

Council paper 061021-2 Managing Editor Executive Report [OPEN ACCESS]

Responses from ME mailing list to request for Agenda items for forthcoming Cochrane Council Meeting to be held on 6 October 2021. Submitted by Gail Quinn and Liz Dooley

The Cochrane Council is an advisory body to the GB and CET, which ensures that Cochrane Groups retain an effective voice in Cochrane's strategic decision-making and operational implementation

<https://www.cochrane.org/about-us/governance-and-management>

Agenda item 1:

Mental health and wellbeing concerns of Cochrane staff

- Given Cochrane's proposal to dismantle all CRGs, which effectively makes a significant proportion of the Cochrane Community redundant or facing a hugely uncertain future, I find the expectation that we shoulder the burden of a) consultation on the new model and b) performing the transitional work (e.g., to EM) breathtakingly insensitive. In addition, the cancellation of the 2022 Colloquium, which represents the only opportunity for editorial staff for training, discussion, and networking, is a further unexpected blow.
- Cochrane called us in to the office quite early in the process, gave us our dismissal notice (for March 2023) and then expected us to help them build the model for our replacements!
- In terms of wellness, I've been banging that drum for some years to no avail. I know we are not technically employees, but I do think that Cochrane does (or at least should) have some responsibility for CRG staff wellbeing, especially as most of our stresses and strains are a result of Cochrane policy and workload. Probably too late at this stage though.
- I know Cochrane needs to get started in planning this 'new order', especially if it is to tie in with NIHR's likely funding call next year, but right now many MEs are feeling shocked, sad, and betrayed given how committed they have been to both their CRG and the Cochrane vision/mission over many, many years.
- It has been hugely upsetting and anger-inducing to have our funding stopped, though not surprising. It was galling that leadership did not proactively acknowledge that we are losing our jobs and that it is dreadfully sad that the groupings of people CRGs have looked after for 25+ years will not continue. Especially because we are continually told that we need to be supportive, and the most important thing is the people and collaboration – organisations must practice what they preach – do as I do versus do what I say – we must live our values. Leadership moved too quickly to talk about the opportunities and asking us to labour to provide constructive criticism of the new model without acknowledging individuals' grief. To say that there will be many jobs may be true IF YOU GET NEW FUNDING, but we will have to apply for those jobs and how likely is it they will be in place in March 2023, so it's not very comforting. I say this as someone who understands the need for change, is supportive of change and has advocated for change for years.
- We've continued to give 100% during the Covid-19 pandemic - my team has been at less than 50% for at least the last year (like other teams, we've endured bereavements, serious family issues, mental health crises, home schooling, etc.) yet we've pushed on and on and still met Cochrane standards/contractual deliverables our funders... now I'm wondering why we bothered at all. Wishing we had just furloughed everyone and shut up shop for 18 months.

Ignored concerns

- It's ironic that CRG staff have been banging on for years that our review methods have become overwhelming, standards inconsistent, processes cumbersome and documentation inaccessible and we now find that these are four of the areas Cochrane intends to 'simplify' in the new regime.
- Has any thought been given to the 1000s of volunteers that are part of CRGs i.e., Editors? Why should they volunteer any of their time in the future?
- Do not switch off Archie workflows – EM is not fit for purpose. We cannot work with it.
- Cochrane keeps on about how x or y risks damaging their reputation whilst forgetting that their reputation is based on the hard work of CRGs.

- How many times have we heard that 'CRGs are the engine of the Cochrane machine'? Empty words, and to continue the metaphor, it seems that the engine wasn't maintained over many years and now it is broken.
- I've been committed to and proud to be part of my CRG for the last 13 years. I came to Cochrane via academia - I stayed because I believed in what we do and although I was no longer producing academic research myself, this job allowed me stay close to and be part of research that makes a difference. I am now wishing I had pursued a different career path.
- How on earth do Cochrane/NIHR think we can continue at the same pace over the next 18 months knowing that we won't have a job at the end? It's beyond me.
- Why on earth are we all breaking ourselves trying to get to grips with Editorial Manager (yet another Cochrane innovation that is not fit for purpose) when most of us won't need to use it if editorial processing is centralised?
- I had high hopes for the EM, but it is clear that it is only fit to handle a peer review process of a regular journal. This is fine for the fast track and will be fine after the CRGs are disbanded according to Karla's proposed model, but CRGs now need to focus on completing the reviews that they can complete in the last 18 months of our existence. It is a waste of time making a system not designed for us work for the sorts of editing we do here.
- We have gone from being funded by NIHR to catastrophe (especially for the scores of CRG staff who will lose their jobs), there was no opportunity for the CRGs to improve (where necessary) and grow into the vision laid out by NIHR.
- We've endured extensive and rapid change for some years now, without having support/training in how to navigate and deal rapid change (change management) unless I missed the email about how to navigate and support others through change.
- I do think it is naïve to assume that CRG staff will want to engage with Cochrane to help shape a future that will essentially not involve most of us. The timing is insensitive given that many MEs are still numb following the recent NIHR bombshell
- The workshops that are being set up to model the future of the ES units are not long enough.

Council

- How will the Council have any say in the new plans and how they will support the transition?

Miscellaneous

- Reviews have become ever more burdensome (for review authors, CRGs and end users). It would be good if Cochrane could at least go back to the MECIR standards and identify which need to be adhered to as a minimum and the rest can be ignored.
- Can we please also add these comments/questions to the futurecochrane.space site when that becomes available at the end of September?
- If Cochrane was aware that funders were not happy about Cochrane's business/production model for some years then one has to beg the question, why did Cochrane not take action sooner? I think

the strange business model is in part to blame but the 'new order' looks like it still has the same tripartite relationship so who's to say that Cochrane will have any 'control' over the new evidence synthesis centres?

- As things are going to change, how much time and effort should we invest in registering unsolicited new titles or conducting prioritisation projects?
- From a practical point of view, should we just focus our efforts on the work we currently have in progress, getting those reviews up to scratch, continuing with updates, and basically tidying up what we have going on at the moment?
- It seems crazy to continue taking on 10-12 new titles a year when there is so much uncertainty as to the future of our jobs.

Suggestions for Cochrane CET

- To limit the damage on morale and encourage the Community to engage effectively in the next steps for the organisation, Cochrane needs to urgently reconsider the messages it is giving entity staff.
- Cochrane's HR should be giving advice to Co-Eds as to how to deal with the wellbeing of their staff and how to deal with host institutions and potential redundancies.
- At the very least, Cochrane could subscribe to an employee assistance program such as Validium which would enable people to access support across several different areas (support for both managers and teams, guidance, personal and work-related issues, CBT, counselling) and provides self-paced learning in some areas too.
- It would be good to have guidance about whether we should be essentially 'shutting up the CRG shop' and aiming to finish any reviews by 31 March 2023? Do we announce to the world that our CRG will cease to exist then?
- Options are to keep the Archie workflows alive so we can use them to manage internal review for the next 18 months before moving into EM for peer review (we could receive the review in EM and then use Archie behind the scenes, and the contact person would only receive communications from EM), or to immediately roll out the centralised editorial process pilot across all groups so that we focus on delivering reviews ready for peer review. This would help NIHR funded groups maximise their return on the funds.
- Can we gain clarity regarding the reasons the recommendations in the Kleijnen report were not followed?
- There has been a menacing tone used and a very clear message given to the CRGs that throughout this awful period the CRGs are to blame for the mess we now find ourselves in. That culture must be stopped immediately with responsibility for this devastating loss of jobs being acknowledged by our leadership.
- The CET needs to provide groups with a standardized draft email that **we** can send to our volunteer editorial teams and authors informing them about what has happened re UK funding, and explaining the uncertainty ahead, especially for UK CRGs. A position statement, essentially.
- How do we summarise and communicate all this uncertainty, yet give them some reassurance, as not all countries will be affected in the same way as the UK CRGs? The CET needs to acknowledge that changes are ahead, at the very least.