Responses from call to the MEs list in response to February's 'Join the Conversation' webinar (and specifically the 'separation of responsibilities for developmental and editorial functions' pilot

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Collated by Lindsey Elstub on behalf of the ME Executive

Response 1; received 15.02.21:

From an email to Toby Lasserson"*… My query, therefore, is where does the 'Centralized Editorial Service' leave the Contact Editor system we use? For example, if peer reviewers ask for changes in the outcomes or interventions, or on the suitability of the references in the 'Background', then is it the 'centralised team' that decides on the changes finally made, or does the Contact Editor get a say at this point? Theoretically, the final agreed protocol/review could be very different to the version 'signed of' to be sent to peer review….".*

Response 2; received 15.02.21

I was not able to attend the webinar so have just read the Q&A. I am not sure what they mean by 'extensive consultation with CRGs'. I must be honest, I am fuming and disappointed about this future plans. There are huge implications for MEs and their role, and I find it outrageous they plan to change our roles so radically just like that. It reads like they are doing us a favour - since we are all so overloaded with work this would make our lives easier. In reality, what it really seems to me to be the plan is Cochrane is not prepared or able or believe that authors can be trained or capable of producing high quality reviews given time frames, constant changes, and increased complexity in methods. So, here is the answer, MEs, who I must add have always been trusted to know everything Cochrane, provide all sorts of support and solutions, now become co-authors, all but in name, we never get any credit for anything, and complete reviews that will not have problems going through the latest stages of the editorial process centrally cause they are already sorted out by us. Clever, I must admit, nice one from Cochrane.

Also:

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."

"…..The pilot will also allow CRG staff to *become authors of reviews, if and when relevant*…."

Willing to provide it? What does that exactly mean? Become authors, already being editors, if and when relevant. What on earth does all this means? It seems conveniently vague seems to me. Are we having 2 roles now? If all the work it is seen as part of the role, then good luck with that, we will get no recognition in return, also seriously, now we will be authors of say 100 reviews? Is this so eventually we take on the updates too and the lead author role, and with support from other clinical authors, instead of managing editors we are managing authors? My guess is we do the authors' work and get a thanks in return as it is already happening. Interestingly, they say CRG staff, not MEs. So not only Cochrane but Co-Eds will have a say on this, again, we will the ones doing all, getting nothing back, which is not new to be fair so why changing now.

Will MEs be allowed to apply to work for Cochrane Editorial Service? Is this going to be properly advertised and open?

Also, where there are 2 MEs in a CRG, what happens then? Authors of half of group's portfolio each?
I have been with Cochrane for longer than I can remember, the way MEs continue to be treated and the way our roles keep being changed with this notion that everybody else within the organisation knows better and what is best for us is now beginning to become an issue. If all this is implemented, if the editorial/publishing aspects of the role are taking away from us with just an emphasis for us to be methods experts so we can write this complex and lengthy documents so Cochrane can publish them speedily, then I will have to reconsider my future with the organisation. The issue is not the editorial process, the real issue is reviews take longer going through the process due to lack of quality and that is an author issue. To get us to be authors to overcome the issue is not the solution, it is the most convenient solution for Cochrane, but what about us? Will I want to act as an author? What recognition will I get for each review's authorship?
And I must add all this in the middle of what is already a challenging and difficult time, to be worried about my role and my place within the organisation is most unwelcome and does not make me feel valued in the slightest.
Finally, forget pilots and endless projects, what I would demand is an ME job description draft right now of what they envisage our roles our going to be. We need that now and our say on it.

Response 3; received 15.02.21:

EMD pilot

- A major concern is that a centralised editorial service will not be able to navigate the health landscape of individual CRGs, especially the nuances of specific topic areas. Clinical expertise will always be within the CRG, the majority of whom have spent years building close and effective working relationships with editors and peer reviewers. This work, which is so important for a volunteer-heavy organisation like Cochrane, would be in danger of being lost.
- In order to make sure that the deliverability of this pilot does not become the sole responsibility of the ME role, it is important that it comes with a structured, coherent and evaluated implementation plan that allows success to be properly measured.

EMS

- The roll-out of this system to authors and peer reviewers needs to be handled carefully, with role-specific communication to ensure that people are aware of what is coming and what they will need to do.
- The training should be role-specific and handled centrally, not something to be cascaded to CRG members (e.g. Co-Ed and editors) by the ME. Consideration should also be given to making it mandatory for certain roles to prevent the roll-out ultimately falling to the ME.
- There should be a centralised response for queries and problems with the new system (e.g. Community Support) and advance thought should be given to making sure that it has appropriate capacity to be able to manage.

Response 4; received 16.02.21:

- CRG staff are under pressure from remote working and constant system change. Moving to the new EMS is a big investment of time and a challenge in terms of change management. How can we engage them in training on the new EMS, when we are simultaneously piloting an alternative model

where CRG staff do not need to use the EMS for its main function – managing peer review? This is a real mixed message for CRG staff. I worry about lack of buy-in to the new system.

- A key part of the Separation of Functions project should be defining expectations for authors and editorial teams. There are some CRGs where Co-Eds (in particular) are reluctant to use core tools such as RMW. This means authors in that CRG cannot use advanced integrations that break RM5 compatibility (GRADEPro, RoB 2, study-centric data etc). If CRGs are focusing on offering author support pre-submission, this is highly problematic. To work properly, author support needs to include engagement with all core review production tools. So far EMD has not pushed this agenda at all.
- In terms of editorial integrity, I feel that Central Editorial Service involvement at title approval stage, and rejection of first submissions, is really critical. In many ways engaging at peer review stage is too late. In addition, if the CES could see the state of many first submissions, it might lead to a better appreciation of the level of intervention needed with authors.

Response 5; received 16.02.21:

1. *Evidence for claims of CRGs/MEs not applying editorial integrity*
    a. It's unclear what the underlying reasons for the idea of the centralised editorial service (CES) are. What is the evidence base to claim the need for a CES?
    b. Can the paper submitted and approved by the Governing Board be shared please?
    c. Was the pilot planned in 2019 with one Network using the CES ever done? What were the findings?

2. *Flaws in the argument for CES*
    a. MEs complain about their workload – this is a problem that needs to be addressed at the source; for us it's unrealistic expectations by my Co-Ed combined with a lot of simultaneous changes within Cochrane (technology, policy, and methods). The solution doesn't lie within the CES.
    b. CES can speed up the time from submission to publication – yes, as you will only receive high quality submission if an ME is supposed to join the author team. You'll see manuscript at the point of sign-off under the model of the CES. This is not a measure that can be used to compare the performance of the CES with the current CRGs.

3. *Arguments against the need for a CES*
    a. I would consider myself an ME who is very much aware of the boundaries between authoring and editorial tasks. I make use of the Network structure by involving the Associate Editor and Senior Editor in editorial checks when our CRGs Co-Ed is an author. I've rejected a draft protocol our Co-Ed and a Senior Editor are authors on.
    b. In the rare instances that I'm an author on a review with our CRG, a colleague is managing the process, involving objective input from the Network's Associate Editor. While authoring isn't my main interest, I found the few occasions an invaluable learning experience that informed my practice as a ME. But there are structures in place to maintain editorial integrity.
    c. I don't re-write contents for authors but provide editorial comments for the authors to be addressed.

d. There are already objective layers of editorial input in the current structure and definition of roles by people who are not involved in supporting authors with methods queries before and after submission – external peer review, contact editors, Methods Support Unit (when applicable) and Network Associate Editor/Senior Editor (when applicable).
e. Can training of CRG staff address any issues/concerns that led to the idea of the CES?
f. We cannot compare Cochrane to other journals while still claiming we are better. The amount of methods and standards we expect authors to adhere to, and which I assume are the underlying basis for the high quality of Cochrane reviews, inherently requires the need for additional support other journal editors may not provide. It seems a counterintuitive argument to align our processes to other journals while still aiming to claim a superior product.

4. *Emotional impact*
    a. I feel offended/demoralised/angry by the suggestion that I'm not doing a good job. It undermines my daily efforts of applying editorial integrity to all I do. It seems to be an unfounded and sweeping statement including over 50 MEs/AMEs.
    b. I want to be a Managing Editor, not author support. What does it mean when it was said the roll-out of the new EMS is an 'opportunity to define roles and expectations'?
    c. I'm worried that I may need to re-apply for my job with potential (negative) changes to my working conditions/salary as surely the NIHR and other funders don't provide funding to the CRGs for authoring reviews and increasing funding for Cochrane to employ more MEs for the CES. This seems to effectively mean that the plan would be to dismantle the CRGs.
    d. One of the satisfying elements of my role is to publish something. It sounds as though that will be taken away.

Response 6; received 23.02.21:

Overall whilst it's clear that the intent of the project is to improve review quality and production, I think communication of these substantial changes to process has been poorly handled. Some specific issues with this are:

1 Format for delivery

Inappropriate considering the likely impact of these changes on roles for editorial staff. The session wasn't flagged as being of special significance, the open forum meant that feeding back concerns was difficult. A closed meeting for people most likely to be affected by these changes would have been more appropriate.

2 Content

Further clarity re implications of changes to roles both during and beyond the pilot are needed, particularly around the implications of proposed discussions with funders around feasibility of moving to this model of review production. How would a change in funding impact on staff contracts with their host institutions?

Although obviously unintended, the focus on concerns re integrity of review production and reference to funder concerns re independence of the process felt like a lack of lack of recognition of the effort and dedication of editorial base teams who continue to struggle to support review teams to produce reviews which meet Cochrane's quality standards.

3 Timing
Whilst acknowledgement was briefly made of the pressures we are all currently under in this pandemic, the addition of a project which will potentially bring major organisational change to existing system and policy changes is putting an enormous amount of pressure on Managing Editors in particular. We are currently being asked to engage with all of this in addition to continuing with business as usual which doesn't feel fair or achievable.

Response 7; received 25.02.21:
My main comment is that these pilot projects need to include a clear statement of what the new processes are intended to achieve and an evaluation plan for how the outcomes will be measured to determine if the objectives have been met. This will help when it is time to make a well-informed decision about whether or not to extend the pilot into a full roll out.
It will be a shame if an evidence-orientated organisation such as Cochrane does not include a clear, a priori, evaluation plan when testing and implementing new initiatives.

Response 8; received 25.02.21:
Apart from the benefits of separating the review development and editorial sides of review production, we are glad that Karla recognises that MEs have too much to do and by letting go of peer review and final sign-off, we can redirect our time to checking conflicts of interest and other work.

Response 9; received 25.02.21:
- I have seen no proposal document for this project – only listened to one of the EIC's recent webinars at which it was presented for just 20 mins of the hour-long call. A key question in the session I attended – would ME roles be reduced or reconfigured – was not properly addressed (a brief dismissal of this concern in a chat box reply). Categorically:
    - If I lose these editorial management parts of my role I won't have enough work to justify a full-time position.
    - It will considerably de-skill my role.
- Justification for this course of action seems to be underpinned by two 2020 ME surveys that we undertook in good faith, for other reasons:
    - The Origins (Dave Allen) survey of CRG editorial processes (May 2020) to plan purchase of the new commercial EMS for us (MEs) to use instead of Archie workflows. We gave detailed information about our editorial processes on this understanding.
    - The ME Exec's capacity building survey from 2020 seems to have been used to claim that MEs are overworked/suffering burnout etc. I had no idea it would be used in this way – I thought it was a supportive exercise. Many MEs are not overloaded (I am not).
- The implication that CRGs are using questionable editorial/peer review processes is completely unfair to many groups, ours included.
- There is an implication that managing peer review is somehow admin:

    - It is skilled work and best done by editors who know their clinical field really well (and over time have built up relationships with world-class experts within that field).
    - Management of post-peer review changes and responses is some of the most skilled work I do. To do it well it requires an in-depth understanding of the field and topic, and a detailed knowledge of the document.
- Timing and speed
    - This is being initiated in the middle of the pandemic when many MEs working lives are under severe strain. This is at best tone-deaf.
    - The proposed rapid project timeline is going to cause significant anxiety and stress among the ME community.

Response 10; received 26.02.21:

- If major changes are being announced, could there be more fanfare – the announcement of these changes passed under the radar.
- Conversations with MEs seem to happen late in a change process.
- Karla mentioned that having a 'hub' in the public health group facilitated collaboration with the community for covid reviews. How will this element of that experience inform the setting up of the pilot?
- I have lots of questions about peer review but probably early days for those - how will the central team evaluate the response to clinical comments? Who will provide clinical expertise, if not the editors that the new process eliminates from editorial decision making? Who will sign off?
- Why doesn't Cochrane tap into Wiley's editorial processes. They will have a centralised team whose job it is just to send out articles for review and it might be cheaper for those bare admin processes to be outsourced.
- MEs and even AMEs in some groups, by necessity, are involved in systematic reviewing, whereas others have a more purely editorial role. The roles of group staff may also align to one function rather than another. These changes must have some impact on tasks and therefore roles. Why is there no acknowledgement of this, and how will this process be managed with employers etc. since it seems clear that some job descriptions may need to change.
- If processes move centrally won't funding move centrally?
- Our group has developed relationships with both specialist and consumer reviewers in our field over many years and there also institutional memory, which will be lost in this process. With consumer groups, peer review can be part of an ecosystem of identifying potential consumer authors, building relationships for dissemination etc. There is a risk in losing that.
- When assessing the 'speed' of the editorial process, the pilot is bound to be quicker if you remove all the development work that is part of the process for many CRGs, who don't have the luxury of rejecting reviews that need input/work. It doesn't make sense to compare them.
- Perhaps a more personal comment. As an ME, I find it alienating to be referred to as 'the community', as though we are just part of a loose affiliation, while 'Cochrane' seems to have become the central team. The proposed changes may help correct the imbalance between resourcing of secondary (but important) activities in the growing central team and under-resourced core editorial/review work in CRGs – which has been there for years. That said, it is a little frustrating that the fix is again to centralise. I think Cochrane needs to decide whether it is committed to its CRGs (and its network structure).

- ‘Editorial integrity’ is not a great phrase – some felt these changes questioned their professional integrity – why not talk about editorial independence?

Response 11; received 26.02.21:

- We believe the primary function of a CRG editorial base is to assure a high-quality, readable, timely, relevant review is published. We agree that the CRG should assure this. This is the point of an editorial base.
- Given the complexity of the rules in Cochrane, and the novelty of some of the methods, the editorial base and refereeing process often involves formative assessment. In other words, the editorial process is conducted in such a way to assure the product and help the author team learn. Indeed other journals also use refereeing and editorial input in this way to get a research paper with interesting findings across the journal threshold.
- A good CRG will ensure there is clear separation of functions; with the support editor not being involved in the decisions around whether the review is published. We believe this is necessary, and indeed we have this in place. Indeed, many CRGs have clear separation of support/editorial functions; have supported establishment of the CRG Networks, and regularly engage with Network Seniors Editors and Associate Editors (especially for high-priority/controversial reviews) for QA of reviews.
- I think the CEU have muddled up problems in other groups of general poor editorial process. This is compounded from habits developed in the early days (and still persists) of a rather patronising approach taking author teams that were not capable of doing the review and then the editorial teams then started writing the review, they have a duty to the authors rather than their readers. We believe some groups are still doing this which is very problematic. These groups often have weak editorial systems.
- If you separate the editorial functions you take away the power of the CRG to commission and get reviews done, and there will be little incentive to support teams.
- If the EMD pilot includes poorly performing CRGs, then there’ll be clear demonstration of benefit: shorter timelines (from submission to publication) and higher quality publications. The initial 6 CRGs that will be partaking in the pilot haven’t been formally announced yet; are these all from the same network? Identified as having issues regarding QA and time to publication? The pilot will extend to 15-20 CRGs later (it’s an 18-month pilot); how will these be selected?
- What is the long-term aim then; for this to be extended to all CRGs? Peer review is all protocols/review to be done centrally?
- Has Cochrane considered the implications in terms of funding of CRG editorial bases? Will funders continue to support editorial bases that don’t perform editorial (peer review) processing of protocols/reviews after submission for editorial approval?

Response 12; received 26.02.21:

I was so pleased when you emailed about this as it has been a bit unsettling. I’m not super-worried, because I know nothing will really change yet, but it’s just the thoughts that change is on the horizon and not knowing what that will look like for our day to day work.

We think that we're going to be part of the pilot starting in June and when we heard everything from peer review would be going to central, I thought at first – 'Wow – that's quite a chunk of our work' … [*redacted to maintain anonymity*]. However, [*one of my colleagues*] said to me she doesn't think it's as clear cut as this whole section of our process will disappear from our workload. We will input more at earlier times, we might be doing our internal 'peer review' with editors before we submit for 'external' peer review with CES (a big question is how it changes our editors' roles, esp the stats/methods); we'll do our checks earlier, we might assist with their response to CCs; maybe it'll be like we're now 'with the team' to make changes and perfect it for peer review, we will have 'changed sides'... Not to mention being more involved and supportive along the way before they submit.
But then it sounds like from what they said on the Q+A ("*We do not expect MEs to have "reduced work," as one of the problems currently is that many MEs are overloaded with work*") that they do expect some work being taken from us to enable us to fill it with the work we don't get round to. I guess a lot of our work will just be done prior to peer review so it's not like "everything you did from peer review onwards is taken from you".

Certainly, I'd love to be able to do more around dissemination, standardisation (e.g. creating template text), investigating all the training materials on Cochrane Training, reading reports to stay more aware of what's going on (I've got such a long list of "To reads"), reflecting on our processes (we do this, but this could free up time to do more of it)….

But both [*my colleague]* and I feel it's not completely clear and we'll have to wait to find out more; we felt a bit like the announcement over a webinar made it sound less of a big deal than it is, because it really will be big changes to our daily work and with all the other changes with EMS, RMW etc. it's a lot.
We can see where central is coming from though; we think it does make sense to have more centralisation.
Probably my biggest concern was whether centralising the ed process will affect the funding we receive?

Response 13; received 22.02.21:

When comments come in from the PRs how will the Central team deal with them? In our group, the ME looks at/check them, then they go to the contact editor – or even one of the Co Eds depending on the review/topic. Sometimes they will override/change/amend the comments. We never send comment to authors without scrutinizing them first, we have a very consultative/collaborative approach within the group.

Response 14; received 01.03.21:

- Editorial integrity was identified as a priority from our funders. When was this? From which funders? How did the funders communicate this?
- How do you plan to 'scale up' Central Editorial Service in Workstream 1? Recruit temp staff, second CRG staff?
- How will you consult with each CRG? You mean all 50+?
- How have the 6 pilot groups been selected? When we will know which groups these are?
- Are streams 1 & 2 happening at same time?
- Was consideration ever given to the standardising all editorial procedures across the CRGs, rather than centralising the service?
- Aren't those CRGs who produce good quality, high integrity reviews being penalised for those CRGs that don't?

Comments:

- Shame that lots of big projects/changes either going on at same time or happen one after each other, especially during such a challenging time for all. There seems to have been non-stop projects involving us for years.
- I'm really disappointed at the potential loss of peer review. I love co-ordinating peer review for our group and consider myself pretty good at it. I also shared with CRGs in my Network how I conduct peer review because some of those CRGs felt peer review was a real burden.
- It will be challenging and painstaking to try and unpick all the components of each CRG (when you consult with each of them)– e.g. their funding, numbers of staff, job roles. A reason why something happens in one CRG won't be the same for another, etc, etc.
- I think it would be good to demonstrate the potential opportunities (re-training, etc) for ME/AMEs ASAP.
- Some MEs/AMEs/EAs don't have a science/research background (like me). It feels like we might be more vulnerable to proposed changes than others who are more methods-minded. However, I think we also have and will continue to contribute much to Cochrane.

Response 15, received 16.03.21:

I haven't been able to comment because there wasn't enough information from the webinar or the Q&A as to what this will really mean for our job.

Response 16, received 16.03.21:

If the editorial process is to be centralised, then what is the function and the fate of the editorial board of the Cochrane Review Groups I am a member? This would be the obvious concern, it seems to me.

Response 17, received 17.03.21

For the pilot project relating to separating review development and editorial function, it would be good to receive some clarity on:

- has the pilot received input from a diverse group of funders that support CRGs?
- is Cochrane preparing/communicating with funders about this potential shift in responsibilities of CRGs?
- a curiosity question - do we have any sense of the proportion of reviews in review groups currently being undertaken by editors (e.g. is it 20% or higher)?

Response 18, 17.03.21 (shared with EMD directly on 16.02.21):

I was relieved [to hear in the Join the Conversation webinar] that the new Editorial Manager would allow for internal and external peer review to happen at the same time (we do so after an initial triage check and authors' revision if necessary) but wonder how this can happen with this new proposed model splitting review development/support and editorial sign off. The CRG can send the protocol/review methodologically sound and reportedly brilliantly to the central editorial team. But if it is only at that stage that external content experts and consumer referees are feeding back on the fundamentals (such as PICO and which interventions to group together for analyses etc) significant proportions of the protocol/review may need to be redone and reassessed – effectively sent back to the CRG? I understand for clinical groups they have content editors who could anticipate this type of external feedback, but in our topic area, we cannot have enough editors to cover all possible topics.

Response 19, 17.03.21:

- I think my issue is I have no idea what they plan to split. The whole proposal came completely out of the blue.
- Will the roles be changed, will the ME position be downgraded to simply administration?
- Will the Coeds still have responsibility for their topic areas from accepting of titles through to publishing?
- How will the editors and peer reviewers be dealt with?
- As I have no plans to go back and listen to this webinar, information about where this decision has come from would be appreciated.