

[Council Paper 14092022-10]
MEs' Report

Dear Roma,

As per the Council co-chairs request below, Gail & I are sending our constituency report to be included in the 14 September 2022 agenda pack for information, under the following headings:

- Achievements since last formal meeting
- Challenges, including issues for the Council to discuss
- Priorities for the next three months

Achievements since last formal meeting

The Council ME Representatives have continued to communicate with their member constituents throughout this very difficult period in Cochrane. We continue to support our colleagues by bringing their queries to the Council.

The following queries have been raised for Council discussion:

- Regarding internal and external communications
 - I am very concerned that the new process for submitting new title proposals for Cochrane reviews is confusing and very off-putting for potential author groups therefore making first impressions and initial communications with us very poor. Finding the submission form to register a potential new topic in the first place is a problem as potential author teams will have to be aware that we are using Editorial Manager and that they are required to access the training site to submit a new title proposal <https://training.cochrane.org/online-learning/em-training/editorial-manager-information-authors> Once on this page they are given the options of 'propose a new Cochrane review in EM' or submit a review proposal form to EM'. The 'submit a review proposal form to EM' then asks them to log in to Editorial Manager or create an account if they don't already have one. This is a big issue as many are not prepared to go through the registration process and others will end up contacting Support as they have forgotten their log in details. They are then asked to 'submit new manuscript'. It is at this point I feel many will give up as they are nowhere near a completed manuscript stage and will assume they have gone into the wrong section of EM. Surely we can edit this to 'submit new potential title'? If they do continue and click 'submit new manuscript' they are then asked to 'select article type', this page does give information on the left hand column regarding proposing a new title but it also instructs authors not to submit their work via this drop down (we have recently had two authors miss this and they have actually managed to erroneously submit their completed update and protocol via this channel). There then follows another two clicks to get to a page which asks for Cochrane files to be provided from RevMan; this is not relevant to submitting a new topic and very confusing. The next click gets you to another page asking you to upload files but if you are submitting a new title proposal then you are not required to do so. The next click asks you to 'select item type' but new title proposal is not one of the options. You are then asked to select a topic category and the next click finally gives you a very uninviting questionnaire (again can this be re-named 'new title proposal form?') which asks about the new topic you would like Cochrane to consider. It's worryingly un-intuitive and a long drawn-out process at a time when we are desperate to address the loss of new title registrations caused by the closure of so many groups. We need to make this process much easier for our existing and future author teams.
 - I have noticed is that we are not being informed of staff changes. We don't know who is working for Cochrane Central, I'm unaware of a current organisational structure and I think it would be nice to have a newsletter item that updated all on the changes that have happened in Cochrane Central as much as the wider community. I appreciate they have been quite busy enough themselves managing this change and it's difficult and awkward to inform, but it doesn't seem to have been a very transparent process to the wider community. It does seem that people have left roles without acknowledgment and so on, which is not setting a good precedent for a future structure I believe.

Challenges, including issues for the Council to discuss;

Challenges. The challenges remain the same on the review production side, especially now that the Archie workflows have been archived. There remains widespread dissatisfaction with EM and review group staff are continually identifying more problems with the system which results in an inordinate amount of time being wasted with hundreds of email requests to Support being generated.

-Before the move to Editorial Manager, the copy edit process took 14 days (maximum). This timeline has now blown out to a minimum of 7 weeks.

-The delay in copy edit is far longer than 7 weeks, at least for my reviews/protocols according to my spreadsheet (I have an average of 47 days just for the CES tasks, so are CES allowing just 2 days for authors to address all their comments??). This delay is having a knock-on effect on our output targets as reported to the NIHR, because e.g. authors can't start working on a review until the copy edit process for protocol has been completed. Not good given time pressure we are currently under here in the UK in view of 31 March 22 deadline.

-Within the copy edit process it is easy to miss a step (often duplicated work as EM is completely inflexible) which leads to a delay with no reminder emails e.g. I had a delay on one update that was down to me. I had addressed copy edit comments with the authors and when I submitted the responses myself, I didn't choose the follow-on task of asking myself to check what I had just submitted, and because I hadn't allocated the task to myself, it didn't come up in my list of tasks! So the review was sat there for nearly 4 weeks. When I realised what had happened, it took me another 15 minutes to sort out as I had to sign the task over to me, then ask authors to check again (they were both on holiday so I proxied as the lead author to re-submit the task myself AGAIN), then send it back to me so I could submit it back to copy edit. Ridiculous!

-Issues that if a title/protocol has already been processed on EM, the follow-on protocol/review/update are "commentaries" on the original submission and not a new proposal/submission, so they are consequently harder to find in EM (well they are for me).

-The 26 July software upgrade led to all Cochrane systems being out of action for over half a working day – message from tech support "Yes the upgrade was complete early this morning, however, unfortunately there have been some unexpected knock on effects and so we are currently experiencing technical problems with our servers, which are affecting access to Cochrane resources". Was there no risk assessment made? How can this happen? And no notification circulated as all the systems were down ...! Not even a message posted on the error page of Archie log in to let users know what was happening.

-The number steps needed within EM to complete an amendment with a new citation not required and once the edits have been made in RMW is 50! Previously, in Archie this would have been 4: 1) make the edits in RM 2) submit to Archie 3) ensure phase is in editorial 4) press publish. For reviews not initiated in EM add another 30 steps and the same goes for a review if it requires a new citation. A similar number of time-consuming steps are need to submit a review to copy-edit support – 29 in total. This would have been one or 2 tasks in the Archie workflow. The system is time consuming and unintuitive. We are losing peer reviewers and editors who do not want to or will not engage with the system. This is particularly worrying as they are still being supported by CRGs, this will not be the case next year.

-Emails are being sent to authors by EM without our knowledge e.g. yesterday one of our editors received an email from EM with the following text "Our records indicate that you have an incomplete submission in our system that has not been accessed for over 365 days. Regretfully, we must conclude that sufficient progress has not been made and we are therefore removing the article from our system. We hope to hear from you again." I added this review when we moved to EM last year, there have been delays but the authors are working on the updated review, I haven't kept changing due dates as these generate a flurry of unwelcome/unnecessary emails. The editor wanted to know what she should do, we agreed to let the system remove the proposal and I would set it up again once they are ready to submit, but when I went on to the system, the proposal is still there! Also, it is not uncommon for a review or update to take longer than 12 months, so are all authors going to be told that if they don't submit in 12 months after we send out an invitation to submit a commentary (!), that we don't want their review/update?

-The new Production processes are problematic at the copy-edit/publishing end of the review process. CRGs have lost the management of this part of the publishing procedure, and this is causing massive delays.

-For the first time in the history of our 25-year-old group we are having problems securing peer-reviewers as they are not willing to use EM. When we were told, we were moving to EM we were assured it would 'support our current processes' and speed up review production. The reality is it does neither of these and even worse is causing delays throughout the life of a review.

-We have had to resort to inviting consumers, clinical reviewers, and statisticians outside of EM, as we are not receiving acceptance emails anymore when we send invitations via EM. This causes us more work as we are supposed to record who we invited and who declined/did not respond.

-Not using the utterly baffling and time-consuming EM for the bulk of editorial tasks, resorted to pre-Archie days and our own tracking spreadsheets based on Archie workflows.

-I wonder if tech support has to log the different types of errors/problems and report them higher up? There are some that are operator error (mainly because the system is not at all user-friendly) but there are others that occur because there are intrinsic faults in the system(s). All we get from on high is 'we know there are problems' and 'remember the problems we had when Archie was introduced' – do they know the details of just how bad the system is?

-Publication of new and updated Cochrane reviews in 2022: based on my counts of new and updated Cochrane reviews published in each of the 152 issues of CDSR since it went monthly in January 2010, the numbers published in each of the 8 months from January to August 2022 are the 6th, 1st, 4th, 1st, 16th, 7th, 3rd and 9th lowest ever (i.e. 7 of the last 8 months are in the bottom 10 monthly outputs over 152 months, having 32 or fewer new and updated reviews in the month). The total for the 8 months is 226 new and updated reviews, which is 97 less than the lowest for any other 8-month period in 2010-2021 (which happened in April to November 2021: 323) and 42% lower than the average for any 8-month period in the five years from 2017-2021 (mean: 389). If the last four months of 2022 see the monthly number of new and updated reviews at the highest monthly figure so far in 2022 (37 in May), the total for the year will be 374 but if it's the monthly average for the year to date, it will be 339. These figures are 25% and 32% lower than the figure for 2021.

-Impact factor: has an adjusted IF been calculated for CDSR to try to see the effect of highly cited COVID-19 reviews on the 2021 IF (e.g., to provide advance warning of the shock that might arrive when this effect disappears)? By my reckoning, the top 5 cited articles that were used in the 2021 IF (which were all COVID-19) contributed a single unit to the 2021 IF for CDSR (i.e., it would have been 11, not 12, without them).

-Impact factor: <https://www.cochrane.org/news/2021-journal-impact-factor-cochrane-database-systematic-reviews-12008> says that "A Cochrane review was cited once every 6 minutes in 2021". This seems to be based on data other than the 2021 IF data. I presume it was calculated by dividing the total number of citations in 2021 (92,845) into the total number of minutes in 2021 (525,600) but this is a misleading calculation (unlike, for example, an estimate of the average number of reviews viewed per minute), because there are likely to be many instances where multiple Cochrane reviews were cited in the same article. What would be better, and less spin, might be to say, "On average, an article citing at least one Cochrane review was published every x minutes". Where x would be 525,600 divided by the number of articles citing Cochrane Reviews.

-Targeting the updating of Cochrane reviews: has anyone looked at whether Cochrane reviews with a large proportion of "awaiting classification" or "ongoing studies" and an old search date should be prioritised for updating? For example, of the 2600 or so Cochrane reviews published in the current issue of CDSR with a date of last search before 2012, 400 had two or more studies awaiting classification and 350 had two or more ongoing studies.

-Engagement by Cochrane members: looking ahead to the upcoming Cochrane AGM, has anyone looked at the number of people who participate in these? From a carbon perspective, I am pleased that these and other events are online but that should make it easier for people to take part. However, the attendance might show that people feel disengaged because my sense is that fewer people have taken the time to attend recent online AGMs than attended the face-to-face AGMs at Colloquia.



-I'd like to know the cost of our many years' worth of investment into RMW and EM, two systems which have taken away our ability to work efficiently as they are difficult and cumbersome to use and do not speak to each other. All we ever needed was RevMan 5 and Archie working in tandem as they did.

Priorities for the next three months

In March 2022, we reported that it remains imperative that we take this opportunity to retain and support the highly skilled and experienced ME community within the new Governing Board approved structure. Unfortunately, we have, and continue to lose, valuable, experienced staff on a frequent basis. We will continue to contribute to the current discussions regarding the future of Cochrane, and in the meantime, our priorities as ME Council Reps will be to focus on the wellbeing of our constituents, making sure all the initiatives in progress are clearly communicated, and guaranteeing their ideas and comments will be heard, as per the Council remit of ensuring that Cochrane Groups retain an effective voice in Cochrane's leadership and strategic high-level decision-making. This will allow our constituents to fully engage with any matters the Governing Board raises and provide input to inform Governing Board deliberation.

Regards,
Liz & Gail