

Council paper 020322-1 ME Constituency report for Council March 22

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 circulated a report in mid-January detailing Council activity to our constituents which is something we do on an annual basis. A marked achievement is the increase in correspondence both formal and informal from the ME Community regarding the particularly difficult challenges currently being faced throughout the organisation. We continue to support our colleagues by bringing their queries to the Council. The following queries have been raised for Council discussion:

- Regarding the release of the **Plans for 2022 and the Future of Evidence Synthesis**
 - Please clarify why Cochrane thinks funders will want to fund a thematic hub?
 - Will the Council follow up on the opportunities for “community engagement”, as suggested are in place, in the Governing Board email sent Friday 18 Feb 2022? It is unclear what this means, but I note from the timeline that CRGs will be “arranged into thematic groups” from Q2 2022, which is only one month from now.
 - When will the process for registering titles centrally be shared with CRGs?
 - With the planned expansion of the Central Editorial Service, is the expectation that this will be staffed within the UK, or is there scope for editorial staff outside the UK to be absorbed into this team?
 - The new proposed structure reads as though the Central Editorial Service will deal with all reviews before March 2023. Could this please be clarified?
 - What does “immediate move to implementation activities” mean on a practical level? (PDF page 7).
 - The thematic groups and Evidence Synthesis Units (which are expected to produce 15 protocols and 30 reviews annually) will not receive any central funding, whereas it is “recommended” that the Central Editorial Service will be funded from income from Cochrane Library royalties in the short term, and then from funding the Evidence Synthesis Units receive in the future. Why was central funding not considered for the thematic groups and Evidence Synthesis Units in the short term? Why will funding raised by the Evidence Synthesis Units then have to fund Central Editorial Service in the future?
 - The document states that the thematic groups (which seem to be CRGs under another name) will be responsible for raising their own funds for a role which seems to consist of identifying and recommending priority topics and appropriate authors to the ESUs alongside providing clinical expertise to feed into the reviews/syntheses to ensure clinical relevance and quality. These units may or may not additionally produce their own reviews/evidence syntheses to submit directly to the Central Editorial Service. Has the Governing Board considered who might be willing to fund such units who would basically be supporting Cochrane’s centrally funded Evidence Synthesis Units, but largely without their own measurable output? And will the thematic groups be supported in these funding applications?
 - How will the model of Evidence Synthesis Units with paid staff including systematic reviewers retain existing/attract new (unpaid) Cochrane authors with sufficient experience to produce quality reviews?

- How much support (which is currently given by the CRGs) will be given to authors whose reviews are submitted directly to the Central Editorial Service and not produced via the Evidence Synthesis Units?
- The document states the aim of streamlining processes, but the new systems (RMW, EM) are not easy for MEds, authors, editors, or peer reviewers, and I have had complaints from several users, some of whom simply refuse to use the new systems and interact with me via email leaving me to sort the system/tasks out as best I can, e.g., by proxying as different people. Amongst the comments I have received (from experienced Cochrane contributors) are “It is quite the painful journey” and “Can you let the developers know that they either sort it out or start paying lay reviewers for their time as they’re seriously testing patience!”
- I am interested to know how “Shortening the review format is key to making reviews easier to write and access” can be linked to maintaining methodological quality and producing more complex reviews/syntheses.
- In the example illustrating how Evidence Synthesis Units might work, an international guideline group approaches the Evidence Synthesis Units to commission a series of reviews to inform their guideline. To date in Cochrane (as far as I am aware) it has been the responsibility of the CRGs to identify upcoming guidelines and contact the developers to promote relevant reviews (and update these if needed). The strategy of promoting existing reviews or producing new ones for guidelines is excellent, but why wasn’t this supported by central Cochrane before now and any requests/enquiries regarding guidelines directed to the relevant CRGs with central support? I think the lack of clinical expertise at the Evidence Synthesis Units will hamper this strategy and they will be again reliant on the thematic groups (if they exist and cover every topic area) to inform of upcoming guidelines.
- How will the Central Editorial Service be funded going forward after the proposed period using strategic reserves/CLIB revenue? Will the Evidence Synthesis Units need to pay the Central Editorial Service when they submit their reviews? How will this then function for authors submitting directly? Will Cochrane charge them for processing/publishing their reviews as other journals do?
- How will Cochrane define the job description for Managing Editors in the new Evidence Synthesis units? Has a job description been prepared yet? When will it be circulated? (See Table 2 in the document).

- Re implementation of the EMS: which metrics will be used to measure the impact on our workload, and when will the results be made available?
- Even though Cochrane has acknowledged the challenges we face, we must engage with cumbersome processes, complex review models, and an Editorial Management system which is overly time-consuming, unintuitive, and is not in any way designed to address the requirements needed for systematic review production. Cochrane has had to employ extra staff to support the use of EM – if it was a good system, this extra expense would not be needed. In addition, we must use software which does not easily communicate with each other (RMW, GRADEpro GDT, ROB2). All of this leaves many chronically de-motivated and undervalued CRG staff wondering why this new system was thought to be a suitable replacement for the excellent bespoke Archie workflows for our editorial processing.
- The changes to the copy edit and publishing process in EM (including the extra proofread stage) which were intended to streamline the publication process are causing delays to final publication dates. This has a knock on effect for search dates at the time of publication.
- Is Cochrane planning to discuss the NIHR ESP Evidence Synthesis Groups application for NIHR funding <https://www.nihr.ac.uk/funding/225-nihr-evidence-synthesis-groups/29786> with UK CRGs?
- Is the Central Editorial Service applying for NIHR funds?

- Can we have an update on Cochrane’s future Open Access arrangements? UK Research and Innovation’s (UKRI) Open Access Policy is changing, and the new [Open Access policy](#) applies to original research articles submitted on or after 1 April 2022, and the policy change is an important condition of a UKRI grant.

Challenges, including issues for the Council to discuss

The challenges remain the same on the review production side, especially now that the Archie workflows have been archived. The timing of this has been very unfortunate as it coincided with an unusually high number of bugs within the EM system. This would have been less of an issue if we did not have to support our colleagues who are facing devastating job losses. We still lack clear communication on transition plans for those in other contexts impacted by the central changes — for instance, non-UK groups who may be losing funding, and those with sustainable funding uncertain of their place in a new Cochrane model moving forward.

Priorities for the next three months

As reported in December 2021, 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. We will contribute to the current discussions now that the proposal has been made public. In the meantime, our priorities as ME Council Reps will continue 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.