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Original Article

Trends in peer review metrics at the *Annals of African Surgery* (2017–2023): a retrospective study

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Abstract

Background: The peer review process is the cornerstone of scientific publishing acting as quality assurance mechanism. The process faces the challenges of recruitment of reviewers and assessment of the quality of the peer review proscess and quality of manuscripts.

Objectives: The aim of this study was to evaluate trends in reviewer performance scores (R-scores), manuscript quality (M-scores), and their association with reviewer recommendations and editorial decisions at the *Annals of African Surgery* over a 7-year period.

Methods: This is a retrospective cross-sectional audit of all peer review reports submitted to the *Annals of African Surgery* between January 2017 and December 2023. Summary reports were generated from the online manuscript management system with the following variables: manuscript ID, submission year, manuscript revision cycle, reviewer ID, reviewer invitation response, reviewer recommendation, reviewer R-score, manuscript score (M-score), days from review assignment to completion, manuscript first decision, and manuscript final decision.

Results: There was a low manuscript review acceptance rate of 29.9%. R-scores were generally stable with descriptively lower scores in later years with the longest median in 2023. There were no significant changes in M-scores while reviewer turnaround time varied significantly across years. There was a slight agreement between reviewer recommendations and editorial decisions.

Conclusion: While reviewer acceptance rates improved significantly after 2019, there was no corresponding improvement in R-scores or M-scores. Future efforts should prioritize not only increasing reviewer participation but also strengthening the quality and consistency of reviewer feedback to more effectively support manuscript development.

Keywords:

metrics, M-score, peer review, R-score, reviewer performance

Introduction

Peer review is an essential process within the academic and scientific community, acting as a quality assurance mechanism to uphold the integrity, validity, and significance of published research.[1,2] By subjecting manuscripts to independent expert evaluation, peer review is intended to filter out flawed research, enhance methodological rigor, and improve the clarity and impact of published articles.[2,3] Despite its pivotal role, the peer review process still faces challenges in recruiting and retaining reviewers who can complete timely quality reviews.[4] In response to these pressures, several tools have been developed to quantify reviewer performance and manuscript quality, although no universally standardized or validated instrument exists.[3] These include the R-score, M-score, Review Quality Instrument (RQI) and the International Orthopedics Reviewers Score among other tools.[5,6] However, these tools vary significantly in their structure and the specific components they evaluate.

The Annals of African Surgery was established in 2007 to promote surgery-based research from Africa. It is a quarterly, open-access, peer-reviewed journal published by the Surgical Society of Kenya, indexed in Scopus, Web of Science, DOAJ, AJOL, HINARI, and EBSCO. As of June 2026, the journal has published 23 volumes comprising 65 issues, currently appearing quarterly (4 issues/year). Its editorial team comprises 15 editors, 2 editorial interns, 1 editorial apprentice, and a journal administrator, who manage peer review process.

The journal adopted an online manuscript management system in 2017, providing a structured platform for tracking submissions, review timelines, and reviewer performance indicators. In parallel, the journal also introduced initiatives to enhance reviewer engagement and performance, including the use of R-scores, reviewer recognition certificates, and allocation of continuous professional development (CPD) points. Despite these efforts, it remains unclear whether such strategies have translated into sustained improvements in review quality and timeliness.

This study therefore aims to audit peer review reports submitted to the *Annals of African Surgery* between 2017 and 2023. Specifically, the study (i) examine trends in reviewer performance using R-scores, (ii) assess the timeliness of reviews, (iii) evaluate manuscript quality across revision cycles using M-scores, and (iv) analyze the association between reviewer recommendations and final editorial decisions. By identifying strengths, gaps, and temporal trends in the journal's peer review process, this study seeks to offer valuable insights to inform targeted interventions that can enhance the quality, efficiency, and fairness of peer review in an African surgical journal context.

Methods

Study design

This is a retrospective cross-sectional audit of all peer review reports at the *Annals of African Surgery* since 2017 when the journal adopted an online manuscript management system.

Study population

The study reviewed all peer review reports from January 2017 to December 2023.

Inclusion criteria

All peer review reports were included in the study.

Exclusion criteria

Duplicate reports and incomplete reports for manuscripts which had not undergone the complete peer review process were excluded.

Data collection

From the online manuscript management system, peer review summary reports were generated with the following variables: manuscript ID, submission year, manuscript revision cycle, reviewer ID, Editor ID, reviewer response, reviewer recommendation, reviewer R-score, Manuscript score (M-score), days from review assignment to completion, and editorial decision on each manuscript. Each review assignment was treated as a single event for all manuscript versions/revisions.

The journal uses the R-score metric (Table 1) to quantify and recognize reviewer contributions.[7,8] The R-score is a predictor of two aspects of peer review: quality assessment and timeliness, with higher scores indicating highly relevant and/or timely reviews and low scores indicating reviews considered to be below average and/or severely delayed.[8] A composite score is calculated from the two scores graded 3, 2, and 1. The rating options have corresponding numerical values which are averaged to determine an 'R-Score' for reviewers. A higher 'R-score' corresponds to a timely and highly relevant review and vice versa. Each review was rated by the assistant editor handling that manuscript, drawn from a pool of 15 assistant editors who are specialists in various surgical fields and have received some training on peer review. The journal utilizes M-scores (Table 2) for reviewers to assess the quality of manuscripts.[9]

Table 1. R-score metrics used by editors to assess reviewer performance and timeliness[8]

Metric	Score
Timeliness	
Review was on time	3
Review was slightly delayed	2
Review was severely delayed	1
Quality assessment	
Review was highly relevant	3
Review was sufficient	2
Review was below average	1

M-score is the mean of all the four rated aspects. A higher 'M-score' corresponds to a poor-quality manuscript and vice versa.

AI statement

During the revision of this manuscript, the corresponding author used Claude Pro to enhance the readability and language of the manuscript. After using this tool, the corresponding author reviewed and edited the content as needed and takes full responsibility for the content of the published article.

Statistical analysis

Categorical variables are summarized using frequencies and relative frequencies (percentages), while continuous variables are summarized using means ± standard deviations or medians with interquartile ranges (IQR), as appropriate. Cross tabulations were done for the R score and M score against the year of manuscript submission, reviewer recommendation, manuscript revision cycle, and editorial decisions with mean and standard deviation used to summarize the data. The chi-square test and Cohen's Kappa coefficient were used to assess the relationship between reviewer recommendation and editorial decision.

Continuous data was subjected to tests of skewness to determine type of distribution, with appropriate comparative statistics applied: Analysis of variance (ANOVA) was used for normally distributed data and independent Kruskal–Wallis tests for skewed data to assess the difference in means for R score, M score and time to review across various years, manuscript revisions, number of invited reviews, and editorial decisions on manuscripts. Data on the reviewer invitation responses were summarized into frequencies and percentages using SPSS v27.

Ethics approval

This study involved a retrospective audit of anonymised peer-review data extracted from

Table 2. M-score matrix used by reviewers to assess manuscript quality[9]

Rating	Excellent (1)	Good (2)	Average (3)	Below average (4)	Poor (5)
Interest					
Quality					
Originality					
Overall assessment					

the journal's manuscript management system. No patient information or other directly identifiable personal data were accessed. All reviewer and manuscript identifiers were removed prior to analysis in order to maintain confidentiality, and the dataset was stored and analysed on secure, access-restricted systems. The data were used solely for research purposes. In line with institutional and journal policies, formal ethics committee review was not required because the project entailed secondary analysis of routinely collected, non-identifiable data and did not involve direct interaction with human participants. Permission to access and analyse the anonymised dataset was obtained from the journal's editorial administration.

Results

For the period under review, the journal engaged a total of 1193 reviewers, of whom 69% were from Kenya and 31% from the international community. The international reviewer base represented over 40 countries, with the largest contributors being Nigeria (4%) and the United States (2.7%).

A total of 5057 review requests were sent out by the journal. Of these, 29.9% were accepted, 6.2% were declined, 60.0% received no response, and 3.9% were unavailable.

The trends in reviewer acceptance rates, R-Scores, M-Scores and time to review are summarized in Table 3. The number of reviewers invited per manuscript varied significantly across years ($p = 0.005$), with the highest median observed in 2023. Reviewer acceptance rates decreased from 57.1% in 2017 to a nadir of 19.7% in 2019, before increasing progressively to 45.7% in 2023 ($p < 0.001$). The non-response rate declined steadily over the same period, from 66.3% in 2019 to 46.6% in 2023.

A total of 1173 reviews had reviewer scores at the time of analysis. Median R-scores were stable across most years, with descriptively lower medians in 2022 and 2023 (Table 3); no formal test for trend was performed because the distributions were highly similar. Time to review varied significantly ($p = 0.03$) with the highest median in 2023. There were no statistically significant changes in M-scores ($p = 0.27$) over the same period.

Trends in review scores across manuscript revision cycles are summarized in Table 4. Across manuscript revision cycles, there was no significant change in R-scores ($p = 0.198$). Because the distribution of M-scores was highly similar across revision rounds and the number of manuscripts with ≥1 revisions was small, no formal statistical test was perfomed for M-scores. Descriptively, however, M-scores tended to improve, declining from 2.50 in the initial review to 2.17 after three revisions. The average review turnaround time decreased significantly, from a median of nine days for the initial review to a median of one day after three revisions ($p = 0.005$). A one-way ANOVA also demonstrated statistically significant differences in mean R-scores awarded by the 15 editors ($F(14, 3986) = 17.77$, $p < 0.001$).

Table 5 summarizes the relationship between reviewer scores and editorial decisions. M-scores differed significantly across

Table 3. Trends in reviewer acceptance, R-Scores, M-Scores, and time to review (2017-2023)

	Year							
Variable (unit)	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	*p*
No. of invited reviewers per manuscript (median, IQR)	6 (4-7), n = 46	6 (3-11), n = 69	7 (3-13), n = 83	5 (3-8), n = 114	5 (3-7), n = 84	5 (3-8), n = 49	8 (5-10), n = 48	0.005**
Reviewer acceptance rate (%)	57.1 (189/331)	28.4 (209/736)	19.7 (220/1114)	25.2 (267/1058)	28.8 (218/756)	30.0 (150/500)	45.7 (257/562)	<0.001**
R-score (median, IQR)[b]	3.0 (2.0-3.0), n = 100	3.0 (2.0 -3.0), n = 99	3.0 (2.0 -3.0), n = 90	3.0 (2.0 -3.0), n = 175	3.0 (2.0 -3.0), n = 145	2.0 (2.0 -3.0), n = 105	2.0 (2.0 -3.0), n = 138	-*
M-score (Median, IQR)	2.5 (2.0-3.0), n = 100	2.3 (2.0-3.0), n = 99	2.5 (2.0 -3.0), n = 90	2.5 (2.0-3.25), n = 175	2.5 (2.0-3.00), n = 145	2.3 (2.0-3.0), n = 105	2.5 (2.0-3.25), n = 138	0.27*
Time to review (median, IQR)	5.0 (0-15.5), n = 100	7.0 (0-19), n = 99	10.0 (1-19), n = 90	9.0 (1-20), n = 175	10.0 (1-20), n = 145	8.0 (0-19), n = 105	14.5 (1-21), n = 138	0.03*

IQR: interquartile range.
*Independent sample median test, **Chi square, - = no formal test performed because the distributions of values were highly similar across groups.

decision categories, with the highest M-scores observed for rejected manuscripts (median 3.0, IQR 2.25-3.5; $p < 0.001$). In contrast, R-scores did not differ significantly between editorial decisions ($p = 0.627$).

Table 6 presents a summary of the association between reviewer recommendations and editorial decisions. Overall, reviewer recommendations agreed with the final editorial decision in 40.8% (479/1,173) of cases. This corresponded to slight inter-rater agreement between reviewer recommendations and editorial decisions across the four categories (K = 0.18, $p < 0.001$, N = 1173).

Reviewer recommendations were significantly associated with editorial decisions for 'major revision' and 'reject' categories ($X^2(9, N = 1173) = 288.80$, $p < 0.001$).

Discussion

Reviewers are an integral part of the peer review process, and many journals worldwide face challenges securing reliable reviewers who can complete high-quality reviews on time.[4] This study found that, despite a repertoire of more than 1000 reviewers, only 29.9% of invited reviewers accepted requests

Table 4. Trends in reviewer performance and manuscript quality scores across manuscript revision cycles

Manuscript revision number	**0**	**1**	**2**	**3**	
n	753	82	10	7	*p**
R score (median (IQR))	**3 (2-3)**	3 (2-3)	3 (2-3)	3 (0-0)	0.198
M score (median (IQR))	2.5 (2-3)	2.25 (2-2.8)	2.6 (2-3)	2.0 (2.0-2.5)	-
Days to review completion (avg)	**9 (1-20)**	7 (0-19)	3.5 (0-9.5)	1 (0-3)	0.005

IQR: interquartile range.
*Independent sample median test; - = no formal test performed because the distributions of M-scores were highly similar across revision rounds, and the number of manuscripts with ≥2 revisions was small.

Table 5. Association between reviewer scores and editorial decisions

	Accept	Minor revision	Major revision	Reject	*p*
R score (median (IQR))	**3 (2-3)**	3 (2-3)	3 (2-3)	**3.0 (2-3)**	**0.627***
M score (median (IQR))	**2 (1.75-2.75)**	2 (1.75-2.5)	2.5 (2-3)	**3 (2.25-3.5)**	<0.001*

IQR: interquartile range.
*Independent-samples Kruskal–Wallis test

to review, with more than half of invitations receiving no response. The reviewer acceptance rate is lower than rates reported in other studies. Christopher et al. reported an acceptance rate of 42% in a medical journal , while another study evaluating six journals in ecology and evolution observed an acceptance rate of 37%.[4,10] Multiple factors intersect to influence reviewer acceptance rates, including the manuscript's relevance to the reviewer's expertise, time constraints, and the reviewer's previous experience with the journal.[11] The effectiveness of peer review depends not only on reviewer engagement but also on the clarity and informativeness of review invitations, which directly influence whether researchers accept or decline requests.[12] Recent findings indicate that journals indexed in major databases tend to provide more detailed and transparent review invitations, whereas others often omit essential information such as timelines or anonymity policies.[12] Improving the quality and content of reviewer invitations may therefore help enhance reviewer responsiveness, particularly in journals seeking to expand their reviewer pool.

The *Annals of African Surgery* has implemented several initiatives to attract, retain, and acknowledge peer reviewers, including awarding CPD points, issuing reviewer recognition certificates, granting Publons credit upon review completion, using the R-score for reviewer evaluation and selection, publicly recognizing reviewers annually in the journal, and offering editorial opportunities for high-performing reviewers. Nevertheless, further effort is needed to attract and retain expert reviewers.

Across the study period, median R-scores were generally stable, with descriptively lower medians in the most recent years, while M-scores did not show statistically significant changes. Reviewer turnaround time, however, varied significantly across years, with the longest median observed in 2023. These findings suggest that, on average, reviewer performance—as assessed by editors—remained consistent, even as the journal's reviewer recruitment dynamics evolved. A systematic review reported only transient improvements in review quality following formal reviewer training, whereas mentorship by senior reviewers significantly led to more

Table 6. Association between reviewer recommendations and editorial decisions

	Decision on manuscript				
Reviewer recommendation	**Accept**	**Minor revision**	**Major revision**	**Reject**	**Total**
Accept	41 (18%)	69	92	22	224
Minor revision	11	102 (23%)	247	83	443
Major revision	3	26	261 (70%)	81	371
Reject	3	3	54	75 (56%)	135
Total	58	200	654	261	1173

substantial gains.[13] In response, some journals have adopted deliberate strategies to expand their pool of high-quality reviewers, including recruiting junior researchers and training them through co-reviewing with senior reviewers, editor mentorship, and structured teaching on research methodology.[14] In parallel, integrating technological innovations, such as AI-assisted tools for detecting plagiarism, identifying methodological flaws, and automating reviewer selection, as well as blockchain-based systems for tracking and ensuring the integrity of peer review, has been proposed to address inefficiencies, reduce reviewer burden, and enhance transparency, accountability, and overall quality in the peer review process.[15]

Reviewer scoring patterns in this study support the view that more critical recommendations are associated with more detailed and substantively useful reviews. M-scores, which reflect manuscript quality as assessed by reviewers, differed significantly across editorial decision categories, with the highest M-scores observed for rejected manuscripts, indicating poorer perceived quality. Prior work suggest that more critical recommendations are associated with higher review-quality scores, for example, in the *Journal of Neurochemistry*, reviewers recommending rejection tended to receive higher review-quality scores than those recommending acceptance.[16] This trend may reflect the greater detail and critical analysis required to justify a rejection or major revision, as such reviewers often provide more comprehensive feedback on methodological weaknesses, study limitations, and areas for improvement.[17] As might be expected, the quality assessment of manuscripts by reviewers worsened (indicated by increasing M-scores) from 'accept' to 'reject'.

Manuscript quality, as assessed by reviewers, tended to improve descriptively across revision cycles, as indicated by decreasing M-scores, but with no change in R-scores. Incorporation of peer review comments is known to improve manuscript quality, particularly when reviewers provide constructive feedback on study design, diagnostic accuracy, treatment appropriateness, reporting clarity, and the quality of figures, tables, and graphs.[6,18,19] In this study, manuscript revisions benefited from iterative feedback, but reviewers' ability to provide increasingly constructive or insightful comments remained consistent throughout the process. At the same time, review turnaround times shortened markedly with each subsequent revision, which likely reflects both more focused revisions and increased familiarity of reviewers and editors with the manuscripts.

The relationship between reviewer recommendations and final editorial decisions in this study highlights both the value and the limits of reviewer influence. Overall agreement between reviewer recommendations and editorial decisions was slight, yet recommendations for major revision and rejection showed stronger alignment with editorial outcomes than recommendations for acceptance or minor revision. These findings are consistent with those of the JPGN study, which reported that editorial decisions strongly align with reviewer recommendations, particularly when reviewers agree.[20] Similarly, a study of obstetrical manuscripts submitted to *Obstetrics and Gynecology* and the *American Journal of Obstetrics and Gynecology* demonstrated that the influence of reviewer recommendations on final editorial disposition depended on the type of recommendation: recommendations for rejection were accompanied by a 93% rejection rate, making

rejection the most influential recommendation, while recommendations for acceptance with minor or no revisions led to a 67% acceptance rate, and recommendations for acceptance with major revisions resulted in a 40% acceptance rate.[21]

In many aspects, the reviewer engagement and performance patterns observed in this study parallel challenges reported across biomedical and surgical journals globally, including low response rates, difficulties in recruiting willing experts, and only modest gains in review quality despite targeted interventions. By quantifying reviewer acceptance, R-scores, and M-scores over time in a middle-income country context, this study offers empirical evidence from a region where surgical research capacity, journal infrastructure, and incentives for editorial service are still being consolidated. Its findings are relevant beyond Africa because they shed light into how systemic features of the peer-review 'crisis' – reviewer burnout, limited rewards, the under-representation of certain regions and demographics, and the growing mismatch between submission volume and available reviewers – manifest in lower-resourced journals that are increasingly central to global surgery. As global surgery agendas call for expanded, high-quality research output from low- and middle-income countries, strengthening peer review in African surgical journals becomes critical to the reliability, visibility, and equity of the global evidence base. This study therefore adds to the emerging literature on the sustainability and quality of peer review, providing insights that may inform more efficient, transparent, and equitable peer review systems worldwide.

The R-score and M-score metrics, while useful for quantifying reviewer performance and manuscript quality, are not standardized or universally validated tools, which may affect the generalizability of the findings. Additionally, the high rate of non-response to reviewer invitations may introduce bias, as the data analyzed primarily reflect contributions from a subset of engaged reviewers, potentially limiting the representativeness of the results. Furthermore, this study was conducted using data from a single journal, which may limit the applicability of the findings to other journals with different editorial practices or reviewer pools. Additionally, because each review was scored by a single handling editor rather than by multiple independent raters, and editors differed significantly in their mean R-score ratings (as shown earlier), individual review scores may partly reflect the scoring tendencies of the assigned editor rather than review quality alone.

Reviewer acceptance rates improved significantly after 2019, yet there was no corresponding improvement in R-scores or M-scores. Reviewer recommendations showed only slight overall agreement with editorial decisions, with stronger alignment for the major revision and reject categories. Future efforts should therefore prioritize not only recruiting reviewers but also enhancing the quality and reliability of their feedback to better support manuscript development and editorial decision-making.

To strengthen the peer review process, several measures are recommended. First, structured reviewer training should be implemented to improve review quality, methodological rigor, and consistency. Second, mentorship programs should be established to develop the next generation of reviewers through co-review and shadow-review opportunities for medical students and early career researchers. Third, reviewer invitation emails should be made more comprehensive, clear,

and informative to improve engagement and response rates. Finally, regular feedback and recognition should be provided to reviewers, including performance metrics and acknowledgment, to promote accountability and sustained high performance.

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