Critical Public Health

Editorial Policy

1. Refereeing policy

All papers deemed by the Editors and Associate Editors as appropriate for the journal are sent for peer review. It is the Journal's policy to obtain at least two independent opinions from referees to aid the Editors' decision. Referees are encouraged to write constructive reviews that comment on originality, methodological appropriateness, importance to the field, ethical issues and presentation.

The refereeing process is blind to authors: the identities of referees are not disclosed unless they choose to sign reviews, but comments are passed on to authors. Recommendations (accept the manuscript, accept with major or minor amendments, reject and suggest a resubmission based on referees' comments or reject the manuscript) are invited for the Editors, whose decision on acceptance of papers is final.

2. Ensuring good publication practice

The following statement has been endorsed by the Editorial Board as a guide to publication ethics. It is based on the *Guidelines of Publication Ethics* published in 1999 by the Committee of Publication Ethics (COPE) (see www.publicationethics.org.uk/), with modifications to reflect the specific aims and scope of *Critical Public Health*.

2.1. Study design

Good research should be well justified, well planned and appropriately designed. To conduct research to a lower standard may constitute misconduct. Research participants have a right to expect that the studies in which they are involved are carried out to appropriate standards of scholarship. Poor quality research is inherently abusive of participants and, hence, unethical. *Critical Public Health* Editors and referees will seek to ensure that published papers promote a high standard of scholarship.

a) Research should have a clear and documented design or strategy directed to specific and justifiable questions rather than merely collecting data.

b) Where relevant, statistical issues should be considered early in study design, including power calculations, to ensure that there are neither too few nor too many participants.

c) All contributors and collaborators, including participants where appropriate, should agree the design or strategy.

d) The design or strategy should be clearly described in any publication and available in full to any legitimate inquirer.

2.2. Data analysis

Research participants have a right to expect that data will be appropriately analysed, although inappropriate analysis does not necessarily amount to

misconduct. Fabrication and/or falsification of data do, however, constitute misconduct, although both must be distinguished from the legitimate editing of qualitative data to protect the identities of research participants. This constitutes misconduct only if its net effect is to alter the substance or evidential value of the data involved.

a) All sources and methods used to obtain and analyse data, including any electronic pre-processing, should be fully disclosed to the extent consistent with protecting the identity of individual participants or research sites where anonymity has been offered; detailed explanations should be provided for any exclusions.

b) Methods of analysis must be explained in detail and referenced, if they are not in common use.

c) The *post hoc* statistical analysis of subgroups is acceptable, as long as this is disclosed. Failure to disclose that the analysis was post hoc is unacceptable.

d) The discussion section of a paper should mention any issues of bias that have been considered, and explain how they have been dealt with in the design and interpretation of the study.

2.3. Rights of research participants

Critical Public Health aims to publish research which has been conducted such that research participants' rights to consent to participation, autonomy and privacy have been respected.

a) Where research participants are recruited from among patients or by means of health system sources of health system records, formal and documented approval from an appropriately constituted research ethics committee is required in accordance with national laws and regulations. Authors need not submit this documentation routinely, but it must be made available to the Editors on request.

b) Where research participants are recruited by other means, approval from an appropriately constituted research ethics committee is not required, except where national laws and regulations dictate. However, authors must be prepared to show that their work meets appropriate ethical standards, possibly by the reference to the published code of a relevant professional association. Authors need not submit this documentation routinely, but it must be made available to the Editors on request.

c) Fully informed consent should always be sought wherever possible and appropriate. Where this is not possible, authors should justify this decision by reference from approval from an appropriately constituted research ethics committee, the published code of a relevant professional association, by explicit discussion in the submitted paper or by citation to other reasonably accessible publications from the research that discuss the issue fully.

d) Where participants are unable to give informed consent, researchers have a particular responsibility to demonstrate and document in a submitted paper or by citation to other reasonably accessible publications from the research that their research has adopted a high ethical standard.

e) Where covert research or deception is involved, authors must explicitly justify this in the submitted paper, or by citation to other reasonably accessible

publications from the research that discuss the issue fully.

3. Responsibilities of authors

Who is an author?
There is no universally agreed definition of authorship. To avoid disputes over attribution of academic credit, it is helpful to decide early on in the planning of a research project who will be credited as authors and who will be acknowledged. In the multi-disciplinary field of public health, there are a number of professional policy codes that may aid decisions about accreditation. The Editors of *Critical Public Health* will expect decisions about authorship to have been made fairly, in accordance with the codes of ethics and policies of the disciplines contributing to the paper. In general, the following points apply:

a) Attributions of authorship should balance intellectual contributions to the conception, design, analysis and writing up of the study against the collection of data and routine work. If there is no task that can be attributed to an individual, then that individual should not be credited with authorship.

b) All named authors must take public responsibility for the overall content of their paper. Where the paper involves multi-disciplinary work, individuals may identify their particular contributions but remain collectively responsible for the overall content.

4. Plagiarism

Other scholars have a right to expect that any use of their ideas or data will be given proper credit. Plagiarism ranges from the unreferenced use of others published and unpublished ideas, including research grant applications, to submission of a complete paper, sometimes in a different language, which is passed off as the work of the person submitting it rather than the original author. It may occur at any stage of planning, research, writing or publication; it applies equally to print and electronic versions. All sources must be disclosed, and, if large amounts of other people's written or illustrative material are to be used, permission must be obtained and presented to Editors. Authors are responsible for any costs involved in this. Plagiarism will always be considered as possible misconduct.

a. Redundant Publication

Redundant publication occurs when two or more papers, without full cross-reference, share the same hypothesis, data, discussion points or conclusions. It is accepted in a multidisciplinary field like public health that it will often be appropriate to publish similar material in journals with different readerships so that findings receive appropriate dissemination. The problem occurs when this is not acknowledged through relevant self-citation, giving a misleading impression to readers. Redundant publication can only constitute misconduct if there is a breach of the following principles and there is a deliberate deception of Editors, referees and readers

- ***i.*** Published studies do not need to be repeated unless further confirmation is required. In many disciplines contributing to public health, however, it is recognised that knowledge often advances by the accumulation of small-scale studies under different social and environmental conditions and that social or

cultural changes over time may make it appropriate to repeat previous studies. What is important is that the new work is clearly justified and related to previous studies in order to show what it has added to knowledge.

ii. Previous publication in the proceedings of a conference does not preclude subsequent submission for publication but should be disclosed to Editors at the time of submission.

iii. At the time of submission, authors should disclose details of related papers, even if in a different language, and similar papers forthcoming or in press.

b. Conflicts of Interest

Conflicts of interest are commitments of the author that may not be fully apparent to the reader of a paper, or commitments that may influence the judgements of reviewers or Editors. The key question is whether the subsequent revelation of these commitments would make a reasonable reader feel misled or deceived. Commitments may be personal, commercial, political, academic or financial. Relevant interests must be declared to Editors by authors. A conflict of interest can only constitute misconduct if there is a deliberate deception of Editors, referees and readers.

c. Responsibilities of Principal Investigators

Who is a Principal Investigator (PI)?

A PI is the person with overall responsibility for a research team, the holder of a research grant or the supervisor of a PhD student. The PI is always ultimately accountable for the ethical standards of research projects under his or her jurisdiction. As such, PIs may share culpability for research misconduct unless they can show that they have made reasonable efforts to implement processes and structures that promote research of high scientific and ethical quality.

Responsibilities of PIs

i. PIs must ensure that people for whom they are responsible are aware of the requirements of national laws and regulations for the protection of human subjects and of the ethical codes of the relevant professional bodies.

ii. PIs should ensure the retention of all data, records and primary outputs according to local regulations so that subsequent inquiries can be properly addressed. Where local regulations or practices do not specify a duration, we recommend that all materials should be preserved for at least seven years from the date of the last published output. Where appropriate, with regard to the confidentiality of informants, material should then be considered for deposit in a suitable archive for the benefit of other scholars.

iii. PIs should consider whether they have any conflicts of interest that might compromise publications from those for whom they are responsible, whether they are credited as an author or not. It may be appropriate to disclose these to Editors alongside the disclosures of authors.

5. Responsibilities of Referees (Peer Reviewers)

Definition

Referees are external experts chosen by the Associate Editors/Editors to provide written opinions on submissions, with the aim of improving them. The referee's role is to advise the Editors. The final responsibility for decisions on what is and is not published rests with the Editors, who may reach a different conclusion from referees, based on their wider view of the pool of submissions and the pressures on journal space. *Critical Public Health* treats peer review as a confidential process, although referees are free to sign their advice and disclose their identity to authors if they choose to.

Responsibilities

i. Referees should provide constructive, speedy, accurate, courteous, unbiased and justifiable reports.
ii. Referees must not make any use of data, arguments or interpretations in papers they are invited to review, unless they have the author's permission.
iii. Referees must maintain the confidentiality of the manuscripts that they are asked to assess. This extends to referees' colleagues who may be asked (with the Editors' permission) to give opinions on specific sections.
iv. Referees must declare relevant interests and possible conflicts to Editors when they are invited to review a manuscript.
v. If referees suspect that research misconduct has occurred, they should first draw this to the attention of the Editors in confidence.
vi. Referees have a particular obligation to consider possible plagiarism in papers that they are evaluating and to draw the Editors' attention in confidence to any material that they consider to be problematic.

Complaints

If authors are dissatisfied with the quality of peer review for *Critical Public Health,* they must first draw their concerns to the attention of the Editors.

6. Responsibilities of the Editors and Associate Editors

Role of Editors/Associate Editors

The Editors must consider and balance the interests of many constituents, including readers, authors, publishers, staff, board members, advertisers and the wider community. They have exclusive responsibility for decisions about whether to accept or reject papers. In matters of possible research misconduct, they will work closely with the Editorial Board and the representatives of the publishers.

General Duties

a) Editors' decisions to accept or reject a paper for publication will be based only on the papers importance, originality and clarity and its relevance to the remit of the journal, relative to the pool of papers under consideration at the time and the space available in the journal.
b) Editors will treat all submitted papers as confidential.
c) Editors will not make any use of data, arguments or interpretations in papers submitted for publication, unless they have the author's permission.
d) Editors will screen all papers submitted for publication to determine whether they are relevant to the remit of the journal and show sufficient potential importance, originality and clarity to justify forwarding them for peer review.

e) All original studies passing the editorial screen will be peer-reviewed before publication, taking into account possible biases due to conflicting or related interests. Where papers have been commissioned, this will be clearly identified.
f) Studies that challenge work previously published in the journal will be given sympathetic consideration.
g) Studies that report negative results will not be excluded from consideration.
h) If a published paper is subsequently found to contain major flaws, Editors will ensure that the record is corrected prominently and promptly.
i) Editors will disclose relevant interests to readers. Where conflicts of interest have implications for the review process, this will be led by another member of the Editorial team. In particular, any submission by a member of the Editorial team, a research fellow currently working on a grant held by a team member, a graduate student currently supervised by a team member or by a current collaborator of a team member will be referred to the Editors to conduct the review process.

7. Advertising

Advertising in *Critical Public Health* is a matter for the determination of the publishers.

i. Editorial decisions will not be influenced by advertising revenue or reprint potential.
ii. The publishers will endeavour to ensure that all advertisements meet current UK regulatory requirements for truthfulness, taste and integrity.

8. Dealing with Misconduct

Principles

Journals have a particular role in articulating the ethical standards of the research community and in ensuring that additions to knowledge are valid, accurate and obtained by legitimate means. In the pursuit of this goal, the Editors, reviewers and Editorial Board members have a joint responsibility to identify cases of possible misconduct, to carry out a fair and transparent preliminary investigation to determine whether a *prima facie* case exists and to refer the matter, where appropriate, to a body with the authority to take disciplinary measures.

i. Misconduct in publication is the intention to cause others to regard as true that which is not true. This is not solely a question of particular acts or omissions but of the intentions of the author, Editors or reviewer.
ii. Deception may be intentional, the result of reckless disregard for possible consequences or negligent. Each of these circumstances may justify investigations and academic sanctions.

Investigating Misconduct

a) The Editors will not simply reject papers that raise questions of misconduct: they are ethically obliged to investigate these.
b) Investigations must recognise the serious legal and professional implications of an allegation of misconduct and depend upon the strict observance of confidentiality by all those involved.

c) It is not the responsibility of Editors publicly to sanction those committing misconduct, recognising that they do not have the resources to conduct full investigations or the standing to take disciplinary measures. It is, however, their responsibility to co-operate fully with employers, professional associations or national regulatory bodies to ensure that a high standard of scholarly integrity is maintained.

Serious Misconduct

a) This includes but is not restricted to evidence of fraud or fabrication in research results, complete or extensive plagiarism, major breaches of anonymity or confidentiality of data on research participants or other abuse of the rights of human subjects, as identified by reference to the Nuremberg Code or the current edition of the Declaration of Helsinki, or of the abuse of co-authorship, either to include those who have not contributed to the research or to exclude those who have.
b) Editors, reviewers or readers may identify possible evidence of serious misconduct. In all cases, the first action must be to draw it to the attention of the Editorial team in confidence. If the Editorial team are compromised, the matter may be referred to the Editors.
c) In consultation with the Editorial Board, the Editors will determine whether one of their number should be appointed to investigate the matter or whether an independent person should be asked to undertake this in confidence. The investigator may obtain such confidential expert advice as she or he considers appropriate and will submit a full report in confidence to the Editors.
d) The investigator may conclude that there is no case to answer or that the case does not warrant treatment as serious misconduct and so recommend to the Editors. The Editors shall not be bound by this recommendation but must record reasons for their dissent. If there is no case to answer, a paper will be handled in the usual way. If the case is not treated as serious misconduct, it will be dealt with through the process described at under '*Less Serious Misconduct*' below.
e) The investigator may conclude that there is a *prima facie* case of serious misconduct and so recommend to the Editors. The Editors shall not be bound by this recommendation but must record reasons for their dissent.
f) If it is agreed that there is a *prima facie* case of serious misconduct, the available evidence will be disclosed in confidence to the person against whom the allegation is made, who will then be invited to submit a response. In the light of this response, the Editors will determine whether to forward the whole matter to the person's employer or professional association or to a relevant national regulatory body.

Less Serious Misconduct

a) This includes but is not restricted to redundant publication, minor plagiarism, failure to declare relevant conflicts of interest or inadequate acknowledgement of the contribution of others.
b) Editorial board members, reviewers or readers may identify possible evidence of less serious misconduct. In all cases, the first action must be to draw it to the attention of the Editors. Those dealing with the matter must remember that even minor allegations may have serious professional consequences.

c) The Editors will determine whether one of the Editorial Board members should be appointed to investigate the matter or whether an independent person should be asked to undertake this in confidence. The investigator may obtain such confidential expert advice as she or he considers appropriate and will submit a full report in confidence to the Editors.
d) The investigator may conclude that there is no case to answer and so recommend to the Editors. The Editors shall not be bound by this recommendation but must record reasons for their dissent. If there is no case to answer, a paper will be handled in the usual way.
e) If it is agreed that there is *prima facie* evidence of less serious misconduct, the available evidence will be disclosed in confidence to the person against whom the allegation is made, who will then be invited to submit a response. In the light of this response, the Editors will determine whether some internal sanction may be appropriate.

Sanctions

In view of the possible legal implications, sanctions d) to h) will not be invoked without reference to the publishers and to the Editorial Board.

a) A confidential educational letter of explanation to the authors where there seems to be a genuine misunderstandings of the principles of publication ethics.
b) A confidential letter of reprimand and formal warning about future submissions.
c) A formal letter in confidence to the relevant head of institution or funding body.
d) Publication of a notice of redundant publication or plagiarism.
e) An editorial detailing the misconduct.
f) Refusal to accept future submissions from an individual, team or institution for a specified period.
g) Formal withdrawal or retraction of the paper, reported to other Editors and indexing services.
h) Report to an employer, professional association or national regulatory body.