Information for journals considering endorsing The REFLECT Statement

Q. What is the purpose of reporting guidelines such as The REFLECT Statement?

A. The purpose of reporting guidelines such as The REFLECT statement is to provide the readership of journals with a full and accurate trial report. A full and accurate trial report allows for reproduction and critical appraisal. Reporting guidelines are not quality assessment tools. The best known reporting guideline is the CONSORT statement for randomized trials in human medicine.

CONSORT is a set of reporting recommendations—it does not make statements on how trials should be done, but asks that what was done should be fully and accurately reported.

Q. Is there evidence that reporting guidelines impact quality reporting?

A. There is evidence that use of reporting guidelines is associated with improved reporting although many issues remain.

Q. How do journals use reporting guidelines such as The REFLECT Statement?

A. Journals have several options such as

1) Requiring authors include a completed checklist from an appropriate reporting guideline with manuscript submission as a supplemental file.*
2) Referring reviewers to the reporting guidelines when soliciting a review
3) Providing a copy of reporting guideline such as The REFLECT statement to the reviewers.
4) Providing the authors completed checklist to reviewers to assist in the review.
5) Referring authors to the reporting guideline such as The REFLECT Statement in the Instructions for Authors.

Q. What does endorsement of The REFLECT Statement mean for a journal?

A. Mention of reporting guideline by name in the Instructions for Authors is considered sufficient for endorsement for example. There is no commitment or legal obligation. The REFLECT statement is published under the Creative Commons License and may be freely used with appropriate attribution (www.reflect-statement.org). Studies suggest that journals that request authors submit a completed REFLECT checklists are associated with the higher levels of quality reporting.

* This approach is adopted by British Medical Journal and preferred by The REFLECT Statement steering committee. By asking for a completed checklist authors are compelled to address the checklist items. This checklist may or may not be provided to the reviewer.

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Original article
The reporting of methodological factors in randomized controlled trials and the association with a journal policy to promote adherence to the Consolidated Standards of Reporting Trials (CONSORT) checklist
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Abstract
The “Consolidated Standards of Reporting Trials” (CONSORT) was developed to improve the suboptimal reporting of randomized controlled trials (RCTs). However, little is known about the quality of reporting since this publication. We undertook an observational study to determine the quality of reporting key methodological factors in RCTs since the publication of the CONSORT statement and if a journal policy to promote adherence to the CONSORT checklist was associated with superior reporting. We recorded the reporting of 11 key methodological factors in 105 RCTs from 29 medical journals published subsequent to the CONSORT statement. We examined the quality of reporting in relation to whether a journal was a “CONSORT promoter” as defined by inclusion of the CONSORT checklist in a journal’s “information to authors” section or a requirement that authors, manuscript reviewers, or copy editors complete the CONSORT checklist. Multivariate analysis controlled for journal impact factor, study outcome, and time of publication. Six of the 11 methodological factors were reported <50% of the time. The number of methodological factors reported was greater in CONSORT promoters than in journals not promoting CONSORT in both unadjusted (6.0 and 5.1, respectively, p-value = 0.03) and adjusted (6.4 and 4.8 of the 11 methodological factors, respectively, p-value = 0.0001) analyses. While journals that promote CONSORT demonstrate superior reporting of RCTs, persistent inadequacies in reporting remain. Until these inadequacies are resolved health-care providers will remain limited in their ability to make informed inferences about the validity of the studies upon which they base their clinical practice.