

Outline of process for Cochrane Review Groups joining the Editorial Independence and Efficiency Project (EIEP) pilot

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Context

This document is an outline of the process for Cochrane Review Groups (CRGs) contributing to the Editorial Independence and Efficiency (EIEP) pilot. The document has been created by members of the EIEP project team and the [EIEP working group](#). During the pilot, the process for CRG involvement may be iterated, or further detail added to this document. This document will be a living document, saved [here](#), and alerts to updates will be shared with pilot CRGs by email.

Preparing for joining the pilot

All CRGs joining the EIEP pilot will start using Editorial Manager. Cochrane Support is offering training to all CRGs, which includes four demonstration sessions on key aspects of using Editorial Manager. All training provided by Cochrane Support will be relevant to CRGs joining the pilot, and **pilot CRGs are urged to attend training**. For pilot CRGs, there will be an additional step to learn how to transfer content from the CRG's Network Editorial Manager site to the Central Editorial Service Editorial Manager site. Information on how to transfer content is provided in the Editorial Manager Knowledge Base page [Transfer submissions to Central Editorial Service](#).

In preparation for the pilot, the [preparatory tasks](#) website includes steps for CRGs to identify content that will continue to be managed in Archie, and to identify content that will be managed in Editorial Manager. **Identification of the content that will be managed in Editorial Manager is particularly important for CRGs joining the pilot, so that protocols, reviews, and updates can be transferred to the Central Editorial Service for the editorial process.**

	A	B	C	D	E	F
1	Stage	Title	Contact Author	Contact Author email	Review type	Number of days until author submission due
2	Protocol	C0116 Decision aids for contraceptive choice	Kirsty Smith	k.smith@example.com	Intervention	60
3						
4						

The difference in the use of Editorial Manager by CRGs in and out of the pilot is outlined in [Appendix 1](#).

Producing and publishing reviews in the pilot – steps for Cochrane Review Groups

Topic and scope management

CRGs will continue to manage their topic scope, including selecting and prioritising topics for registering titles and updating reviews. They will also continue to manage their search methods and processes (with the exception of formal search peer-review by someone independent of developing the search; see [Search peer review](#)). If there are issues identified in the topic of a protocol, review, or update, during the editorial process conducted by the Central Editorial Service (for example through peer review), these issues will be shared with the CRG.

Development of protocols, reviews, and updates

CRGs will continue to develop, or support development, of protocols, reviews, and updates. CRGs in the pilot will be able to adopt different approaches to developing reviews in Cochrane. The editorial process performed by the Central Editorial Service will enable CRGs to provide substantive input to reviews, without conflict over editorial decision making. Among CRGs in Cochrane, we know that a range of approaches are taken to developing reviews, including:

- CRGs working with and supporting volunteer authors during development, for example through:
 - providing input on sections of protocols and reviews before the full draft is complete
 - arranging specific methods support for authors of particularly large reviews, or reviews that use complex methods, such as from an Associate Editor or members from the Methods Support Unit
 - completing internal checks on full drafts before external peer review

Support to authors could be in the form of:

- providing comments for authors to address

- editing submissions
- co-authoring submissions
- assisting authors to address editorial or peer-reviewer comments (if the CRG would like to support authors to address the peer-review comments, this should be agreed by the CRG with the authors beforehand; CRGs should not edit submissions on authors' behalf without authors' knowledge)
- CRGs commissioning paid authors (e.g., freelance systematic reviewers), with or without other volunteer authors
- CRG staff authoring reviews themselves, with or without other volunteer authors

Recommending peer reviewers

CRGs and authors are able to recommend peer reviewers to the Central Editorial Service, although this is not mandatory. See [Types of peer reviewer and their identification](#) for further information about who peer reviews and how peer reviewers are identified.

Project management

CRGs will continue to project manage protocols, reviews, and updates, up until the point of submission to the Central Editorial Service. This could include managing timelines for submission of selected sections of articles or the first full drafts of articles; arranging searches; co-ordinating input to the article during the development phase; managing relationships with authors, commissioners, funders and potentially free-lance systematic reviewers; and co-ordinating [knowledge translation](#) (see below).

Identifying when a protocol, review or update is ready for the editorial process

The document [Criteria for submission to Central Editorial Service](#) provides information about when protocols, reviews and updates are ready for submission to the Central Editorial Service. The Central Editorial Service will use these criteria to perform an initial assessment of submissions (see [Editorial process for protocols, reviews, and updates](#)). CRGs can also use this document to make a judgment about when submissions are ready to send to the Central Editorial Service.

For submissions that are written by the CRG themselves or by proficient authors, the protocol, review, or update may be ready for the editorial process as soon as the draft is complete. For submissions that are submitted to CRGs that do not meet the criteria for submission to Central Editorial Service, CRGs can work with authors on developing the review, as indicated above in [Development of protocols, reviews, and updates](#). If CRGs identify that a submission has only minor reporting issues to address, the article can be transferred to the Central Editorial Service, as long as the minor issues are highlighted to the Central Editorial Service.

Knowledge translation

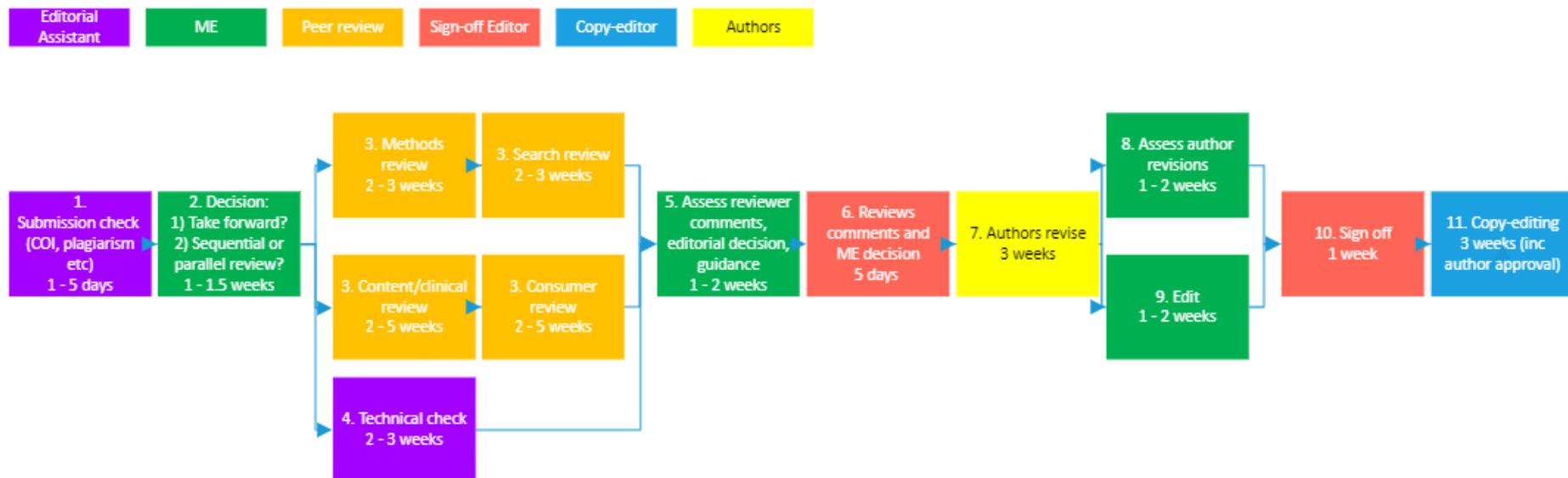
CRGs will continue to disseminate reviews from their group. When a review is accepted for publication (signed off), the CRG will be informed by the Central Editorial Service.

Editorial process for protocols, reviews, and updates – steps for the Central Editorial Service

Editorial process outline

The Central Editorial Service will conduct the editorial process, with input from Sign-off Editors, for protocols, reviews and updates that have not already started the peer-review process. Figure 1 below shows an outline of the editorial process that will be performed by the Central Editorial Service.

Figure 1: Editorial process by the Central Editorial Service



- **Step 1:** Submission check by a Central Editorial Service Editorial Assistant. If no issues are raised on the submission, the Editorial Assistant assigns the submission to a Central Editorial Service Managing Editor, and informs the Sign-off Editor of the submission. The Sign-off Editor may suggest potential peer reviewers. If there are issues in the submission check, the Editorial Assistant raises these issues with a Managing Editor of the Central Editorial Service. The submission may be rejected from the Central Editorial Service at this stage if there are major concerns (see [Process for rejecting articles](#)).
- **Step 2:** An assessment of the submission by a Central Editorial Service Managing Editor is performed, using the [Criteria for submission to Central Editorial Service](#). A decision is made on whether to take the submission forward, and if so, whether to perform sequential peer review (methods and search review before content/clinical and consumer review), or parallel peer review (methods, search, content/clinical and consumer review

concurrently). This check is a brief check performed by the Managing Editor, and the decisions are made based on their experience and judgment. If the Managing Editor has concerns about the submission, it may be rejected at this stage (see [Process for rejecting articles](#)). While most articles that proceed should have parallel peer review rather than sequential peer review (for speed and limiting the number of rounds of revision), in instances agreed with the Central Editorial Service Executive Editor, methods and search peer review will be performed before content/clinical and consumer review. If the Executive Editor decides to proceed with sequential peer review, any concerns the Managing Editor has about the methods or search in the article will be shared with the appropriate methods or search peer reviewer (on invitation to peer review), and the methods or search reviewer will investigate these concerns more fully in their peer review.

- **Step 3:** Methods and search review, and content/clinical and consumer review is conducted (in most instances all peer review is performed in parallel; however, search and methods review may be conducted first in some instances). See [Types of peer reviewer and their identification](#) for further information about who peer reviews and how peer reviewers are identified.
- **Step 4:** While the article is at peer review, the Central Editorial Service Editorial Assistant performs a technical check to assess whether the article complies with Cochrane editorial policies (e.g. individual author contributions are provided, declarations of interest in the article match the declarations in the authors' forms etc.). Where the article is not compliant with policy, the Editorial Assistant shares with the Managing Editor standard editorial points for the authors to address, if and when they asked to revise their article.
- **Step 5:** The Central Editorial Service Managing Editor assesses the peer-reviewer comments, and makes an editorial recommendation for the Sign-off Editor of revise (major or minor), accept or reject (see [Process for rejecting articles and limiting rounds of revision](#)). If the Central Editorial Service Managing Editor identifies clinical/content issues that they are not sure about (including contradictory peer-reviewer comments), they may seek support from colleagues in the Central Editorial Service, request further peer review, or discuss issues with the Sign-off Editor or a CRG editor that hasn't previously been involved in the submission. If the Central Editorial Service Managing Editor makes a revise recommendation, the Managing Editor drafts author guidance on how to address the peer-reviewers' comments. This guidance could include how to manage conflicting peer-reviewer comments, guidance on when a peer-reviewer comment goes against Cochrane policy or standards, and guiding authors on the key issues to address in the revision. The Managing Editor also includes the standard editorial points for authors to address (including those from the Editorial Assistant).
- **Step 6:** The Sign-off Editor reviews the peer-reviewer comments, the guidance from the Managing Editor, and the recommended decision. The Sign-off Editor may make changes to the guidance or decision. If there is a disagreement between the Managing Editor and the Sign-off Editor on the decision for the article, which cannot be resolved through discussion, the issue is escalated to the Head of Editorial for final decision making. The Managing Editor informs the authors of the decision, copying in CRG editors and Sign-off Editors.
- **Step 7:** The authors revise the submission based on the editorial and peer-reviewer comments. At this stage the CRG could offer support to authors to address editorial and peer-reviewer comments (see [Development of protocols, reviews, and updates](#) above).
- **Step 8:** The Central Editorial Service Managing Editor assesses the author revisions and rebuttal. The Managing Editor makes an editorial decision for further minor revision, or an editorial recommendation for the Sign-off Editor of accept or reject (see [Process for rejecting articles](#)). As above, if there is a disagreement between the Managing Editor and the Sign-off Editor on the decision for the article, which cannot be resolved through discussion, the issue is escalated to the Head of Editorial for final decision making. If a Managing Editor is unsure whether the authors have sufficiently addressed all comments, the Managing Editor may seek support from colleagues in the Central Editorial Service, request peer reviewers re-review the revised version, or discuss issues with the Sign-off Editor or a CRG editor that hasn't previously been involved in the submission.

- **Step 9:** The Central Editorial Service Managing Editor may edit the submission, for example for consistency across sections. If any edits are made, the edits are approved by the author before proceeding to sign off. Not all submissions will be edited before sign off.
- **Step 10:** When the Central Editorial Service Managing Editor thinks a submission is ready to accept, they will pass it on to the Sign-off Editor for sign off of the submission. The Sign-off Editor will have access to the comments made by reviewers and editors, author revisions, and rebuttal, in Editorial Manager. The Sign-off Editor may request further changes: these could either be addressed at copy-editing, or sent back to authors for a final round of revision.
- **Step 11:** The submission will be copy-edited, approved by authors (potentially with involvement with the Central Editorial Service Managing Editor as required), and published.

Types of peer reviewer and their identification

The Central Editorial Service will conduct search, methods, clinical/content, and consumer peer review. Peer review will be performed in Editorial Manager, using the standardised electronic forms.

Search peer review

- Every protocol, review and update that comes to the Central Editorial Service will be peer reviewed by an information specialist, who was not involved in conduct or reporting of the search (for updates that are regularly updated such as living systematic reviews, search peer review will at least check the search methods, but not necessarily the whole strategy if previously peer reviewed).
- Information specialists to peer review will be identified by:
 1. Emailing the pool of volunteer Information Specialist peer reviewers, and if not successful:
 2. Using the Central Editorial Service Information Specialist
- If a submission is high profile (for example has a deadline associated with it), the Central Editorial Service Information Specialist will perform search peer review.
- Any queries arising from Managing Editors at the Central Editorial Service about the search will be directed to the Central Editorial Service Information Specialist.

Methods peer review

- Every protocol, review and update that comes to the Editorial Service will be peer reviewed by a methodologist, who has not been involved in authoring the submission, or who has not provided input to the submission before the complete draft was submitted to Editorial Service.
- Methods peer reviewers will be identified by:
 1. Emailing the relevant Associate Editor; and/or
 2. Emailing the Methods Support Unit, particularly for reviews with complex methods; and/or
 3. Emailing relevant Cochrane Methodology Groups; and/or
 4. Searching databases of indexed articles (e.g., PubMed, Scopus etc.); and/or
 5. Recommendations from the CRG or author team

Consumer peer review

- Every protocol, review and update that comes to the Central Editorial Service will be peer reviewed by a consumer, who was not involved in authoring the review.
- Consumers to peer review will be identified by:
 1. Recommendations from the CRG or author team; and/or
 2. Searching consumer advocacy groups in relevant topic area; and/or
 3. Searching relevant guideline panels with 'lay' members; and/or
 4. Posting tasks to task exchange; and/or
 5. Recommendations from Rachel Plachcinski (Working Group member, Consumer representative), Richard Morley (Cochrane Consumer Engagement Officer) or Cochrane Consumer Network

Clinical/content peer review

- Every protocol, review and update that comes to the Central Editorial Service is reviewed by at least two clinical/content experts, who have not been involved in authoring the review.
- At least one clinical/content expert is not affiliated with or recommended by the CRG or the author team.
- Clinical/content experts to peer review will be identified by:
 1. Recommendations from the CRG or author team; and/or
 2. Searching databases of indexed articles (e.g., PubMed, Scopus etc.); and/or
 3. Searching conference websites; and/or
 4. Searching relevant guideline panels

Diagnostic Test Accuracy reviews

For Diagnostic Test Accuracy (DTA) reviews only, a joint editorial process will be conducted whereby the DTA group co-ordinate general methods, search, and statistical peer review, and recommend editorial decisions, while the Central Editorial Service conducts clinical/content and consumer peer review, and arranges for joint sign off with the Sign-off Editor.

Process for rejecting articles and limiting rounds of revision

As part of the pilot, some submissions may be rejected from the *Cochrane Database of Systematic Reviews*, in line with Cochrane's [peer-review](#) and [rejection and appeals](#) policies. Rejection decisions will be made if submissions are of poor quality, do not meet timelines, do not have authors with core competencies to complete revisions, do not comply with Cochrane's [conflicts of interest policy](#), or if editors have other major concerns related to publication ethics.

The pilot will limit the number of rounds of revision in the editorial process: only one round of major revision will be permitted before peer review, and only one round of major revision and a further round of minor revision will be permitted after peer review. If authors have not adequately addressed the editorial and peer-reviewer comments and substantive issues still remain, the article will be rejected (minor comments may be addressed in editing or copyediting). CRGs will be informed of any decisions to reject before authors are informed, and the process and communication for rejecting articles varies by when the decision is being made:

On submission

In the scenario that an article is deemed not ready for peer review on submission by a Managing Editor of the Central Editorial Service, the process will be:

- The Managing Editor will communicate with the CRG to highlight concerns with the submission.
- **The CRG will decide either to reject the submission**, or to offer authors the opportunity to revise and re-submit. The CRG could support authors in revising the submission (see [Development of protocols, reviews, and updates](#) above).
- The Central Editorial Service Managing Editor will communicate the decision to authors, copying in CRG and the Sign-off Editor.

After revision before peer review; following peer review, or after revision following peer review

In the following scenarios:

- An article has been revised (major revision) by authors before peer review, but the editorial and peer-reviewer points have not been adequately addressed and the Managing Editor of the Central Editorial Service believes that substantive issues still remain;
- An article has been peer reviewed, but the Managing Editor of the Central Editorial Service believes that the issues raised by peer reviewers should prevent publication;
- An article has been revised (major revision) by authors following peer review, but the editorial and peer-reviewer points have not been adequately addressed and the Managing Editor of the Central Editorial Service believes that substantive issues still remain.

The process will be:

- **The Sign-off Editor will make any decisions to reject.** The Sign-off Editor will have access to the comments made by reviewers and editors, and author revisions and rebuttals, in Editorial Manager.
- The Managing Editor will communicate the reject decision to the CRG for information only, two days before informing authors of the reject decision.
- The Managing Editor will communicate the reject decision to authors, copying in the CRG and the Sign-off Editor.

Minimising duplication of effort between Cochrane Review Groups and the Central Editorial Service

There is the potential for this pilot to increase the amount of time articles are with editorial teams, if CRGs and the Central Editorial Service duplicate work. The following steps are being taken to ensure that work is not duplicated, and authors are not having to go through an additional layer of editorial process:

- Clear information communicated to CRGs about when submissions are ready for the editorial process in the document [Criteria for submission to Central Editorial Service](#).
- Clear information communicated to CRGs about what work will be undertaken by the Central Editorial Service and the Sign-off Editors in the [editorial process](#).
- Sharing of comments and information from the CRG to the Central Editorial Service, on transfer to the Central Editorial Service via Editorial Manager. Managing Editors at the Central Editorial Service will take into account any comments and information shared when providing information and guidance to authors.
- As noted in [Identifying when a protocol, review or update is ready for the editorial process](#) above, if CRGs identify that a submission has only minor reporting issues to address, the article can be transferred to the Central Editorial Service, as long as the minor issues are noted with the Central Editorial Service. The Central Editorial Service will ensure these minor issues are raised with authors at the same time as sharing editorial and peer-review comments. This process enables fewer rounds of revision for the authors.

Handling comments, amendments, editorial notes, and withdrawals

For articles that have not been handled by the Central Editorial Service during the pilot, CRGs will continue to manage comments, amendments, editorial notes and withdrawals using existing processes (e.g. [Comments on Cochrane Reviews: editorial management](#); [Editorial note: editorial guidance](#); [Steps to withdraw a Cochrane Review](#)).

For articles where the editorial process has been handled by the Central Editorial Service during the pilot:

- Comments will be managed initially by the Managing Editor at the Central Editorial Service, engaging with the feedback editor or other designated editor at the CRG. The Managing Editor at the Central Editorial Service manages any resulting amendments to the article with the authors, and will communicate changes to the CRG before publication (for information).
- Amendments, editorial notes, or withdrawals will be managed by the Managing Editor at the Central Editorial Service, following standard policies and processes. The Managing Editor at the Central Editorial Service will communicate changes to the CRG before publication (for information). If the CRG wishes to initiate an amendment, editorial note, or withdrawal, they should contact the Editorial Assistant at the Central Editorial Service (editorial-service@cochrane.org), who will liaise with the Managing Editor who handled the editorial process for the article.

Ongoing communication between the Editorial Independence and Efficiency Project team and the pilot Cochrane Review Groups

The pilot CRGs can contact the EIEP project team at any time with queries about the pilot (Rachel Marshall, Head of Editorial; rmarshall@cochrane.org, or Helen Wakeford, Executive Editor of the Central Editorial Service). Questions about submissions to the Central Editorial Service should be sent to editorial-service@cochrane.org.

There are scheduled ‘question and answer’ sessions for pilot CRGs. These sessions are an opportunity for the project team to share important project information, for CRGs to raise questions and make suggestions, and for the project team to learn about any challenges or blockers in the process. At the end of the pilot in June 2022, CRGs will also be involved in an evaluation of how the pilot has gone.

Version history of this document

Changes between [version 1 \(21st May 2021\)](#) and [version 2 \(13th July 2021\)](#)

Changes have been made to the document to incorporate discussion held with CRGs and the EIEP working group. The following changes have been made:

- Added links to a document on how to Transfer articles from a CRG to the Central Editorial Service.
- Added links to a document on Criteria for submission to the Central Editorial Service, and added information about identifying when a protocol, review or update is ready for the editorial process.
- Added further detail about the editorial process conducted by the Central Editorial Service, including the types of peer reviewer and how they will be identified, and the process for rejecting articles and limiting rounds of revision.
- Added information on minimising duplication of effort between CRGs and the Central Editorial Service.
- Added information on how comments, amendments, editorial notes, and withdrawals will be handled during the pilot.

Changes between [version 2 \(13th July 2021\)](#) and [version 3 \(6th August 2021\)](#)

The following change has been made to clarify the role of CRGs in the pilot with regard to search:

- Added a sentence to note that CRGs will continue to manage their search methods and processes (previously unintentionally omitted).

Changes between [version 3 \(6th August 2021\)](#) and [version 4 \(22nd March 2022\)](#)

The following changes have been made:

Editorial process outline (Figure 1 and associated description):

- The Editorial Assistant now completes a technical check at the same time as the article is being peer reviewed, to check compliance with editorial policies.
- The Sign-off Editor now inputs throughout the editorial process rather than just at the end: they can recommend peer reviewers, they review the peer-review comments and the recommended decision from the Managing Editor, and they sign off the article.
- Parallel peer review (methods, search, clinical/content and consumer peer review all at the same time) has now been specified as being the standard approach for peer review, with sequential peer review (methods and search peer review coming before clinical/content peer review) being agreed with the Executive Editor in certain circumstances only.
- Further information has been added about handling contradictory peer-reviewer comments.

Types of peer reviewer and their identification:

- For identifying search peer reviewers, the text has been updated to remove mention of the “Information Specialists within the CRGs’ Network” and the “Cochrane Information Specialists' email discussion list”, and has been replaced by the pool of volunteer Information Specialist peer reviewers.

Ongoing communication between project team and CRGs:

- Personnel changes in the project team have been updated.
- Meetings with CRGs are now scheduled rather than fortnightly.

Throughout the document:

- The term “Network Senior Editor” has been replaced by “Sign-off Editor”. The mention of “Networks” has also been removed in the document. (At the end of the 2021 the Cochrane Networks were dissolved. For the purposes of the pilot, members of Cochrane’s Editorial Board are now Sign-off Editors, or other Cochrane editors associated with Cochrane Review Groups if they have not provided pre-submission input to the article.)

Other:

- The link for information for CRGs to transfer articles to the Central Editorial Service has been updated from a bespoke document saved in a Dropbox folder, to the relevant page in the Editorial Manager Knowledge Base.

Changes between version 4 (22nd March 2022) and version 5 (17th May 2022)

The following changes have been made:

- Added information to the Editorial process section on how to manage disagreements between Managing Editors and Sign-off Editors in article decisions.

Appendix 1: Differences in using Editorial Manager between Cochrane Review Groups in and out of the pilot

CRGs both in and out of the pilot will handle new full submissions in Editorial Manager, as in Figure 2. The difference for CRGs in the pilot is that the [editorial process](#) described above is transferred to the Central Editorial Service (shown in blue and red in figure 2). CRGs in the pilot will manage all other steps in the lifecycle of a Cochrane review, other than the editorial process.

Figure 2: Submissions into Editorial Manager, and difference between pilot and non-pilot Cochrane Review Groups

