

Community Engagement Workshop 7: Central Editorial Service & Publishing

Question 1.

How can Cochrane manage scope and priorities with a 'Direct pathway'?

What do you see as the most important opportunity?

- Being able to have oversight of all reviews in development, with dedicated resource to keep track over all the ESUs
- Direct pathway could work as a bridge for any groups that do have funding outside of the ESUs.
- The direct pathway would be a good route for reviews that falls between groups.
- Separation of production and editorial process helps to keep the consistency of high standards within Cochrane – independence and efficiency are opportunities.
- Makes the editorial process consistent for authors, which also ensures fairness and equity.
- Opportunity to meet the needs of specific countries and regions.
- Allows for different types of reviews – address questions we haven't addressed before because they fall between CRG remits or outside current CRG topic coverage, e.g., reviews that address broader questions.
- Creating reviews with a broader scope can make the reviews more useful to end users.
- Is there a role for automation in title registration as a way of identifying/avoiding duplication of titles – AI to recognize key words/concepts and flag up similarities across titles?

What do you see as the most important challenge?

- Not coming through a CRG or ESU means we wouldn't be able to apply controls the groups currently do – the “wild west”. Where do we draw the line and how much overlap we allow between reviews published by the ESUs and direct pathway?
- Who has oversight of everything coming in via the direct pathway? Too much for any single ESU surely.
- Having no title registration means there is a real risk of research waste. Teams can be working on similar reviews at the same time.
- Authors often miss existing overlap, so the central editorial service could not rely on proposers alone to get this right
- How will central ed service handle manuscripts that are on a very narrow topic and ideally should have been incorporated into an existing review? Accepting direct submission of narrow topics risks may undermine the calibre of Cochrane reviews done under the current system where relevance and scope is fully assessed in advance and authors are supported to deliver a solid review that meets Cochrane standards.
- Even with oversight it would not be a predictable pipeline for content.
- Defining priorities – what will that process be and who will be feeding in? How do we maintain the expertise we need (that currently contained within CRGs) to prioritize?
- Making sure that reviews with smaller audiences/rare conditions don't get rejected out of the direct pathway by the central ed service based on perceived low priority.
- Having the necessary expertise in-house to handle new types of reviews and review topics.

- Broadening the scope of reviews runs the risk of jeopardizing what Cochrane has historically done best by diluting the focus.
- Limited capacity of the Central Team - they run the risk of being “swamped” by low priority/low quality/duplicative reviews. Currently the CRGs “filter” these out, e.g., some groups reject at least 50% of proposed reviews at title stage.
- Central ed Service can make accept/reject decisions on the finished manuscript only rather than on what was intended. This is one of the reasons why we need to go beyond priority areas (e.g., ischaemic heart disease) to priority questions (e.g., NMA of statins). We do need topic experts to help with understanding the relative priority for any given review title.

Can you propose an alternative?

- Allow CRGs with stable funding to publish directly in the Cochrane Library as they do now, without having to go through the central ed service direct pathway.

Question 2.

How can Cochrane ensure appropriate clinical/content input to the editorial process?

What do you see as the most important opportunity?

- Creating a ‘College of experts’ to formalise relationships with individuals, or groups (learned societies, advocacy groups, people from non-academic backgrounds); which could provide valuable input in a number of areas, not just topic specific.
- Wider inclusion – smaller organisations, non-English speaking groups (who can use web-based translations, e.g., for peer review); important to make sure there is diversity and inclusivity.
- Chance for CRG members/editors to stay on with Cochrane in some capacity, for continuity.
- Commissioned reviews from established organisations who have pools of experts already

What do you see as the most important challenge?

- How will the ESUs be organised to ensure the right clinical experts for each topic is available if it can’t be hired/paid for?
- A lot of reviews benefit from people with expertise in methods and clinical content; how not to lose expertise that exists in CRGs.

Can you propose an alternative?

- Content management system – effectively a ‘little black book’ for Cochrane, captures all contacts/relationships, so nothing is lost. Building an organisational memory; being mindful that relationships are usually with individuals and thinking about how to retain that.

Question 3.

How could a Central Editorial Service be funded to enable sufficient capacity?

What do you see as the most important opportunity?

- Moving to Editorial Manager provides better data which may support funding decisions.
- Move to being closer to other journals, where journal income supports editorial resources.
- Finding of sources of income: donations, government funding.

- Funders of work programmes may include funding to support publishing of the content.
- Open Access might make us more appealing to funders? Especially when added to other aspects of Cochrane process, and DEI.

What do you see as the most important challenge?

- How do we know how many MEs we need in total to support a central editorial service? Estimates are 15-20 MEs
- Can proposed capacity cope with increasingly complex reviews?
- Open Access also a threat because it undermines the subscription model.
- Unknown impact of Open Access on submissions.

Can you propose an alternative?

- Make use of volunteer editor workforce (seems unlikely for Cochrane)

Question 4.

Should the Central Editorial Service support diversity and equity of submissions (authors, editors, review types, review topics)?

What do you see as the most important opportunity?

- Could help with inequitable access to methods expertise etc, there is a role for central ed service in facilitating access to experts as a bridge gap between author and the experts.
- Could broaden access to a wider pool of people - methodologists, experienced reviewers etc, although some topics are not a priority or expertise is not there yet in some LMICs.
- Central ed service could report diversity data (via EMS)e.g., here authors are located and flag areas of concern. Set up central diversity team to reach out to under-represented groups?
- Could also minimise loss of content expertise.
- Direct pathway potentially improves diversity/equity as submissions are judged on quality and interest early on; reducing bias.
- Direct pathway supports equity via giving funded groups outside the CRG framework to access publishing with Cochrane
- Direct pathway supports diversity of submission types - attract more diverse reviews.
- Could accepting submissions in other languages be a USP? How would this work?
- What do CRGs currently do that is working in this area? Or are there any lessons on what not to do?

What do you see as the most important challenge?

- Central ed service shouldn't play a role in promoting/supporting diversity and equity - this should happen in the wider community, in activities like supporting authorship etc OR be done by a separate group or Central team within Cochrane, to stop blurred lines.