

Join the Conversation: Editorial plans for 2021

Attendees at the February 2021 'Join the Conversation' webinar, held February 4 and discussing Cochrane's Editorial plans for 2021, raised many excellent questions. These questions, and brief answers to each, are detailed in this document. Questions are grouped according to which presentation they were referring to; recordings of these presentations are [available here](#).

Pilot project aiming to assess the feasibility of creating independent development and editorial processes, presented by Karla Soares-Weiser

Q. Are you looking for more groups to volunteer [for this pilot project]?

A. Definitely yes, any group wanting to participate is welcome to [contact the Editorial & Methods Department](#).

Q. Are you able to say which groups are involved in the initial pilot and how they were selected?

A. At this stage we are not able to confirm the groups who have expressed an interest in participating in the pilot, but we will share this publicly in a future communication in the coming months.

Q. Could you say a bit more about the pilot with the first 6 groups. You mentioned taking over the whole editorial process, but then I think said that the central team would take over from when the full review is submitted?

A. We aim to add six Cochrane Review Groups (CRGs) in the first cohort. These CRGs have agreed to participate and the editorial process will be transferred to the Cochrane Editorial Service for all reviews. The Cochrane Editorial Service will be responsible for the editorial process (external peer-review and sign off from editors with topic expertise), and the CRGs will be responsible for working with the authors to get the review ready for external peer-review.

Q. Regarding Pilot CRGs – will these have all reviews done centrally, or just some of each CRG (the first 6)?

A. All reviews for the first six CRGs, but we want to test other options after the first cohort, using the learning and evaluation of this first cohort.

Q. Please can you define what will be included in the centralised editorial process? For example, will the central team check that authors adequately respond to peer review feedback and liaise with teams as part of this process or will that go back to CRGs to deal with?

A. The editorial process will be conducted by the Cochrane Editorial Service, including checking that authors adequately respond to peer review feedback; however, the Cochrane Editorial Service won't take responsibility for authors addressing the feedback. CRGs could choose to support authors to address peer review feedback.

Q. Will you invite any CRG members to join the project group?

A. As part of the implementation plan, we will have a Working Group with members of the Community. The members of this group will be invited within the next 3-4 weeks.

Q. It sounds as though MEs and AMEs are moving to become co-authors on reviews, with the Cochrane Editorial Service taking over editing?

A. Managing Editors will still be able to edit reviews. It also means that extensive editing could be provided (if the CRG/Managing Editor is available and willing to provide it), without concerns about independence for editorial decisions given the level of investment made.

Q. Will CRG managing editors be redeployed or their roles reconfigured to add capacity to the Cochrane Editorial Service and to respond to the reduced editorial demands on CRGs?

A. We do not expect MEs to have "reduced work," as one of the problems currently is that many MEs are overloaded with work. The pilot will be limited to 15-20 CRGs and only the first six CRGs will have all their reviews added to the pilot. We welcome discussion and participation of the community and will also make sure to discuss roles and expectations with the community during the pilot.

Q. Regarding Workstream 1 and moving the whole editorial process to the Cochrane Editorial Service from peer review onwards, does that refer to the peer review of the protocol, and the entire review thereafter is managed centrally? Or would the CRG still support after the publication of the protocol?

A. Peer review of protocols and peer review of completed reviews will happen after submission and internal CRG checks. The CRG will still support authors after publication of the protocol and perform the submission and internal checks for reviews. We are finalising the implementation plan, and this will provide more details in March. The plans will be made available to all.

Q. At internal review stage are we [CRG editorial staff] still able to edit the review or must all requested edits be made by authors?

A. The idea is to allow CRGs to deal with the internal review stage as usual, including editing the reviews. The pilot will also allow CRG staff to become authors of reviews, if and when relevant.

Q. Did a Cochrane information specialist design and run the searches for all of the COVID reviews?

A. EMD's Information Specialist, Robin Featherstone, worked with a number of Information Specialists across Cochrane Groups to either design or, at a minimum, check the search strategies for reviews at both protocol and review submission stages.

Update on the roll out of the new Editorial Management System, presented by Rachel Marshall

Q. Can you clarify that the October deadline for workflows is only for the first network involved, and not for all groups?

A. While these deadlines are preliminary and subject to change, the goal at this time is to have all CRGs using Editorial Manager and not using Archie workflows by October 2021. We will be able to confirm the precise timings once we have all groups in Editorial Manager, and we anticipate turning off the functionality for Archie workflows 3-4 months after the last network site goes live. This is a time-limited process so that people aren't having to use two systems for a long period of time.

Q. July to October to have all the active reviews into the new system is quite ambitious: How we are planning to transfer current workflows into the new system? Is there central support for this transition or it will rely on CRG staff only?

A. For the first group (Fertility Regulation), we are transferring articles in process into Editorial Manager, which will give us experience of transferring work in process. And yes, central support will be available if other Groups need this. In terms of the input required from the CRGs to transfer articles in process, a list of articles in process will be needed.

Q. When will each CRG find out when their transition [to Editorial Manager] will be?

A. The CRGs in the Child and Families Network will hear about their training and dates for going live in the next few weeks. Once we have the experience of the first few groups, we will formally schedule all other groups and make contact to communicate these dates.

Q. One clarification: am I correct that initially we won't allow templates to be modified by the group, but as soon as the system is stabilized, eventually the ability to personalize templates will be restored?

A. For email templates, that's correct, initially we want to have all CRGs live on Editorial Manager and any links to Cochrane policy or processes set up, before opening up editing of the email templates by CRGs and Networks. However, most emails can be individually edited and personalised before being sent. With regard to forms (e.g. peer-reviewer forms), we want to have consistent forms across CRGs (but with different forms for different people, review types, and stages). We will have a process for people to submit feedback on the forms, and if there are specific needs identified in the feedback to have differences in forms across CRGs, this can be assessed.

Q. Some Cochrane Methods Groups have developed specific peer review forms for specific review types, e.g. prognosis reviews. Will there be scope to integrate these into Editorial Manager?

A. Yes! We can have different peer-review forms for different review types (prognosis, overviews etc), different reviewer types (content, methods, consumer etc.), and different stages (protocol, reviews, and updates). In the absence of specific forms, there will be a form with basic questions.

Q. Will CRGs involved in the separation of functions pilot need to use EM, other than for processing title submissions? Or will the CES be using EM to process their reviews, while the CRGs support the authors via RevMan Web?

A. In the pilot, both the CRGs and Editorial Service will be using Editorial Manager for protocols, reviews, and updates. CRGs can continue to support authors before the articles are complete, using RevMan web. Authors will submit their articles when they are complete to Editorial Manager, and CRGs will perform their internal review. At this stage more support may be offered to authors by the CRG, such as editing of the RevMan file. Once the article is ready for peer review, it will be transferred from the CRG's Network Editorial Manager site to the central Editorial Manager site for the Editorial Service, for the external peer review to be conducted.

Providing earlier support to reviews in process, presented by Toby Lasserson

Q. Will Cochrane provide guidelines for internal review to maintain independence as per Karla's earlier comments (and provide much-needed consistency across CRGs)? Such as reducing the number or rounds of endless comments? I'm feeling optimistic after these 2 presentations, thank you.

A. We will be exploring how this might be possible, not only with CRGs who are part of the pilot, but more broadly, looking to learn from CRGs who have systems in place to identify red flags early in the development phase of the review (i.e. after the analysis) or early in the editorial process, and how subsequent reporting problems can be prevented.

Q. I appreciate that COVID has provided a rich learning experience. And it's a fact that people want to get their COVID research out there right now in days/weeks/months. Cochrane commits to one team doing a priority review and they can take a long time to submit, and then we get invested after we go down the training/helping/commenting pathway. Have you considered putting up protocols for people to work on, i.e. do away with limiting to one team working on a review at the same time? Or are we going to commit to enforcing shorter submission times? I think getting reviews done on time is even more important now stakeholder groups are developing/prioritising the questions.

A. We learnt that a mix of content and methods expertise helped to formulate focused research questions, and that some templating reduced author burden. This could be an option for a suite of related reviews in a narrow area. However, you might get duplicated effort when teams would be better served by working together rather than in competition. One positive about this approach that we felt helped us was the rapid review template we had for protocols. We could tell quite quickly if the review question was viable, so it enabled us to reject submissions quickly.

Q. Toby highlighted the need to review and revise PICO's prior to conducting an update. Is there any renewed plan to allow for new protocols to be developed prior to conducting an update? To clarify, new protocols to be developed AND published prior to conducting a review update.

A. We revisited the idea of publishing a new protocol before conducting an update in 2020. The preparatory work that had gone into this last year left technology requirements that still need to be worked through. We still see this as useful but it's a large project, and we are currently considering it alongside other projects. While the publication of another protocol on the CDSR is not currently possible, it should not stop authors or editors revisiting the question again before updating the review. The living systematic review from the Cochrane Haematology Group on convalescent plasma in COVID-19 houses some of the changes from the previous version in the 'Differences between protocol and review' section. To help inform editorial decisions around initiating updates, I've asked one of the Associate Editors to develop a triaging tool to help with making decisions prior to updating a review.