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Position Statement

Position statement from the Editors of *Anaesthesia* and *Anaesthesia Reports* on best practice in academic medical publishing

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Summary

It is essential that academic publishing complies with the highest standards in terms of ethics, research conduct and manuscript preparation. This protects the rights and welfare of research participants, ensures the integrity of study results and aids the communication and dissemination of novel findings into clinical practice. This position statement outlines the current policies and practices of the Editors of *Anaesthesia* and *Anaesthesia Reports* in relation to academic medical publishing.

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Keywords: ethics; position statement; publishing; research

This position statement has been approved by the Editorial Board of the Association of Anaesthetists.

*Editors as co-authors are provided in online Supporting Information Appendix S1.

Twitter: @STHJournalClub; @Anaes_Journal; @DrCliffShelton; @Anaes_Reports

Positions

- We are committed to ensuring that research and other academic work (e.g. audit, quality improvement and case series/reports) are conducted and reported according to the highest standards.
- We aim to be courteous, honest, transparent and fair when dealing with authors and their submissions.
- We wish to uphold the highest standards of ethical publication. We expect authors to be honest and fair with us in all aspects of the publication process.
- We will always endeavour to process submissions and respond to enquiries within a reasonable time, and work with authors to improve their submissions.
- We have a clear definition of authorship that recognises the differing contributions that participants make during the research and ensures that all listed authors are accountable for the published research.
- We encourage authors to share the data and other artefacts supporting the results in their paper by archiving them in an appropriate public repository.
- We are committed to promoting and embedding principles of equity, diversity and inclusion into all our editorial processes and practices, to ensure that under-represented groups are able to publish their research.
- Submissions will only be considered for publication in *Anaesthesia* and *Anaesthesia Reports* if they adhere to the highest ethical standards.
- We treat research misconduct seriously and all suspected cases will be managed according to defined protocols.

Who is this position statement from?

This position statement is from the Editor-in-Chief and Editors of *Anaesthesia*, and the Editors of *Anaesthesia Reports*. It has been approved by the Editorial Board of the Association of Anaesthetists.

Why was this statement developed?

The Editors of *Anaesthesia* and *Anaesthesia Reports* (hereafter referred to as 'the Journals') believe that academic publishing should comply with recognised best practice, including ethical standards, research conduct and manuscript preparation. For all those involved in research (including researchers, authors and study participants), the Journals have produced this position statement that reflects our commitment to ensuring that research and other academic work (e.g. audit, quality improvement and case series/reports) are conducted according to the highest standards.

What is the scope of this position statement?

This position statement aims to promote best practices in academic medical publishing. We aim to support these principles for authors, editors and consumers of research.

Scope and aim of *Anaesthesia* and *Anaesthesia Reports*

The Editors of the Journals aim for them to be sources of interesting, relevant, educational and stimulating material for those practising in anaesthesia, peri-operative medicine, intensive care medicine, pain therapy and associated specialities. It is also the intention of the Journals to be vehicles for debate and to promote discussion related to these areas of practice. The scope of material published in the Journals will, therefore, reflect these aims, and this will be a consideration in the acceptance or rejection of submitted work.

Role of *Anaesthesia* and *Anaesthesia Reports* Editors

The Editors of the Journals aim to be courteous, honest, transparent and fair when dealing with authors and their submissions. We aim to communicate all editorial decisions to authors in a timely, clear and constructive manner.

The Editors of the Journals are directly responsible for peer review and aim to provide a balanced, prompt and thorough process. The review process is not blinded. However, Editors of the Journals are expected to disclose any perceived conflicts of interest before starting any peer

review. An Editor deemed to have a potential conflict of interest (e.g. same institution as the author(s), previous co-publication or research collaboration) in relation to a submitted manuscript will not participate in decisions relating to the review and/or publication processes. The declared potential competing interests of the Editors are publicly available on the websites of the Journals and are updated annually.

Submissions undergo external peer review in the following circumstances: disagreement between Editors regarding suitability for publication; an Editor is an author on the submitted manuscript; appeals/complaints by submitting author; and/or requirement for expert opinion (e.g. specialist area or need for statistical review). We will always endeavour to process submissions and respond to enquiries within a reasonable time-frame, and work with authors to improve their submissions. We aim to provide authors with a rapid decision (reject or provisional acceptance) in relation to submissions; our target is for $\geq 80\%$ of submitted manuscripts to have an initial decision made within 14 days of submission. However, there are times when the review process will take longer (e.g. for expert external review, statistical analysis or inspection of individual patient data).

The Editors of the Journals will treat all submitted manuscripts and reviews in the strictest confidence, and information will only be shared with those directly involved in the review, editing and publication processes. The only exception to this policy is when disclosure of reviews, manuscripts and/or related documents to third parties (including regulatory bodies, employers and the editors of other journals) is considered necessary for the purposes of investigating potential misconduct, ethical or legal issues.

Citation manipulation to increase citation rates is not acceptable and the Editors of the Journals will actively take steps to avoid this. We strongly believe that it is wrong for journals to require authors to include references from their own journals as a condition for publishing their papers. This practice is referred to as 'coercive citation'. Therefore, we instruct all Editors and reviewers not to ask authors to add or remove specific references/citations to any journal (including *Anaesthesia* or *Anaesthesia Reports*) as a pre-requisite for publication. However, we do have an expectation that cited references best reflect current practices. Older references should only be cited when newer alternatives are not available. Excessive self-citation is also not acceptable practice. We continually monitor the rate of self-citation in articles published in the Journals. The overall proportion of cites to the journal by papers published in the Journals over the preceding two-year period should be $< 20\%$.

Authorship and the responsibilities of authors

The Editors of the Journals wish to uphold the highest standards of ethical publication. We expect authors to be honest and fair with us in all aspects of the publication process.

Definition of authorship

There is a need to define the author(s) of a submission to ensure there is accountability for the published work, but the precise definition of what criteria should be used to determine authorship remains a matter of debate. Many journals use the definition from the International Committee of Medical Journal Editors (ICMJE) [1]. However, the move towards large, multicentre studies conducted by multi-author groups (seen especially during the COVID-19 pandemic) has meant that the distinction between authors and non-author contributors has become less clear. The Editors of the Journals define authorship in line with that suggested by McNutt et al. [2] (Box 1), as this recognises the differing contributions that participants make during the research project whilst ensuring that all listed authors are accountable for the published research. We do not set an arbitrary limit on the number of authors on a manuscript, providing these criteria are met. Authors who have died before the submission of work in which they participated (and would have been included as an author had they still been alive) may still be granted authorship. This would require (as a minimum) discussion with the Editor-in-Chief (*Anaesthesia*) or Executive Editor (*Anaesthesia Reports*) and the agreement of the author's next-of-kin (if available) and all co-authors.

Ghost, guest/honorific, forged and orphan authorship are not acceptable practices. Anonymous authorship is discouraged and will only be considered when we have clear evidence that naming an author would place their personal safety or livelihood at risk, or for patient (co-) authors of case reports who wish to preserve the confidentiality of their medical records. All authors must be natural persons; artificial intelligence systems do not meet the criteria for authorship as these cannot account for and take responsibility for the submitted work. Whilst artificial intelligence may be used to support the process of writing a paper, it should not be used as the primary source of text, figures, images or graphics. The authors remain fully responsible for any and all information submitted to the journal and must ensure that any submissions supported by artificial intelligence are correct. Failure to do so, or to

Box 1 Criteria for authorship of published research (from [2]).

“Each author is expected to have made substantial contributions to the conception or design of the work; OR the acquisition, analysis, or interpretation of data; OR the creation of new software used in the work; OR have drafted the work or substantively revised it; AND to have approved the submitted version AND to have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature.”

declare artificial intelligence use as a primary source of data, will be treated as scientific misconduct and managed accordingly.

All proposed changes in authorship after submission must be explained and have the permission of all authors (including any authors who are being added or removed); any changes may only occur with the explicit permission of the Editor-in-Chief (for *Anaesthesia*) or the Executive Editor (for *Anaesthesia Reports*).

The authorship list of each submission must identify the submitting author and the corresponding author. Only one person can fulfil each of these roles, although a single author may assume both. The submitting author is responsible for all communications with the journal during the submission, peer review and publication processes. They also ensure that all administrative and procedural requirements are adhered to. Additionally, the submitting author must, on behalf of all authors, testify to the accuracy and authenticity of the data and interpretation. The submitting author guarantees that all authors have read and approved the manuscript and meet the requirements for authorship (see above). The same submitting author will serve as the main point of contact for the production and publication phases of the manuscript, examining and approving the typeset proof and all other publication-related issues. The submitting author's function is one of scholarly integrity and, as such, the submitting author makes several legal and moral declarations on behalf of all authors. If there are any concerns regarding the manuscript after publication, the corresponding author must be accessible to address them. They must also cooperate with any requests from the Journals for data or further information. This latter responsibility is an enduring one, as questions

may arise many years after the submission and/or publication of a manuscript. The corresponding author should have sufficient and ongoing accountability and availability for the research and publication. The submitting author should determine the listing order for authors (i.e. first author, second author, etc.) before submission. The journals will accept a maximum of two 'joint' first authors, but this must be detailed in the Acknowledgments section of the submission.

Responsibilities of authors

The authors must not submit material that is: plagiarised (copied from elsewhere); fraudulent and/or fabricated; intended to deceive and/or misrepresent findings; or that has been submitted to other journals at the same time as to *Anaesthesia* or *Anaesthesia Reports*. We may ask authors to send us original data (with identifying details removed), evidence of research ethical committee or institutional review board approval or copies of participant information sheets or consent forms. We expect authors to comply with such a request. Where no concerns are identified, data will only be subject to editorial or statistical review, and we will delete all data once the review is complete. However, if concerns are identified, information may be shared with third parties (e.g. institutions and regulators), if this is required to conduct a thorough review.

Plagiarism is when an author attempts to present someone else's work as their own. Duplicate publication, sometimes called self-plagiarism, occurs when an author re-uses substantial parts of their own published work without providing appropriate references. This can range from getting an identical paper published in multiple journals, to 'salami-slicing', where authors inappropriately divide a single piece of research into multiple papers. All submitted manuscripts will be screened for plagiarism using appropriate software and/or manual methods.

When publishing their work in a journal, the author often signs over rights to the publisher; thus, copyright infringement is possible if an author re-uses portions of a previously published work. It is acceptable for authors to quote from portions of other works with proper citations, but large portions of text, even when quoted and cited, can infringe on copyright and would not fall under copyright exceptions or fair-use guidelines. The Journals will only allow the re-use of authors' previously published work in the Methods section of a manuscript, and only if this is done in a manner consistent with standard scholarly conventions (e.g. by using quotations and proper paraphrasing), and it is properly attributed to the original work. Copy/pasting of large sections of a manuscript from previously published

work, even in the Methods section, is not permitted and will lead to rejection.

The authors may post the submitted version of their manuscript to non-commercial servers at any time. It is the responsibility of authors to update any pre-publication versions with a link to the final published article.

Prior presentation

The authors must disclose any prior presentation of study data when submitting the manuscript to the Journal. It also is important to ensure that appropriate attribution to any prior publication is included in the manuscript. Publications generally not considered as prior presentations include: abstracts of work presented at a scientific meeting; conference/poster presentations; work published as an academic thesis; and electronic pre-prints available on non-commercial servers.

Data sharing and accessibility

The Journals encourage authors to share the data and other artefacts supporting the results in their paper by archiving them in an appropriate public repository. The authors of clinical trials should include a data sharing statement as part of their submission to address the following: if deidentified patient data will be shared; what specific aspects of the data will be available; what other documents are included (e.g. study protocol); who is able to access the data and for what analytical purposes; the time period for which the data will be available; and how the data can be accessed.

The authors of randomised controlled trials that are provisionally accepted for publication in the Journals will be required to provide individual patient data, which will be screened for unreliable/false data using the 'Carlisle' method [3, 4], and then deleted after final acceptance.

Equity, diversity and inclusion

The Editors of the Journals are committed to promoting and embedding principles of equity, diversity and inclusion into all our editorial processes and practices, in order to ensure that under-represented groups are able to publish their research. The details of policies and practices underpinning our approach are detailed in a previous position statement [5].

'Parachute' or 'helicopter' research conducted in low- or middle-income countries by collaborations including partners from one or more high-income countries, is a source of publication inequity. As such, the Editors of the Journals are committed to following guidelines that promote equitable authorship in the publication of research

from international collaborative groups. These have been described in detail in a position statement [6].

Public engagement, namely disseminating research findings to patients, is part of best research practice. Enhancing patient access to research literature is seen as important as it can help them manage their health conditions in line with the 'informed patient' model. To maximise the accessibility of study findings to patients, who should be at the centre of all health-related research, we encourage authors to use clear and simple language whenever possible. For similar reasons, visual representation of study results is encouraged. The authors should again make every effort to ensure that this is accessible to all readers (e.g. using large clear fonts to aid visually impaired people, colour-blind friendly palettes and choosing fonts that help people with dyslexia) [7].

Ethical oversight

Manuscripts will only be considered for publication in *Anaesthesia* and *Anaesthesia Reports* if they adhere to the highest ethical standards. These may include (but are not limited to) issues relating to consent, publication on vulnerable populations, conduct of research using humans and/or animals, management of confidential data and business/marketing practices.

Any clinical study that involves participants being prospectively allocated to an intervention or comparison group to study the cause-and-effect relationship between an intervention and an outcome must have been prospectively registered (i.e. before participant recruitment starts) on a publicly accessible trial registry. The WHO International Clinical Trials Registry lists several registries that currently exist and adhere to ICMJE standards. The submission must include the registry's name, registration number and registration date. Similarly, any meta-analysis or systematic review should also be prospectively registered (e.g. PROSPERO).

The Journals support and encourage the use of the Enhancing the QUALity and Transparency Of health Research (EQUATOR) network guidelines (and its various extensions) to ensure the transparent and accurate reporting of research studies. The authors are advised to review the Consolidated Standards of Reporting Trials (CONSORT) statement regarding the reporting of randomised trials and the Anaesthesia Case Report (ACRE) checklist [8] before submission of interventional studies and case reports, respectively.

All clinical trials should be conducted in accordance with the ethical principles as set out in the current (2013) version of the Declaration of Helsinki [9]. Specific ethical

standards for the Journals include the following: All experiments involving human beings, including those in which participants' skills are assessed using manikins, must be approved in advance by an independent ethical committee or equivalent institutional review board. If participants are adequately safeguarded against coercion, and confidentiality is given due consideration, some studies involving audit and epidemiological surveys, evaluations of medical equipment or analysis of previously gathered, non-identifiable information from a database may be exempt from this restriction. Even if the research ethical committee/institutional review board has indicated that formal submission is not necessary, publication of the results would typically still require informed consent and assurances regarding confidentiality (including approval by the Caldicott Guardian or equivalent for patient data and the relevant Research and Development department). While an essential preliminary step, ethical approval does not guarantee the ethical standards of a study will meet the requirements of the Editors of the Journals. If authors have any concerns that ethical issues might compromise publication, they are invited to contact the Editor-in-Chief/Executive Editor before embarking on the study.

The Editors of the Journals support the guidelines for good clinical practice from the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH-GCP) [10]. Full written informed consent should be obtained from all subjects of clinical trials, including participants in manikin studies (see above). This would normally comprise the provision of written information to potential research participants, allowance of adequate time for them to consider their involvement and ask questions, and the use of specific consent forms (for the study, not just for routine surgery/anaesthesia) that should be signed by the participants to indicate their consent and stored in case they require examination later. The Editors of the Journals recognise that interventions that are done as an emergency may (with the permission of the relevant research ethical committee/institutional review board) use deferred or verbal consent in the first instance; however, written consent should be sought subsequently from either the participant or a nominated representative, before inclusion of the participant's data in any analysis.

Where a publication may place patient or participant confidentiality at risk, the Journals require evidence that the individual(s) involved have provided informed written consent for their information to be published. Circumstances, where this is required, include all case

reports and case series submitted to *Anaesthesia Reports* in which clinical details are described, photographs and medical images (e.g. radiographs) and patient accounts. A consent form for this purpose is available on the *Anaesthesia Reports* website. We will accept other consent forms providing they clearly specify that the information will be published in a journal and include evidence that the participant has been made aware of the risk of being recognised, even if the information has been anonymised.

Unless undertaken as part of phase 2 or phase 3 study, the Journals are likely to reject manuscripts involving the administration of experimental therapies, particularly pharmacological studies when the drug is administered by unlicensed routes (especially neuraxial or perineural), even though they may have ethical permission. The authors should be mindful of the ethical implications and requirement for safeguarding when undertaking research involving participants who are particularly vulnerable (e.g. children, patients with cognitive impairment or women in labour), if there are concerns about consent or if relatively small gains in outcome are anticipated where alternative, well-established procedures already exist.

Animal studies will only be considered for publication if they have ethical/governmental approval and have been conducted under appropriate standards of care. Research involving animals should be conducted in line with the principles of the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) [11]. Researchers will be expected to use the Animals in Research: Reporting In Vivo Experiments (ARRIVE) guidelines [12] when preparing their submissions.

Errors and corrections

The Editors of the Journals recognise that errors may occur at all stages of the research and publication process. To preserve the integrity of the published scientific literature, when we make mistakes, we will try to rectify them as soon as we can, and apologise when appropriate. We will collect data on the number and type of errors that occur to improve our processes and help reduce the occurrence of preventable mistakes. These data will be published periodically on the websites of the Journals.

Readers are alerted to errors or oversights on the part of the authors, and on the part of the Editors or Publisher, via notices labelled Corrigenda and Errata respectively, which will be published in the next available issue of the Journals and online. These include corrections of factual mistakes in the presented data and those regarding authors' names or affiliations, as well as those correcting omissions such as undeclared competing interests,

unreferenced sources, missed authors or acknowledgements, etc. These notices will be linked online to the original article, both on the Journal's websites and in literature databases, and will contain some explanatory text as to the reason for the notice as well as the full reference of the article concerned.

Appeals

Despite our aim to provide a fair and balanced review process, authors may wish to challenge an editorial decision. Appeals should be directed to the Editor-in-Chief (for *Anaesthesia* submissions) or the Executive Editor (for *Anaesthesia Reports* submissions) in the first instance. If there are sufficient reasons suggesting why the original decision was incorrect then at least one additional review will be obtained, and external expert review undertaken where appropriate. We do not consider second appeals. Complaints against the Journal's processes or personnel should be directed to the Editor-in-Chief (for *Anaesthesia* submissions) or the Executive Editor (for *Anaesthesia Reports* submissions) in the first instance. They will attempt to address the complaint, referring to the Editorial Board, publisher and/or Committee on Publication Ethics (COPE) as appropriate. Complaints, concerns or allegations of editorial misconduct about the Editor-in-Chief or Executive Editor can be made to the Editorial Board of the Association of Anaesthetists or directly to COPE, if the complainant feels the Editor-in-Chief or Executive Editor has not acted in accordance with COPE's recommended procedures or codes.

Authorship disputes should be directed to the Editor-in-Chief (for *Anaesthesia* submissions) or the Executive Editor (for *Anaesthesia Reports* submissions). They will work in collaboration with the host organisation/institution of the research to investigate the claims and try to resolve the dispute. In this event, the review process will be suspended pending the outcome of the investigation.

Research misconduct

Research misconduct is defined as "behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld" [13]. Although there is no agreed standard for research integrity, the Editors of the Journals agree with the key elements of ethical research practice described by the UK Research Integrity Office [14].

The Concordat to Support Research Integrity lists the different types of research misconduct [13]. These include: fabrication of data; plagiarism; falsification of process or

data; failure to meet ethical, legal or professional responsibilities; misrepresentation of data, author involvement or competing interests; and improper engagement with allegations of misconduct.

Issues relating to possible research misconduct will be handled according to COPE guidelines and, where appropriate, taking advice from the Editorial Board, publisher and possibly COPE itself. The initial step will be to contact the author(s) concerned to request an explanation; occasionally it may be necessary to contact the author's institution for further information/investigation. The authors are expected to participate fully in any such investigation. For manuscripts accepted but not yet published, the publication process may be suspended pending further information or resolution. We aim to ensure that the investigation is thorough and fair, maintains necessary confidentiality and is completed in a timely fashion.

If work is suspected of being, or proven to be, unreliable/unethical/fraudulent or associated with another serious concern such as a major undeclared competing interest, then Expressions of Concern or Notices of Retractions will be published, according to COPE guidelines. The use of one type of notice over another will be decided by the Editor-in-Chief and/or Executive Editor after consultation with the Editorial Board/publisher/COPE as appropriate. All these notices will be linked online to the original article, both on the Journals websites and in literature databases, and will contain some explanatory text as to the reason for the notice as well as the full reference of the article concerned. Where appropriate, the Editor-in-Chief will work with the Editors-in-Chief of other journals to co-ordinate efforts. The Editor-in-Chief reserves the right to inform other editors of concerns relating to a manuscript (both within the Journals and externally) even in the event of the authors withdrawing the submission. Occasionally, external bodies such as the US Office for Research Integrity may request that journals publish corrections or retractions resulting from scientific misconduct cases. Each such case will be considered by the Editor-in-Chief/Executive Editor on its own merits, taking advice from the Editorial Board, publisher and/or COPE as appropriate. Individuals who are found to have published or submitted contributions that constitute research misconduct may have restrictions placed on publishing in the Journals in the future.

Conclusion

It is essential that published research complies with the highest standards in terms of ethics, research conduct

and manuscript preparation. This protects the rights and welfare of research participants, ensures the integrity of study results and aids the communication and dissemination of novel findings into clinical practice. The Editors of the Journals hope that this position statement will be of value to authors in helping them to conduct high-quality research and then effectively and accurately disseminate their findings to the scientific community and beyond.

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Supporting Information

Additional supporting information may be found online via the journal website.

Appendix S1. Editors of *Anaesthesia* and *Anaesthesia Reports* (co-authors).