities shifting the emphasis from the 'number' to the 'impact' of research publications [7]. This is a welcome initiative to engage researchers to think about the potential socioeconomic, clinical, and health policy impact of their research whilst reporting research findings. The Australian Research Council has also implemented a similar research assessment system [8].

There has been noticeable increase in both the number of pharmacy practice journals and articles published. The research output from countries outside North America and Europe has seen tremendous growth in the past decade, as pharmacy services in these countries make the transition from being product oriented to patient oriented. Fake peer review is yet to cause retraction by a pharmacy practice journal, but self-plagiarism and duplication has led to retraction of couple of papers by these journals [9,10]. Although most of the papers retracted due to fabricated peer-review originated from Asia, it will be unfair to link this malpractice with emerging economies in Asia as this may arouse unnecessary suspicions among editors, which could lead to unjust rejections.

Academics need to continuously remind themselves that the main purpose of conducting clinical research is to explore ways of providing the best possible care to patients, not simply to publish papers in high impact journals. Dissemination of findings is clearly important, but should only be seen as a 'logical consequence' of high quality research, rather than its main aim. Awareness of financial and intellectual fraud committed by 'predatory journals' who capitalise on academics' professional need to publish is increasing. Academics need to be able to identify which journals operate with integrity as a central part of their decision about where to publish to get maximum impact. As academic staff members, maintaining personal and institutional academic integrity is our responsibility which should be ensured at all the time at any cost. Indulgence in 'non-ethical' publication activities will not only risk impoverishing patient care but also put academics' career at risk of being ruined, surely a price too high for merely a publication.

Finally, it is the time for all of us to reflect on academic integrity, professionalism, research ethics and the purpose of conducting research. For academic institutes and universities, it is the time to reconsider their expectations of staff in terms of key performance indicators, and develop effective staff support and mentorship systems especially for early career researchers. It is time to think of clinical research within a humanistic perspective, beyond impact factors and the H-Index. It is the time we put patient care first, above and beyond anything else.

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