Cochrane

Cochrane Fast-Track Service

Cochrane Editorial Unit Pilot Project

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Cochrane Fast-Track Service: a pilot

Executive summary

As part of the Structure & Function Review, the Governing Board has requested that the Cochrane Editorial Unit (CEU) looks at ways to speed up publication of high-quality, high-impact reviews, written by capable and experienced Cochrane author teams. The importance of this issue has recently been highlighted in a report for the UK National Institute for Health Research. In this paper, we outline a proposal to pilot a fast-track editorial process for specific, high-quality review submissions. This would enable our most skilled and proficient author teams to bypass the lengthy review-development process and submit their completed Cochrane Review directly for editorial consideration. Protocols for these reviews would need to be registered in PROSPERO, and may be published elsewhere, and the threshold for acceptance for these submissions will be high. We therefore expect that the acceptance rate will be comparable with other high-quality journals, should this scheme be rolled out (see Appendix 1).

Rationale for pilot

The research landscape has changed since Cochrane's inception in 1993, and there are now many more experienced evidence synthesis researchers. The lengthy review-development process is sometimes cited as a key reason why such researchers publish their reviews elsewhere, rather than with Cochrane. Our hope is that a rapid, fast-track editorial process will make authoring Cochrane Reviews an appealing option for experienced researchers, who are knowledge-rich but time-poor, and who do not require the same level of guidance and support that is built into the 'standard' Cochrane review process. By speeding up time to publication we aim to increase the number of high-impact, high-quality Cochrane Reviews that we publish. We also hope that this approach will reduce Cochrane Review Group (CRG) workload, and improve author experience for our most capable author teams.

Criteria for reviews

- Standard intervention reviews are our main target, but we will accept other types of reviews as long as the author team has demonstrated the required methodological expertise.

- Reviews must be written in RevMan, adhere to the Cochrane Style Manual and comply fully with the MECIR standards. The editorial process will be managed through the Review Development workflow in Archie by Helen Wakeford (CEU Editor). The individual objectives are outlined in the Terms of Reference (Appendix 2).

- Submitted reviews should be accompanied by a research protocol, which may be – but does not need to be – delivered in RevMan. The review protocol must clearly state the research question, inclusion criteria and methods to conduct the review and provide sufficient detail to demonstrate that the protocol is consistent with the MECIR conduct standards for protocols. The protocol must be preregistered in PROSPERO. As part of the pilot, we will assess whether it will also be necessary for the protocol to be published prior to acceptance into the scheme. When the review is published the protocol or its registration must be referenced clearly in the Abstract, Methods and Results sections.

- The review topic area must be relevant for Cochrane and a clear justification of relevance to one or more external stakeholders must be provided. We are particularly interested in reviews that are on the Cochrane Priority Reviews List.

- Submitted reviews should require minor or no revision in order to be accepted for peer review. Any review requiring significant methodological revisions will be rejected. At the peer review stage, referees will also give a recommendation to accept, accept with amendments, or reject. Although a recommendation to reject by peer referees will be considered seriously, the final decision will remain with the CRG and the Editor in Chief. Details of the rejection policy for this pilot can be found in Appendix 3. Should a review be rejected from the pilot process, the CRG will have the option to work with the author team through the 'standard' review process, should both parties agree to this.

Criteria for author teams

- Author teams should include methodologists and content experts in the field of the review topic (for example health professionals or informed consumers). At least one member of the team, either the lead or contact author, should be an experienced Cochrane author.

- The high threshold for acceptance, and potentially high rejection rate will be made clear to author teams prior to their entrance to the pilot. Authors must be familiar with, and have checked their submissions against, the MECIR standards and the rejection policy drafted in conjunction with this pilot (Appendix 3) prior to submitting their review.

Who are our target participants?

We plan to work with CRGs, and experienced author teams who are familiar with the Cochrane standards and processes. Editorial tasks will be managed centrally, in collaboration with CRGs.

Proposed editorial process

We aim for the editorial process to take a maximum of **three months** from review submission.

Stage 0:
The author team will contact either the relevant CRG or the CEU team to explore entry into the pilot. The review can only proceed with the consent of both the CRG and CEU team.

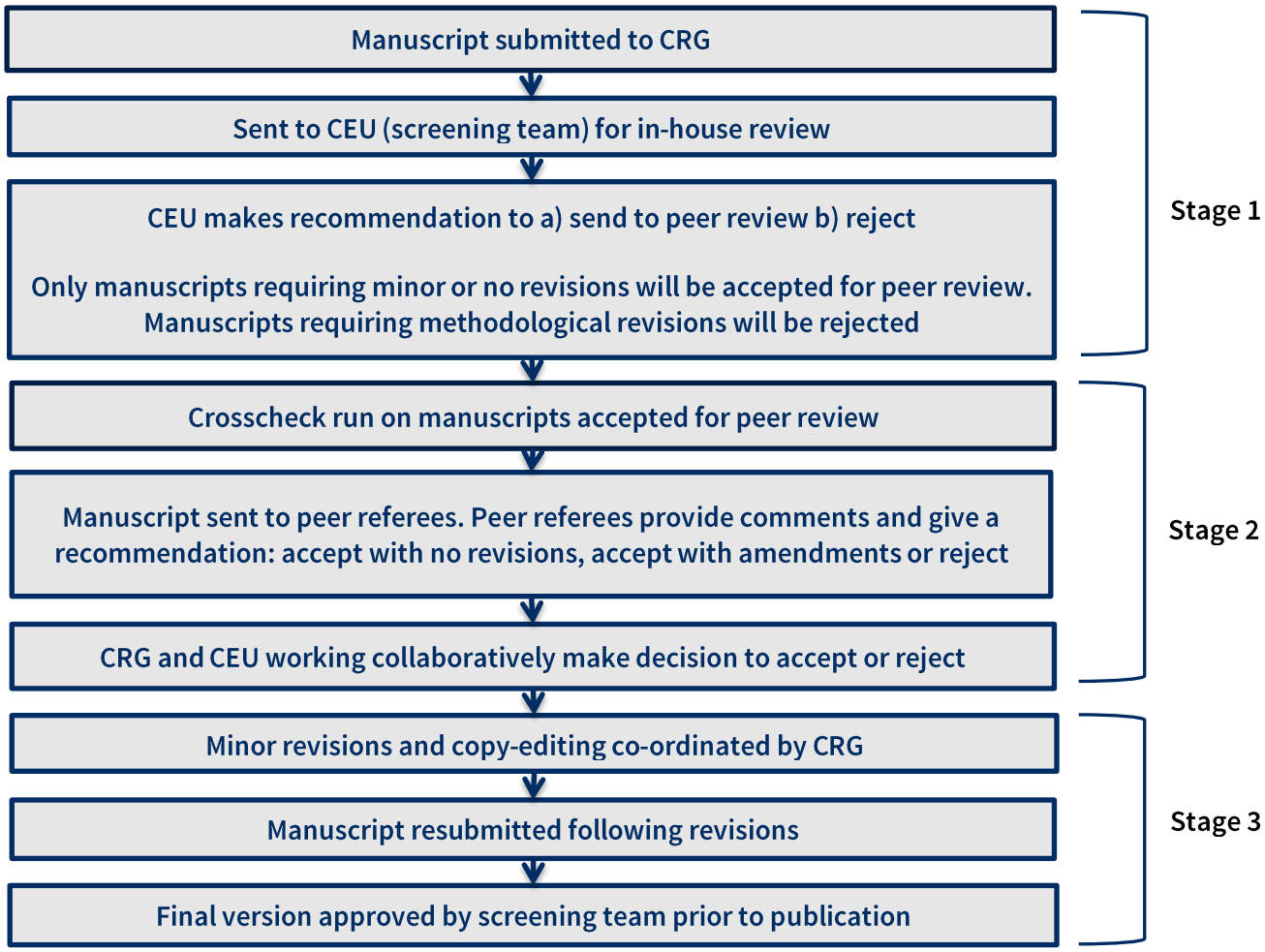
Stage 1:
The review will be submitted via Archie and associated with the appropriate CRG, followed by in-house screening by the CEU screening team. Only manuscripts of publishable standard and high methodological quality will be submitted for peer review. If major changes are necessary, the CEU will recommend rejection, and discuss this recommendation with the CRG, who will have the final say.

Stage 2:
Peer review: During the pilot phase, the process will be co-ordinated centrally by Helen Wakeford from the CEU, and will be fast-tracked. All manuscripts will be checked for plagiarism. Methodological peer review will be conducted by a consultant methodologist for the pilot. Peer

review for content will be conducted externally and in consultation with CRGs. Peer referees will be asked to complete a pre-determined template with their feedback, and to provide a recommendation that will be limited to 'accept', 'accept with amendments', or reject. The peer review process will be open, in line with Cochrane's peer review policy. The decision to reject will be made collaboratively between CRG and CEU[1].

Stage 3:
Following resubmission (if revisions were required) and copy-editing, the final review will be assessed by the screening team prior to publication. The CRG and CEU, working in collaboration, will have the option to reject the review at any stage if the review has not reached the required standard.

Figure 1: Proposed editorial workflow



[1] As agreed under CRG MOU 1.2.11, the Editor-in-Chief retains the right to veto publication if the manuscript does not meet the required standard.

Recommended timelines

Stage of editorial process	Recommended timeline
1	3 weeks
2	6 -7 weeks
3	3 weeks
	Total: 12-13 weeks

Evaluation

Time to publication

We will monitor the length of the editorial process for the pilot reviews, noting the time taken for each stage of the editorial process.

Author feedback

We will contact the author teams included in the pilot following the publication of their review, with a brief questionnaire about their experience. We will also contact author teams that were not involved in the pilot scheme with the same questionnaire following publication of their own reviews, and compare this information.

CRG feedback

We will hold semi-structured interviews with participating CRGs at the end of the pilot to determine what went well, what challenges were encountered, and what should be changed in the rolled-out model.

There will also be the opportunity for informal discussions between the CEU and participating CRGs throughout the process, with the possibility of making amendments to parts of the pilot that are felt to have a negative impact on the CRG.

Review quality

The high threshold for review acceptance, plus CEU screening, should ensure a very high standard of review quality. We will verify this using the *CEU Publication Checklist* (under development) and compare the quality of published reviews to the baseline average.

Timeline

7 Dec 2016:	Draft proposal circulated for comment from the CEU team leads
12 Dec 2016:	Draft proposal updated with comments from the CEU team
2 Feb 2017:	Proposal circulated to key Cochrane stakeholders
6 Feb 2017:	Start to engage participating author teams and pair them with CRGs
Feb to Sept 2017:	Pilot activities
October 2017:	Preliminary results presented at the Cochrane Colloquium (Global Evidence Summit)

Appendix 1: What do other journals do?

Generally speaking, this is the process for the five highest impact medical journals (Lancet, MEJM, JAMA, Nature Immunology, BMJ):

Stage 1:
In-house review – the majority of manuscripts are rejected at this point. Small percentage (~10% to 20%) accepted for peer review

Stage 2:
Run plagiarism software

Stage 3:
Peer review, plus a recommendation from the reviewer whether to accept, accept with minor revisions, accept with major revisions or reject (except for Nature, which is unusual in that it does all of its reviewing in-house and only uses external reviewers at its discretion)

Stage 4:
Decision by the journal to accept or reject

Most journals then allow appeals that are considered by two independent editors who were not involved in the editorial process. We will not do this for the pilot scheme, but we would expect to do this for any implemented process.

Acceptance rates:

NEJM, Lancet, JAMA, Nature Immunology, BMJ – all around 5% to 7%

More information:

BMJ: http://www.bmj.com/about-bmj/resources-authors/fast-track-publication

Lancet: http://www.thelancet.com/lancet/information-for-authors/fast-track; http://www.thelancet.com/lancet/information-for-authors/how-the-lancet-handles-your-paper

NEJM: http://www.nejm.org/page/media-center/publication-process

Nature Immunology: http://www.nature.com/ni/authors/ed_process/index.html

JAMA: http://jamanetwork.com/journals/jama/pages/instructions-for-authors#SecEditorialandPeerReview

Appendix 2: Terms of Reference

Background

The lengthy review development process has been cited by some independent methodologists as a reason for publishing their reviews elsewhere, rather than with Cochrane. We want to make authoring Cochrane Reviews an appealing option for experienced evidence synthesis researchers, who are less reliant on Cochrane's highly structured editorial processes.

We propose to pilot a fast-track editorial process for high-quality review submissions. This would enable proficient author teams to bypass the current review development process and submit their completed Cochrane Review directly for consideration. The threshold for acceptance for these submissions will be high, and standards enforced rigorously. Consequently, we are anticipating a high rate of rejection, but that this will be delivered quickly and courteously.

Objectives

Overarching objective

To pilot a rapid, fast-track editorial process for high-quality review submissions

Detailed objectives

Objective	Who will do this?
1. To engage with prospective high-quality, experienced author teams working in priority topic areas, who may be candidates for the pilot project	Led by the CEU with input from CRGs
2. To communicate the criteria for author teams and reviews effectively to prospective author teams	CEU and CRGs in collaboration. CEU provides the written materials
3. To make prospective author teams aware of the pilot-specific rejection policy	CEU and CRGs in collaboration. CEU provides the written materials
4. To assess review submissions with the aim of a) rejecting, or b) or sending to external peer review according to the rejection policy	CEU to screen review submissions in-house
5. To implement a modified editorial process as detailed on pages 4-5 of the pilot proposal	CEU and CRGs in collaboration
6. To ensure that the editorial process takes no longer than three months from review submission to publication unless previously agreed with the CEU.	CEU and CRGs in collaboration

Objective	Who will do this?
7. To evaluate the pilot, with a particular focus on time to publication, review quality, and participant experience	CEU

Team members required

Karla Soares-Weiser (Deputy Editor-in-Chief) is responsible for the delivery of the pilot, with assistance from Helen Wakeford (Editor, CEU), Sera Tort (Clinical Editor, CEU), and Ruth Foxlee (Information Specialist, CEU).

We will seek guidance from internal and external sources when required, such as regarding policy issues around the rejection guidance produced for this pilot.

Appendix 3: Rejection policy

Please note that this rejection policy is specific to this pilot and is not a general policy

We aim for a very high threshold at Stage 1 of this project and expect that only a very small percentage of reviews will be accepted for peer review. The following are required in order that submitted reviews may enter the editorial process of this pilot project:

1. There must be a protocol for the review, registered in PROSPERO, which may also be published. It must demonstrate a sufficiently detailed research plan that was conceived prior to the conduct of the review, and be consistent with the MECIR conduct standards for protocols.

2. Reviews will only be considered where initial assessment indicates that the review already meets or is approaching the agreed quality standards for publication. Reviews requiring major revisions will not be considered for the pilot.

3. Authors must provide evidence for why the review is a priority for one or more external stakeholders, and the topic area must fall within Cochrane's remit. We are particularly interested in reviews that are on the Cochrane Priority Reviews List.

4. Reviews must only be submitted as RevMan files.

5. Reviews should be written in English and a spell check must be completed prior to submission. Authors are responsible for ensuring a publishable standard of English in their review.

6. Reviews should be compliant with the Cochrane Style Manual.

7. Reviews will be screened with anti-plagiarism software once they have been accepted to enter the editorial process, in accordance with Cochrane's plagiarism policy. If there is evidence of plagiarism, reviews will be rejected immediately.

8. The PICO question (population(s), intervention(s), comparison(s) and outcomes) and, in particular, the nature and key elements of the interventions must be described such that the review could be replicated or acted on by the reader.

9. The date of search must be within 12 months of publication.

10. In the Abstract, review authors must report findings for all main findings (that includes adverse effects, or their absence), irrespective of the strength, direction and uncertainty of the result, and of the availability of data. They should provide a clear comment on the findings of the 'Risk of bias' assessment.

11. Authors must ensure all changes to the conduct or methods of the review made since the protocol was developed have been outlined and justified.

12. Authors must ensure that all analyses completed are consistent with the original plans, and that they have been conducted appropriately and presented accurately in the text of the review.

13. Authors must ensure that all statistical results presented in the main review text are consistent between the text and the 'Data and analysis' tables.

14. Authors must ensure that the reporting of objectives, important outcomes, results, caveats and conclusions are consistent across all sections of the review.

15. Intervention reviews with no 'Summary of findings' tables (or no clear description of the methods to assess the quality of the evidence reported in the protocol), or incorrect 'Summary of findings' tables, will be rejected. Specifically, all relevant details must be presented (including details on comparison, setting, length of follow-up and outcome measurements) and all planned outcomes must be presented in the table, regardless of the availability of data.

16. GRADE quality ratings must be reported whenever the findings of the review are described, summarised or interpreted (Abstract, Plain language summary, Results, Discussion and Conclusions)

17. Authors must ensure that the 'Implications for practice' section provides a general interpretation only, does not include any direct recommendations, and refers only to findings from the synthesis of this review.

18. Reviews must be compliant with all other MECIR standards. Reviews with minor issues with reporting compliance may be considered for revision (at the discretion of Cochrane), but reviews that do not comply with conduct standards will be rejected outright.