

Governing Board Paper

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| Agenda number: | **4.4** |
| Agenda item: | **Changes to CEU review screening** |
| Submitted for Governing Board meeting: | London, 16 March 2017 |
| Submitted by: | Toby Lasserson, [tlasserson@cochrane.org](mailto:tlasserson@cochrane.org) |
| Sponsored by: | Editor in Chief |
| Access: | Open |
| Decision or information: | Decision |
| Resolution for the minutes: | We request that the Governing Board ratifies the proposed changes to the screening programme |
| Executive summary: | The paper outlines proposed changes to review screening, building on work carried out on the recent of review abstracts and commits to the development of a quality assurance checklist. It puts three proposed actions to management of review screening and briefly describes how the process will work on an operational basis. |
| Financial request: | NA |

# Background:

This report outlines proposals to monitor and manage review quality on an ongoing basis. This takes account of our current approach to review screening, the recent [abstract audit](https://community.cochrane.org/sites/default/files/uploads/inline-files/Abstract%20Screening%20Report%20Feb17.pdf), and plans to pilot the ‘fast track editorial service’ and the separation of editorial from developmental functions by Cochrane Review Groups.

Pre-publication screening of reviews has evolved since it began in 2013. The work of the ‘Screening Team’ is valued by many in Cochrane who request input on reviews (three reviews per week in 2016 and about four per week in 2017 to date). In addition to these reviews that are referred to the Screening Team, we also assess all reviews selected for press releasing, reviews referred from the copy edit support service, and the Cochrane UK’s ARGO meeting.

As we acknowledged in the [CEU quality report](http://community.cochrane.org/sites/default/files/uploads/inline-files/item_5.2.1_-_ceu_report_on_review_quality_-_open.pdf) for the Seoul Colloquium, the supportive nature of this approach is restricted to reviews that are unlikely to represent the average, making it challenging for us to monitor the quality of the “average” review. To identify the best way forward we conducted the abstract audit using a ‘publication checklist’. The results of the abstract audit were informative but also demonstrated the limitations of the tool. This led us to discuss a triage of all reviews using a modified version of the checklist. We intend to triage reviews as they are signed off by CRGs before making further decisions about whether to check the review more fully. By providing a more structured approach we hope to make the checks more transparent and replicable at an earlier stage of the sign off process.

1. Proposal:

The CEU screening team will undertake the following:

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### Preserve current referral system

The referral system will continue in its current form, allowing CRGs, Copy Edit Support, and the Communications and External Affairs Department (CEAD) to seek the team’s assistance when necessary. We will develop a formal referral mechanism so that we can record a clear rationale for each review that is referred, by whom and at what stage the review is currently at. Where we can feedback verbally to the CRG teams we will seek to do this, as well as offering in time screening where this can be organised and resources permit.

### Sample from signed off reviews

New or updated intervention reviews signed off on a weekly will be selected and assessed against a checklist that builds on the checklist from 2016. The tool we will use aims to triage reviews based on the abstracts, content of the Summary of Findings tables and results for key analyses. The current version of the tool is presented in Appendix 1. For purposes of equity we will sample from reviews signed off by all CRGs. The proposed process is outlined in Appendix 2.

The checklist is intended to be transparent and our piloting of the checklist indicate that it can take less than one hour to use for any given review. After this point, it should be possible to tell when a review may require a closer look from a screening editor or by the CRG. We are aware of variation in practices around the use of workflows around the sign off process and we intend to respect the way in which they are used by the CRGs. The tool is not intended to generate an aggregate score.

### Develop and finalise a Review Quality Assurance Checklist

The screening process has considered several reviews against a subset of the MECIR standards. We intend to apply the same methods as we have been using up until now, but develop a QA Checklist that would be applied to:

1. Reviews sent to us by the referral process
2. Reviews identified by the Triage Tool as requiring closer attention

We plan to develop guidance that explains the deployment of the Triage Tool and the QA Checklist.

* 1. Measures of success:

We aim to oversee cyclical audits of published review abstracts, Summary of Findings, and main analyses to provide CRG specific and community wide comparative data on abstract quality over time. This will tell us how much an effect the tool has had over time.

* 1. Issues and strategic implications:

1. **Strategy Implications:**

This relates directly to Goal 1. Planned changes from the Structure and Function transformation programme could impact on the screening process. As networks form we expect there to be a structural alignment of the CEU editors to accommodate this.

1. **Resource implications:**

Triaging and quality assurance work will be carried out by the team who run the screening process in the CEU. We propose to select reviews from the weekly sign offs to allow us to continue to accept reviews on a referrals basis, to work with colleagues in CEAD and LSD on dissemination and learning initiatives, and to ensure that we have adequate capacity to work on the pilot for separating editorial from developmental function.

For cyclical audits, we would like to involve independent assessors, ideally from the CRG community, for the purpose of assessing review abstract quality.

1. **Risks and dependencies:**

Currently we are aware that due to variation in CRG processes, the alerts in the workflows system that we use to identify signed off reviews (stage E) can be misleading. As previously managed between 2013 and 2015, we plan to flag reviews that we intend to triage with the CRGs and CES directly to reduce disruption to the author and CRG editorial process.

Should there be a backlog of work created by other triaging work we will communicate the reason for delays on receipt of reviews that have been referred.

1. **Impact and change management**

Not applicable.

1. **Timelines**

This is an ongoing process.

1. **Management Responsibility**

Toby Lasserson from the CEU will have operational leadership of the QA process.

1. **Consultation:**

List the names and titles of the people involved in the preparation of the Board paper.

Nuala Livingstone

Newton Opiyo

David Tovey

Liz Bickerdike

Kerry Dwan

1. Recommendations:

We request that the Governing Board endorses the proposals that we have outlined in relation to review screening and support for other activities.

Appendix 1 Current triage tool (10/03/2017)

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| --- | --- | --- | --- | --- | --- | --- |
| **ABSTRACT** | | | **SUMMARY OF FINDINGS TABLE** | | **DATA AND ANALYSIS  (for Critical and Important outcomes in Main comparison)** | |
| **Item** | **Response** | | **Item** | **Response** | **Item** | **Response** |
| Title reflects the review question |  | | SoF table presents main outcomes (both benefits and adverse effects) for main comparison |  | Analyses match the plan specified in the methods section (e.g. MDs or SMDs; fixed or random effects meta-analysis) |  |
| Research question (PICO) is clear and the rationale for the review is well described |  | | PICO (including Settings) presented and accurate |  | Data from non-standard designs (cluster, cross-over, etc.) appropriately incorporated where relevant (check ‘Unit of analysis issues’ in methods & footnotes in forest plots) |  |
| Search date is less than 12 months from publication? |  | | Outcomes fully defined (i.e. time of measurement, scale of measurement, range of scores specified) |  | Multiple measurements from multi-arm studies or subgroups handled appropriately (check for double counting of studies in Forest plot and adjustment of sample size in control groups) |  |
| Direction, magnitude and confidence intervals of effects clearly described where appropriate |  | | Assumed and Corresponding risks presented (where appropriate) |  | Outlying results acknowledged and explored appropriately |  |
| Findings for all important outcomes reported for the main comparison(s), including information about harm? (i.e. consistent with the outcomes reported in the SoF table) |  | | Clear and accurate summary of narrative results (where appropriate) |  | No unusually high or low mean/SD/count data  (look at comparability of SDs for studies using same scale; check that sample sizes for same studies are similar across key outcomes; look at weights of individual studies relative to sample size) |  |
| There an estimation of the certainty (or quality) of the body of evidence using GRADE for each outcome reported in the abstract |  | | Quality ratings presented for narrative results (where appropriate) |  |
| Absolute effects used to illustrate the relative effects where appropriate |  | | GRADE ratings are clearly justified (supported by clear and appropriate quality assessment criteria in Footnotes) |  | Key findings consistent across the summary versions of the review (compare abstract, PLS, SoF table, Effects of interventions and Data tables) |  |
| Reporting of results avoids emphasizing statistical significance to determine presence or absence of an effect |  | |  |
| Conclusions are an accurate reflection of the evidence presented in the GRADE SoF table(s) and do not make direct recommendations |  | |  |
| **Time taken to Triage:** | |  | | | | |
| **Decision** (e.g. Proceed to full screen;  Return to CRG for amendment; Proceed for publication): | | | | | | |
| **Main Points of Note:** | |  | | | | |

Appendix 2

Proposed workflow for triaging1

Review triggers Stage E alert in the review workflows

Review randomised to triaging. CRG & CES alerted accordingly.

Review proceeds to sign off/copyediting & publication

Tool returned to CRG for quick amendments prior to sign off/publication

Minor issues only identified

No potential issues identified

Review assessed in more detail using Quality Assurance checklist

Major issues identified

‘Minor issues’ are those that are easily explained and thus easily fixed (e.g., discrepancies between results in abstract and those in SoF tables, details omitted from the SoF table)

‘Major issues’ are those that are less easily explained and may require more guidance to fix (e.g. unit of analysis errors detected, conclusions accurately fail to reflect the evidence presented in the GRADE SoF table(s), discordance between abstract outcomes and those presented in the SoF tables, authors make recommendations, GRADE ratings are not clear and justifiable).