

# Expanding Cochrane's Central Editorial Service

Cochrane Editorial Board meeting 7<sup>th</sup> June 2022

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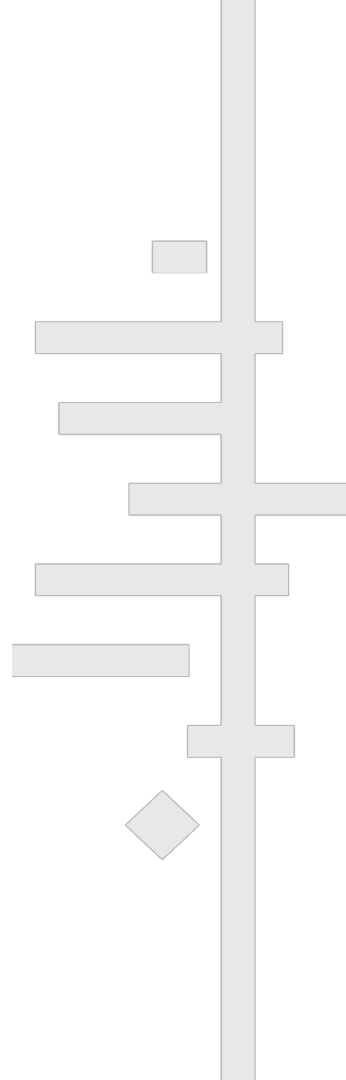
# Agenda

- Welcome (5 mins)
- Introduction to project (10 mins)
- Key areas critical for the expansion of the Central Editorial Service
  1. Formalising arrangements for sign-off editors, methods peer review, and search peer review (15 mins)
  2. Ensuring a consistent, fair and swift rejection process (30 mins)
  3. Updates to our process of appealing reject decisions (20 mins)
- AOB
  - Questions regarding the interim report for the EIEP pilot (10 mins)

# Introduction

“the Governing Board on 9th Feb 2022 approved the proposed change to Cochrane’s evidence synthesis production model and the immediate move to implementation activities. They asked the Executive Leadership Team to...:

*expand the Central Editorial Service* to handle the editorial process for all evidence syntheses published on the Cochrane Library, including a direct pathway and a fast-track service, to strengthen consistency and delivery.”



# Timelines

Central Editorial Service to be handling the editorial process for:

- All content registered with UK CRGs (~60%), plus high-profile reviews and existing pilot CRGs (~15%) by **April 2023 (Phase 1)**
- All remaining content (~25%) by **Dec 2023 (Phase 2)**



# Further editorial process efficiencies

- Editorial Assistants taking on more of the tasks currently done by Managing Editors
- Standardised format for return of editorial and peer-review comments to authors
- Removing any remaining duplication between Managing Editors, Quality Assurance Editors, and Copy Editors
- A revised methods peer-review process, with changes to methods peer-review forms, and associated training and guidance

Multiple efficiencies and clarifications in the editorial process have been made throughout the pilot – these are the next efficiencies on the list, and implementation on the first three are underway

# Resourcing

- Increase recruitment of volunteer contributors: methods peer-reviewers, search peer-reviewers, Sign-off (academic/clinical) Editors
- Increase recruitment of paid editorial staff: Editorial Assistants, Managing Editors, and Quality Assurance Editors (methods)
- Flexible resource arrangements for surges in demand: editorial agency(ies), and free-lance Managing Editors

Implementation planning for all three underway

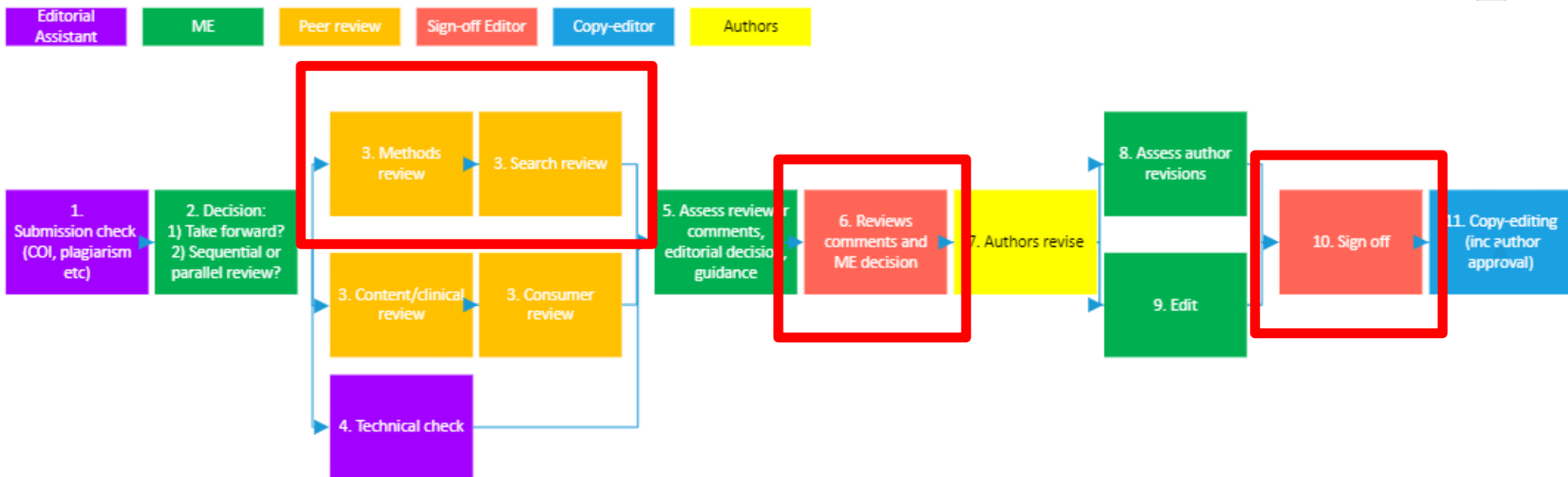


# Formalising arrangements for sign-off editors, methods peer review, and search peer review

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Currently key parts of the editorial process are undertaken by paid staff or the Editorial Board and are not scalable:

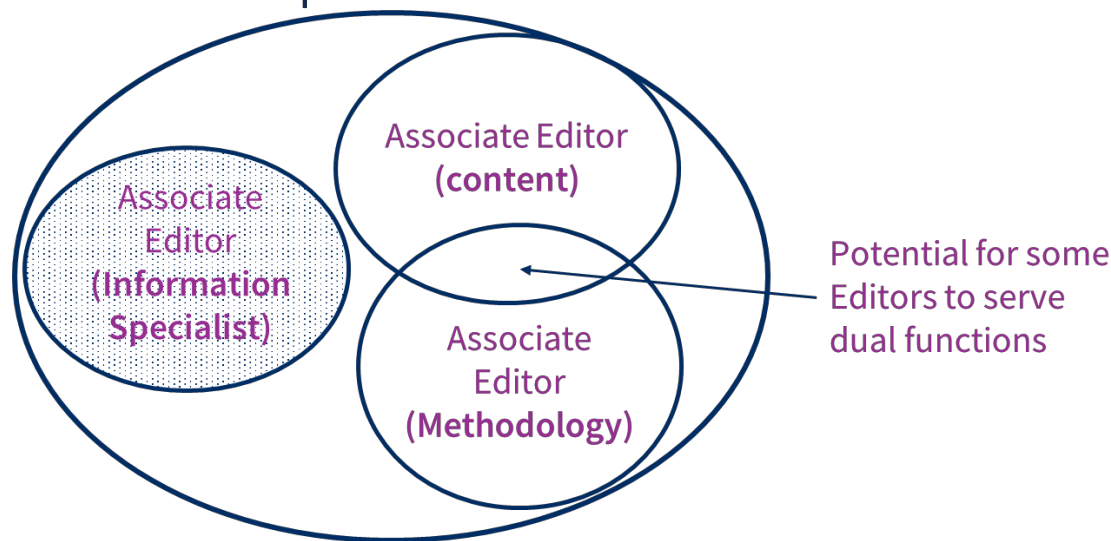




Recommendations for scale up:

# Cochrane Associate Editors

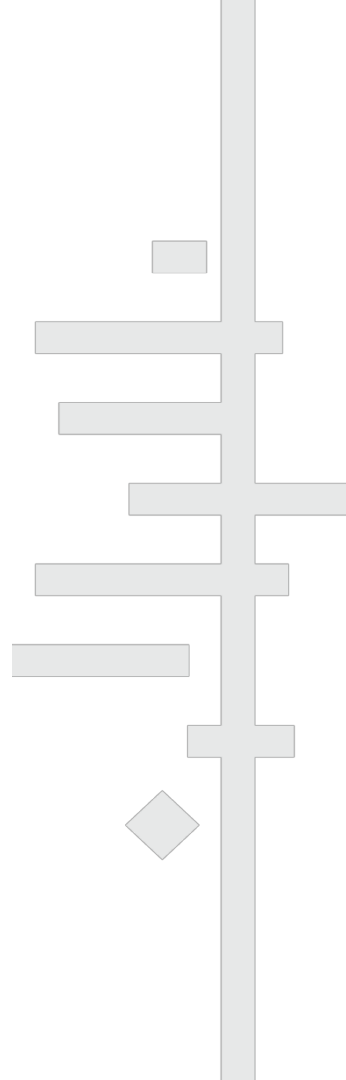
- Formalised pool of Cochrane Associate Editors affiliated with Editorial Board
- Terms of Reference to set expectations for volume and timelines of manuscripts



Risks	Mitigations
<b>Methods and search peer review may not result in the same standard and depth of peer review as paid staff</b>	<b>Staff to have oversight of comments &amp; regularly review quality</b>  <b>Training &amp; guidance</b>  <b>Staff to continue to peer review high-priority articles</b>  <b>Terms of reference to set expectations</b>
<b>Likely to slow down peer review process</b>	<b>Staff to continue to peer review high-priority articles</b>  <b>Terms of reference to set expectations</b>
<b>Major piece of work to ask of volunteer contributors</b>	<b>Incentives to contribute (see next slide)</b>

# Incentives to contribute?

- Title and formal affiliation with Cochrane
- Training opportunities
- Mentor/mentee roles
- Credits per article to contribute to meeting registration costs
- Publons
- Publication of contributions?
- Other?



# Key points for Editorial Board affiliated contributors

- Do you agree with having contributors being associated with the Editorial Board?
- Do you have suggestions for recruiting contributors? (e.g. through the individual discussions with CRGs for recommendations?)
- Are there additional incentives we can promote to be involved?

# Ensuring a consistent, fair and swift rejection process

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# Challenges for rejection

- Cultural
- Prior investment from Cochrane
- Specifics of systematic reviews as compared with primary research
- Differences in opinion from clinical/content and consumer peer-reviewers as compared with methods and search peer reviewers
- Desire to publish
- Subjective

**Current: Reject and resubmit**

# Cochrane's rejection policy

“The Co-ordinating Editor of a Cochrane Review Group (CRG) can reject a Cochrane Review at any stage before publication (including unpublished protocols, unpublished Cochrane Reviews, and Cochrane Reviews that are being updated).

A Co-ordinating Editor's decision to reject a Cochrane Review is usually based upon one or more of the following reasons:

- poor quality;
- agreed timelines not met;
- evidence that the author team lacks the core competencies to complete the review;
- concerns about conflicts of interest or other aspects of publication ethics.”

# Issues with current policy

## Recommendations for rejection policy:

- Remove focus on CRGs (neutral language for editorial teams)
- Separate out application of policy for proposals and publishable content
- Remove assessment of author competence (potentially discriminatory)
- Include consideration of topic, scope and overlap

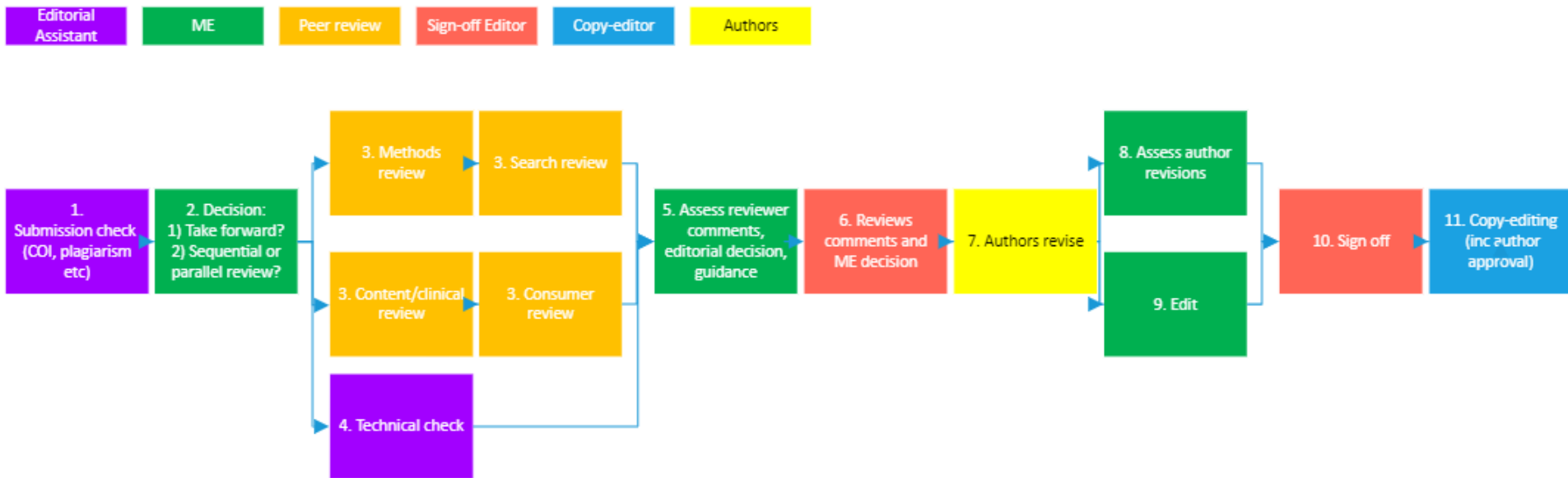




# Approaches to consistency in decisions

Approach	Pro	Cons
'Red flags' in submissions	Consistency	'Blunt', lacking nuance Agreeing red flags difficult
Setting specific stage in review we allow revision	Consistency	'Blunt' with no nuance in decision making
Editor discretion, with bounds	Allows nuance Use people's expertise	Potential inconsistency Appeals more likely
More than one person making decision	Consistency	Expense and delay

**Recommendation: Mix of the above at various stages**



Rejection rate decreases

# Stage of rejection: 'desk reject'

Variable	Options
Reason for rejection?	<b>Timelines</b> <b>Policy/research integrity</b> <b>Quality</b> <b>Topic (if overlap in scope with other content)</b>
Who?	Managing Editor Quality Assurance Editor <b>Managing Editor with team input</b> Head of Editorial <b>Sign-off editor (if overlap identified)</b>
How?	<u><b>Improve quality standards for submission checklist</b></u>
Target timeline for reject decision from submission?	2 weeks, <b>4 weeks</b> , 6 weeks, 8 weeks, 12 weeks, 16 weeks

# Stage of rejection: after methods review

Variable	Options
Reason for rejection?	Timelines Policy/research integrity Quality Topic
Who?	Managing Editor Quality Assurance Editor Managing Editor with team input Head of Editorial Sign-off editor
How?	Improve methods peer-review form
Target timeline for reject decision from submission?	2 weeks, 4 weeks, 6 weeks, 8 weeks, 12 weeks, 16 weeks

# Stage of rejection: after full peer-review

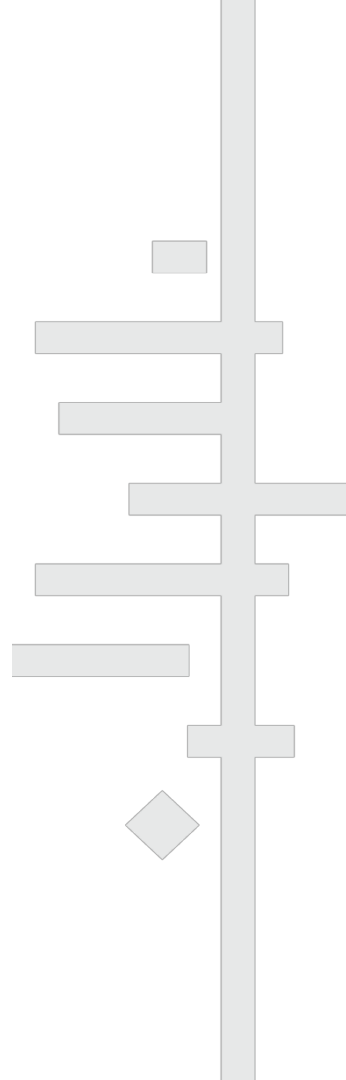
Variable	Options
Reason for rejection?	Timelines Policy/research integrity Quality Topic (for protocols only???)
Who?	Managing Editor Quality Assurance Editor Managing Editor with team input Head of Editorial Sign-off Editor
How?	Using expertise from peer-reviewers and Sign-off Editor
Target timeline for reject decision from submission?	2 weeks, 4 weeks, 6 weeks, 8 weeks, 12 weeks, 16 weeks

# Stage of rejection: after revision

Variable	Options
Reason for rejection?	Timelines Policy/research integrity Quality Topic
Who?	Managing Editor Quality Assurance Editor Managing Editor with team input Head of Editorial Sign-off Editor
How?	Using expertise from ME and Sign-off Editor
Target timeline for reject decision from submission?	2 weeks, 4 weeks, 6 weeks, 8 weeks, 12 weeks, 16 weeks


Stage of rejection: at sign off or later

**Avoid!!**



# Rejecting due to topic, scope and overlap

## Journal versus Database

Currently and previously handled by CRGs at title registration – but process changing with author proposal management (short term) and direct submissions (longer term) 



# Rejecting due to topic, scope and overlap

## Recommendations:

- Topic (e.g. priority, impact, importance)
  - Reject at proposal or protocol stage, but not review (if protocol published with Cochrane)
- Broad versus narrow scope (and different approaches to breadth):
  - Allow different approaches to breadth, as guided by content input in editorial process
- Overlap:
  - Assess ‘technical’ overlap with other content (EPMD and content experts at proposal stage, Editorial Assistant at submission of protocol)
  - Engage/ask content experts’ opinion on justification of overlap (Sign-off Editors and clinical/content peer reviewers)
  - Guide authors on approach to overlap if proceeding with protocol (Managing Editors at revision stage)

# Other key recommendations and questions

## Question regarding topic rejection:

If a Cochrane Evidence Synthesis Unit or Thematic Group has been commissioned/funded to complete a Cochrane Review, or they have identified a topic as priority, should the Central Editorial Service not reject these reviews on the basis of topic?

Should we continue with a reject and resubmit option, for authors with support?

## Recommendation on rationale for rejection:

- Include the primary over-arching reason for rejection in decision emails:
  - For audit and improvement
  - For appeals (coming up next)

# Key points for Editorial Board on rejections

- Do you agree with key changes proposed for rejection policy? (Editorial teams, proposals vs published content, remove author competence, add topic consideration)
- Should we have a timeline from publication of the protocol that review must be submitted (and reject if over that time frame)?
- Do you agree with a mix of approaches for decision making for rejection at different stages?
- Do you agree with the key reasons for rejection, by whom, how, and the target timeframes?
- Do you agree with the recommendations for managing topic, overlap and scope rejections?
- How do we manage rejection of commissioned/funded/priority reviews?
- Should we continue with a reject and resubmit option?
- Do you have other options/alternatives/comments to consider?

# Updates to our process of appealing reject decisions

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# Issues with appeals process

- Includes activity from Network Senior Editors
- Multiple points of escalation
- Separate process for appeals based on rejections due to conflict of interest
- Focus on Cochrane Review Groups and not Central Editorial Service
- Process if appeal upheld (rejection overturned) unclear – particularly with regard to revised versions and editorial process for revised versions
- Process predates Editorial Manager, which can be used to manage a consistent process for managing appeals.

# Aims of a revised process

- Works for both reject decisions made by CRGs and Central Editorial Service during transition period
- Includes an independent editor(s) assessing appeals
- Informs original editors of appeal
- Process includes the research integrity team on COI appeals (a single process for authors)
- Consistent approach to appeals
- Clarifies management of revised articles following a successful appeal
- Can report on number of appeals, and time from appeal to decision

# Questions for Editorial Board

- Should the Editorial Board act as the ‘independent editor’ in the appeals process (where the primary reason is not COI)? If not, should we involve Sign-Off Editors?
- Should we have one or more independent editors involved in assessing appeals?
- Is guidance needed for independent editors on assessing appeals (e.g. do we want to avoid editors overturning decisions because of editor preferences?)
- Should the Central Editorial Service handle the process for revised articles following a successful appeal? Using existing editorial process? If not, back to CRG to manage?
- Who should be the Sign-off Editor for the revised article?

# Cochrane Editorial Board Meeting

Tuesday 7 June 2022

## Summary of discussions

#	Question posed	Comments, discussion and thoughts from the Editorial Board
<b>Formalising arrangements for sign-off editors, methods peer review, and search peer review</b>		
1	Do you agree with having contributors being associated with the Editorial Board?	<ul style="list-style-type: none"> <li>There was broad agreement for having regular contributors (sign-off editors, methods peer reviewers, and search peer reviewers) as Associate Editors affiliated with the Editorial Board</li> <li>A board member commented that an editorial role offers more prestige than being a peer reviewer</li> </ul>
2	Do you have suggestions for recruiting contributors? (e.g. through the individual discussions with CRGs for recommendations?)	<ul style="list-style-type: none"> <li>A board member suggested recruitment via our early-career researcher (ECR) member on the Editorial Board, and Cochrane networks</li> </ul>
3	Are there additional incentives we can promote to be involved?	<ul style="list-style-type: none"> <li>Several board members agreed that a formal title is an incentive to contributors, particularly for ECRs</li> <li>Additional suggestions were also provided: <ul style="list-style-type: none"> <li>mentorship of early-career researchers to perform joint peer reviewing</li> <li>payment, but recognise limitations with budget</li> <li>letters outlining contributions, to share with employers/institutions</li> <li>appointment certificate that looks good, to be able to put on a CV, to attract ECRs</li> <li>letters could include key words that would be helpful for people aiming to get promotions or positions on committees, such as “global reach” and “health equity”</li> <li>a separate role for statistical editors</li> </ul> </li> </ul>
<b>Ensuring a consistent, fair and swift rejection process</b>		
1	Do you agree with key changes proposed for rejection policy?	<ul style="list-style-type: none"> <li>There was broad agreement on the need for changes to the rejection policy.</li> </ul>
2	Should we have a timeline from publication of the protocol that review must be submitted (and reject if over that time frame)?	<ul style="list-style-type: none"> <li>There was broad agreement for having a timeline from protocol publication to review submission, with some specific comments: <ul style="list-style-type: none"> <li>Two board members thought there would need to be some exceptions for particularly large or complex reviews</li> </ul> </li> </ul>
3	Do you agree with a mix of approaches for decision making for rejection at different stages?	<ul style="list-style-type: none"> <li>There was broad agreement for a mixed approach to reject decisions, with some specific comments: <ul style="list-style-type: none"> <li>A board member agreed that there needs to be some flexibility and nuance in reject decisions, and we should trust the expertise of the people involved. Reject decisions can be multifactorial.</li> <li>Another board member thought that a checklist for assessing quality is needed, as assessing quality can be too subjective.</li> </ul> </li> </ul>



4	Do you agree with the key reasons for rejection, by whom, how, and the target timeframes?	<ul style="list-style-type: none"> <li>• There was support for trying to reject articles early in the editorial process.</li> <li>• There was no disagreement with the key reasons for rejections, by whom, how, or the target timeframes.</li> </ul>
5	Do you agree with the recommendations for managing topic, overlap and scope rejections?	<ul style="list-style-type: none"> <li>• There was general agreement on approaches to managing rejects decisions around topic, overlap and scope, with some specific comments: <ul style="list-style-type: none"> <li>○ A board member noted the need to be clear with authors on rejections due to topic. Rejection on topic can be appealed, so it's important to include any other relevant reasons for rejection in the reject decision email as well.</li> <li>○ Another board member suggested that if an article is prioritised (e.g. by thematic groups), there then needs to be some channel between the Central editorial Service and the thematic groups about priorities.</li> </ul> </li> </ul>
6	How do we manage rejection of commissioned/funded/priority reviews?	<ul style="list-style-type: none"> <li>• There was some support to continue how we're managing these issues now - that is, contacting the CRG and/or the development team to see whether there is support available from the group or the development team to help with improving the quality of the article for a resubmission.</li> <li>• A board member noted that high-profile and funded reviews need flagging early so that the development team can have earlier oversight and development support to prevent submission of poor-quality but high-profile/funded reviews.</li> </ul>
7	Should we continue with a reject and resubmit option?	<ul style="list-style-type: none"> <li>• There were questions about what a decision of 'reject and resubmit' means, and different views about whether we should continue using this as an option.</li> <li>• A board member noted that it can be confusing for authors, who might think that the decision should be major revision. A second editorial process for the same article could be resource intensive. Authors need clear information and timelines and what is expected.</li> <li>• A member of the Central Executive Team (CET) commented that the 'reject and resubmit' decision allows early rejection, but keeps a route back to Cochrane for the high-profile/funded reviews (as in question above)</li> <li>• Another member of the CET noted that for articles that have a decision 'reject and resubmit', the current manuscript ends its journey and is not 'active', whereas if a major revision decision was given instead, it remains 'owned' by the Central Editorial Service, and needs chasing etc</li> </ul>

8	Do you have other options/alternatives/comments to consider?	<ul style="list-style-type: none"> <li>A board member suggested cascading rejected articles (including the submission and the peer-review reports) to another journal. There was some support for this approach, in providing authors with a smooth journey to publication elsewhere; however, some board members were concerned that including rejected articles (i.e. lower-quality articles) in a sister Cochrane journal could impact the Cochrane brand. A participant noted that a sister Cochrane journal will need to have its own quality standards. The participant raised a further issue that Cochrane could be perceived as trying to make money by cascading articles from the CDSR to a sister journal that requires authors pay article-processing charges (APCs). An alternative could be cascading to a network of other journals that are not Cochrane branded.</li> <li>A board member suggested that with regard to the breadth of a question (very narrow versus very wide), thematic groups should be conducting priority setting and establishing what reviews are needed, if any. Another board member commented that priorities can become out of date quickly, and there isn't always funding available to do conduct the highest-priority reviews. A further board member thought that there had been poor consistency regarding priority setting, and criteria about the breadth of questions, and that Cochrane needs help setting priorities with different stakeholders. A final board member commented that thematic groups will have a key role in helping prioritization, including consumer involvement.</li> </ul>
<b>Updates to our process of appealing reject decisions</b>		
1	Should the Editorial Board act as the 'independent editor' in the appeals process (where the primary reason is not COI)? If not, should we involve Sign-Off Editors?	<ul style="list-style-type: none"> <li>A board member suggested members of Cochrane's Editorial Board, and the affiliated group of Associate Editors performing sign off, would be suitable to act as independent editors for appeals.</li> <li>Another board member suggested that if the rejection is based on methods issues, one of the Associate Editors for methods could consider the appeal.</li> <li>There was broad agreement with these suggestions.</li> </ul>
2	Should we have one or more independent editors involved in assessing appeals?	<ul style="list-style-type: none"> <li>There was no comment on this question in the discussion.</li> </ul>
3	Is guidance needed for independent editors on assessing appeals (e.g. do we want to avoid editors overturning decisions because of editor preferences?)	<ul style="list-style-type: none"> <li>There was no comment on this question in the discussion, although agreement that we want to avoid overturning decisions because of editors' preferences.</li> </ul>
4	Should the Central Editorial Service handle the process for revised articles following a successful appeal? Using existing editorial process? If not, back to CRG to manage?	<ul style="list-style-type: none"> <li>There was broad agreement with the Central Editorial Service handling the editorial process for revised articles submitted after a successful appeal.</li> </ul>
5	Who should be the Sign-off Editor for the revised article?	<ul style="list-style-type: none"> <li>There was broad agreement with the Central Editorial Service handling the editorial process for revised articles submitted after a successful appeal, using the same sign-off process, but ensuring an independent editor.</li> </ul>

**Points for further input/discussion with the Editorial Board:**

The following issues arose during the meeting in discussion, or weren't specifically addressed.

- Should protocols have a different editorial/peer-review process to reviews and updates?
- Should protocols include an analysis plan?
- Should the CDSR cascade rejected articles to a new sister Cochrane journal, and if so in which circumstances (e.g. if the article meets the scope and quality expectations of the new sister journal)?
- Should the CDSR cascade rejected articles to a network of non-Cochrane journals, and if so in which circumstances (e.g. if the article isn't suitable for any of the Cochrane journals/products, but meets the scope and quality expectations of a journal in a collaborative network)?
- If we have set a maximum time by which authors must submit their review after the protocol has been published (to use as a reason for a reject decision if a review is submitted after this point), what should that time be, and how do we ensure nuanced application (for example for large and complex reviews)?
- Should we continue testing the reject and resubmit option, and if not, what alternative decisions should be pursued (ideally while facilitating early rejection, and a mechanism to take forwards high-profile/funded reviews that have quality issues)?
- Should we have one or more independent editors involved in assessing appeals?