

Virtual Governance Meeting June 2021

Editorial Independence & Efficiency
project strategic sessions Q&A



1 Workstream 1: Pilot project to test separation of development and editorial functions.

1.1 How will the development and editorial functions be divided in the pilot, i.e., which tasks will be performed by CRG Editorial staff, CRG Network staff and Centralised Editorial Service

CRGs will continue many of their current functions, including managing the topic and scope of their group, and prioritising new reviews and updates; developing (or supporting development) of protocols, reviews, and updates through a variety of approaches; recommending peer reviewers to the Central Editorial Service; project managing the work of the CRG; determining when protocols, reviews or updates are ready for the editorial process; and knowledge translation.

The Central Editorial Service will perform initial submission checks; conduct methods, search, content, and consumer peer review; assess peer-reviewer comments; check author revisions; edit articles and arrange copyediting; and recommend editorial decisions. Methods peer review will often be performed by Network Associate Editors, and Sign off will be performed by Network Senior Editors.

Further detail about the development and editorial processes, and the responsibilities of CRGs, Networks and the Central Editorial Service, are provided in [‘Outline of process for Cochrane Review Groups joining the Editorial Independence and Efficiency Project \(EIEP\) pilot’](#).

1.2 Will CRGs and the Centralised Editorial Service work together on certain editorial tasks, e.g., methods support?

No, in general we want to avoid duplication of effort between CRGs and the Central Editorial Service. If CRGs think authors need methods support during development, they can provide this support to authors, or they can seek support from elsewhere, for example from Associate Editors, the Methods Support Unit or Cochrane Methods Groups. If CRGs have provided methods support to authors, this can be communicated to the Central Editorial Service, who will bear this in mind when requesting author revisions. The Central Editorial Service will perform an independent assessment of methods through methods peer review, but the Central Editorial Service is not responsible for bringing the article up to standard, only assessing that standards have been met for publication. Further information about minimising duplication of effort between CRGs and the Central Editorial Service is provided in [‘Outline of process for Cochrane Review Groups joining the Editorial Independence and Efficiency Project \(EIEP\) pilot’](#).

1.3 Why have the Network Senior Editors been chosen to perform review sign off in the pilot and how this differs from current practice?

Current practice is for the CRG Co-ordinating Editors to sign off articles; however, in the pilot the Network Senior Editors will perform review sign off to preserve editorial independence. The Network Senior Editors have been chosen to perform sign off as they have broad clinical and methods expertise, and they will be supported by the Managing Editors in the Central Editorial Service. The efficiency of this approach will be monitored in the pilot and if capacity issues are identified, changes will be made if necessary.

1.4 What criteria was used to choose the CRGs included in the pilot?

The CRGs invited to participate in phase A were chosen because they expressed an interest in being involved in the pilot. The chosen CRGs have a wide range of experience and varied review development processes. In the future stages of the pilot will have a mix of CRG Networks (so that all Networks are represented); geographic areas; expression of interest in joining the pilot (both those that have and haven't expressed interest); funding levels and resource; output; scope (narrow to large); and review types (CRGs producing intervention reviews of RCTs, and CRGs producing more complex reviews).

1.5 Will the Centralised Editorial Service reject reviews that do not meet the criteria for submission to the Editorial Service?

In the scenario that an article is submitted to the Central Editorial Service and it is not considered ready for peer review by a Managing Editor at the Service, the Managing Editor will communicate with the CRG to highlight the concerns with the submission. The CRG will decide either to reject the submission, or to offer authors the opportunity to revise and re-submit, and the Central Editorial Service Managing Editor will communicate the decision to authors, copying in CRG and Network Editors. Details about when and how articles will be rejected by the Central Editorial Service are provided in '[Outline of process for Cochrane Review Groups joining the Editorial Independence and Efficiency Project \(EIEP\) pilot](#)'.

1.6 How will the pilot address efficiency and independence issues?

For efficiency, it is hoped that if CRGs can support authors actively in the review development phase it can reduce rounds of editorial comments. For independence, CRGs or others that have been involved in deciding what research is done, conducting the research or writing up the research, will not be involved in the editorial decision to accept or reject the article.

1.7 Which metrics will be used to evaluate the success of the pilot?

The EIEP working group have been considering metrics for the project for measuring independence, efficiency, integrity of the editorial process, quality, satisfaction and resource use. The working group have discussed that any metrics should be fair, have a mix of quantitative and qualitative information, be manageable to collect, and if making any comparisons that similar data are being compared. Some metrics will be easier to collect than others, and Editorial Manager will be able to collect many of the metrics planned. Various metrics have been considered such as time from submission to first decision, number of rounds of revision, and number of peer reviewers invited.

2 Workstream 2: Consultation

2.1 Which CRGs have been invited to the 1-2-1 consultation meetings?

The participating CRGs have received and accepted the invitation for the 1-2-1 consultation meetings. The list of CRGs invited has been published in the Editorial Independence and Efficiency Project [webpage](#).

2.2 Which topics/issues will be discussed in the consultation meetings?

The meetings being held with a subset of CRGs is part of a wider consultation process that Cochrane is carrying out to identify better systems and processes that will carry us into the future. Discussion at these 1-2-1 meeting will focus on the challenges Cochrane will face over the next few years, including the growing trend amongst funders to mandate open access publishing of the research outputs they fund and decreased access to infrastructure funding. Karla Soares-Weiser and Toby Lasserson also want to

hear about the challenges that groups are facing and listen to their ideas about future models for producing evidence syntheses in Cochrane. The themes that emerge from the 1-2-1 consultation sessions will feed into planning larger workshops (Sept-Oct 2021), which will be open to a wider range of Cochrane community members (e.g., Methods Groups, Consumers, Fields, Geographic Groups, etc.). These larger workshops will provide the opportunity to raise issues and put forward ideas that may not have emerged in the 1-2-1 sessions.

3 Cochrane's future review production model

3.1 Will the feedback from Managing Editors be taken into account when deciding the preferred model for Cochrane's review production?

Ideas and suggestions on a preferred model based, based on key principles, will be sought from all Cochrane Community members via workshops and a survey. In addition, a webinar for all Managing Editors will allow us to hear feedback on the Editorial Independence and Efficiency pilot. The Central Editorial Service, the EIEP Working Group and the CRGs involved in the pilot includes several Managing Editors, and their experience and input will help to shape the service throughout the pilot. The creation of a new model for producing Cochrane evidence syntheses represents huge change for the organization which is why we are want to listen to a wide range of voices from within the Cochrane community, both in and outside the CRGs.

3.2 What role will CRGs play in Cochrane future review production model?

The role of CRGs in a new evidence synthesis model will evolve, however the pivotal role they play in author mentorship and review development support is likely to be a component of any future model. Developing a clearer understanding of what the development teams do vs. what the editorial team does is something we are exploring as part of the pilot. In rethinking the model, it may be that review group staff do take on a more significant role in supporting authors with Cochrane methods, however this does not mean that the methods support structures that exist currently will necessarily disappear. Like many other aspects of the pilot, these are elements that are being tested.

We appreciate that it challenging to think about the role of CRGs in the Central Editorial Service pilot and indeed the wider issue of finding a new production model right now because these structural changes are being discussed at a time when future funding is uncertain. That uncertainty is, however, the reason why Cochrane must act now. We won't know how much change there will be to the role of CRGs in a new model but looking ahead it appears that funding for the same number of CRGs we have now will not be available. The feedback from funders is that they want change and by being proactive now we can hopefully shape our future.

3.3 Have funders expressed their support for the review production model proposed by the pilot?

Many funders and stakeholders, like the NIHR and WHO, want Cochrane to create a review production model that it is less cumbersome and produces high priority reviews, faster. At the same time, funders are increasingly reluctant to cover the running costs (i.e., provide infrastructure funding) for 52 review groups that operate semi-autonomously. Precisely what activities they are willing to support is still not clear yet which is why, over the coming months, Cochrane leaders will explore this question with key Cochrane funders around the world. Our best chance of receiving financial support from our traditional funders is to deliver the change they want to see, i.e., to re-engineer our systems and processes in a way

that allows us to respond to their needs quickly and without any loss of the rigour for which Cochrane is known.

3.4 Which Cochrane systems will be optimized, and which ones will be made defunct?

Archie currently performs multiple functions, for example managing the editorial process, portfolio management, and storing information about articles and people. The technology that Archie is built on has become obsolete, and there is a need to find alternative ways to manage these multiple functions. Cochrane has committed to using Editorial Manager as its editorial management software, and this is the first function that is being removed from Archie (the workflows in Archie will be switched off at the end of the year). Archie will continue to serve as a repository for the CRGs portfolio, staff contact details and inactive review's workflows, at least in the short term. RevMan will also continue to be the authoring tool. A critical examination of all the tools we use will, however, be part of the work we do to explore options for a new model of producing Cochrane Reviews.