

## Number and expertise of peer reviewers: implementation

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See [policy statement on number and expertise of peer reviewers](#).

The definition of clinical/topic specialist is quite broad as the intention is to describe anyone who has in-depth knowledge in the topic area covered by the review. In most cases that this will be a clinician of some sort, but this may not always be the case. At protocol stage, this person should be able to assess whether the research question is valid, and at review stage whether the research question is still valid (if not, what's changed?), identify whether any relevant and important studies have been excluded, and whether the clinical context is correct and up-to-date.

If the Cochrane Review deviates from standard methods or uses complex methods, it will be peer reviewed by one statistician/methodologist who may have a role in the editorial team of the CRG. If the Cochrane Review uses standard methods, these can be checked by an appropriate member of the CRG editorial team.

Wherever possible it is highly desirable to use the same peer reviewers for the protocol of the Cochrane Review, the full Cochrane Review, and any updates of the Cochrane Review. If this is not possible, it may be helpful to send key points from previous peer review reports to the current peer reviewers to ensure that time is not wasted revisiting previous decisions (for example, on the scope of the review).

At least one subject-specialist must be external to the CRG editorial team (i.e. has no current editorial role). Fields are a potential source of subject peer review expertise external to the CRG editorial team.

The number of peer reviewers and the mix of expertise should be appropriate for the topic and complexity of the Cochrane Review (for example, Cochrane Reviews covering a multidisciplinary topic might need to seek several specialist peer reviewers). Peer reviewers with different skills (e.g. methods, specialists) should be guided to look at specific aspects of a review (e.g. it might be appropriate to guide methodologists to comment only upon the methods section of the Review).

The number and type of recruited to comment upon each Cochrane Review will vary, but may include content specialists, systematic review specialists, methodologists, statisticians, information specialists and consumers or other potential users of the review.

# Peer review of Cochrane Reviews of diagnostic test accuracy

The peer review process for Cochrane Reviews of diagnostic test accuracy (DTA Reviews; see [linked policy](#)) is managed centrally under the direction of the Editorial & Methods Department (EMD) to assure scientific quality and manage the limited peer review expertise for these reviews. Each Cochrane Review is managed through the DTA peer review process (which runs in parallel with the CRG peer review process) by a DTA contact editor who returns and editorial comments to the CRG for transmission to the author.

## Fields

When a Cochrane Review covers a topic that is relevant to the scope of a Cochrane Field, it is advisable to contact the Field to obtain a subject-specialist peer reviewer. Cochrane Fields have access to methodologists, clinicians, policy-makers and consumers with expertise and experience relevant to their topic area. Obtaining peer review input from a Field can ensure that the review has addressed all methodological and clinical issues appropriately and has maximum relevance to, and impact upon, the external stakeholders in this area.

## Consumers as peer reviewers

Consumers have an important role to play in the peer review of a Cochrane Review, and it is an expectation that all CRGs seek involvement from consumers, or from other potential users of the Cochrane Review. Consumer peer review ensures that Cochrane Review questions are relevant to people requiring and accessing health care, and that meaningful outcomes and potential harms are considered.

In particular, the role of consumers in the peer review of protocols for Cochrane Reviews is to highlight or identify additional outcomes of importance. Consumer peer reviewers also check the language used in a Cochrane Review, ensuring that the Review is sensitive to consumers, medical terminology is used sparingly and jargon is explained wherever possible; the intention is that reviews can be read easily by a wide audience. Note that, in some cases, consumers are also topic specialists.

For additional guidance on seeking a suitable consumer, the Consumer Network recommends that all CRGs use [TaskExchange](#) to recruit for consumer peer reviewers. Also available are the [ACTIVE project resources](#) from the Cochrane Training website.

## Study authors as peer reviewers

It may be necessary for authors of trials or studies included in a Cochrane Review (study authors) to be invited to be, for example, when the field is small and it is difficult to find peer reviewers with expertise in the field. This is acceptable as long as at least one other is external to the CRG editorial team and independent of any peer reviewer studies included in the review. The fact that a peer reviewer is an author of an included trial must be made clear in the **co**  
**nflict of interest** statement, and the authors of the Cochrane Review should be made aware of this when receiving peer review comments.