COLLABORATION AGREEMENT

BETWEEN

The Cochrane Collaboration

St Albans House, 57-59 Haymarket,

London SW1Y 4QX, United Kingdom

- hereinafter referred to as “Cochrane” –

AND

[INSERT GROUP DETAILS]

December 2017

Preface

The purpose of this Collaboration Agreement (Agreement) is to define the responsibilities of Cochrane and the Cochrane [insert] Review Group ("CRG") and its Co-ordinating Editor(s) (Co-Ed(s). The Co-Ed(s)is responsible for the management of the CRG, and reports to the Editor in Chief (EiC) via the Senior Editor (SE) of the appropriate network. By signing this Agreement, the CRG becomes a member of Cochrane (see Membership scheme), as part of the XXX Network. Cochrane (via its Governing Board and Central Executive team (CET)), the CRG, and the Co-Ed agree to meet the responsibilities detailed in the Agreement.

This Agreement has been structured taking into consideration the four goals of Cochrane's *Strategy to 2020*, which establishes our organizational aspirations and priorities for the next three years and sets out how we plan to achieve our vision. These goals are structured as three interlocking areas of equal focus and priority (Goals 1-3), underpinned by a fourth foundational area (Goal 4) designed to strengthen the organization and support our mission.

General clauses

A. This Agreement is valid for five years from the effective date, with initial review after one year. The Agreement may be updated and/or renewed at the written request of either Cochrane or the CRG.

B. Either Cochrane or the CRG may terminate its involvement in this Agreement by giving six months' notice in writing to the other Party. Termination of this Agreement should be for good cause only: such as if one Party is in breach of the provisions of this Agreement and does not remedy this breach upon written request of the other Party within a reasonable time.

C. Cochrane employs an EiC to oversee the preparation, production, and publication of the *Cochrane Database of Systematic Reviews (CDSR)* and the CENTRAL database (in addition to the Cochrane Library and related derivative products). Co-Eds of CRGs report to a SE within each Network and are ultimately accountable to the EiC for their Cochrane-related activities.

D. By agreeing with this Agreement, the signatories agree to adhere to the organizational, managerial, and performance accountability structures approved by the Cochrane Governing Board; and to Cochrane's specific organizational, editorial, and publishing policies and procedures, including those outlined below in Cochrane Policies. These policies and procedures will be updated and added to from time to time, and specific engagement with CRGs will be conducted.

Definitions

"Archie"	Internet-based repository for Cochrane's documents, contact details, and reviews in development
"Central Register of Controlled Trials" or "CENTRAL"	Bibliographic database that provides a highly concentrated source of reports of randomized controlled trials (http://www.cochranelibrary.com/about/central-landing-page.html)
"Cochrane"	The Cochrane Collaboration ("Cochrane") is a global independent network of health practitioners, researchers, patient advocates, and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health.
"Cochrane Central Executive Team" or "CET"	Refers to Cochrane staff funded centrally. This includes the Chief Executive Officer (CEO), EiC, and staff employed in the departments: CEO's Office; Cochrane Editorial Unit; Communications and External Affairs; Finance and Core Services; Informatics and Knowledge Management; and Learning and Support.. CET departments work closely together to ensure that Cochrane's strategic aims are delivered, for the benefit of groups and individuals within Cochrane, and its stakeholders and funders.
"Cochrane content"	Publications prepared by Cochrane, including Cochrane Review Groups.
"*Cochrane Database of Systematic Reviews*" or "*CDSR*"	Includes Cochrane Reviews (the systematic reviews) and protocols for Cochrane Reviews, plus editorials and supplements.
"Cochrane Editorial Unit" or "CEU"	The Cochrane Editorial Unit supports Cochrane Groups in improving the quality of the Cochrane Library. We also aim to help build participation in Cochrane activities and promote the use of Cochrane Reviews to inform healthcare decisions.
"Cochrane Review"	Term used to refer to a protocol for a Cochrane Review, a full Cochrane Review, and updates of Cochrane Reviews.
"Cochrane Review Groups" or "CRGs"	Each Cochrane Review Group (CRG) focuses on a specific topic area and is led by a Co-ordinating Editor(s) and an editorial team including a Managing Editor and Information Specialist. Author teams can register a title with one of the CRGs pending approval of the research proposal. CRGs provide authors with methodological and editorial support to prepare Cochrane Reviews, and manage the editorial process, including peer review. CRGs follow a defined process to become established as a registered CRG (http://community.cochrane.org/organisational-policy-manual/checklist-registering-new-cochrane-review-group-crg).
"*Cochrane Strategy to 2020*"	Cochrane's strategic plan, which defines the organization's direction up to 2020 and provides the framework for strategic decision-making
"Cochrane Governing Board"	The Cochrane Collaboration's Board of Trustees.
"Core editorial team"	The core editorial team of a CRG includes the Co-ordinating Editor, Managing Editor, Information Specialist, and other staff employed (part- or full-time) to work with the CRG.

"Editor in Chief"	Cochrane employs an Editor in Chief to support CRGs and other entities to ensure that the Cochrane Library continues to meet the varied needs of users, and appropriately reflects the commitment of CRG teams and authors.
Networks	Cochrane has created eight Networks that will bring together CRGs that contribute to a specific international health priority area, e.g. Cancer or Acute Care. Each Network will be led by a Senior Editor.
Senior Editor	Senior Editors will lead each Cochrane Network, taking primary responsibility for quality of Cochrane Reviews and steering delivery of the Network's strategic and operational objectives.
"Specialized Register"	Database of bibliographic references to studies relevant to a CRG or Field, maintained at the editorial base.

Cochrane Policies and Standards for Reviews

"Cochrane's Charter of Good Management Practice"	https://community.cochrane.org/organizational-info/resources/charter-of-good-management-practice
"Cochrane Editorial and Publishing Policy Resource" or "EPPR"	Resource that brings together Cochrane's editorial and publishing policies (e.g. conflict of interest and Cochrane Reviews, plagiarism), as well as general information about the editorial and publishing processes, and the published products, including the Cochrane Library; updated and added to from time to time (http://www.cochrane.org/editorial-and-publishing-policy-resource)
"Cochrane organizational policies"	Resource that brings together Cochrane's organizational policies (http://community.cochrane.org/organizational-info/resources/policies)
"Cochrane Spokesperson Policy"	https://community.cochrane.org/organizational-info/resources/policies/spokesperson-policy
"MECIR standards"	http://methods.cochrane.org/mecir
"Membership scheme"	https://community.cochrane.org/organizational-info/resources/membership
"Plain Language Expectations for Authors of Cochrane Summaries (PLEACS)"	http://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-development/standards-cochrane-reviews/pleacs

Goal 1: Producing evidence

1.1. Cochrane hereby commits to:

Cochrane Reviews and the *CDSR*

1.1.1. Publish Cochrane Reviews approved by the Co-Ed, SE, or EiC where appropriate (or nominated deputies) in the *Cochrane Database of Systematic Reviews*.

1.1.2. Provide and maintain clear editorial policies and procedures, in line with international standards, to assist with the preparation and publication of Cochrane Reviews.

1.1.3. Cochrane will ensure the provision of a high quality technology and publishing environment to facilitate the preparation, production, management and publication of Cochrane Reviews. Cochrane will ensure that this is continually developed in response to end user needs, with the aims of providing an intuitive user experience, increasing the efficiency of the editorial process, and improving the quality of the end product.

1.1.4. Ensure that CRGs have access to approved methodological guidance and conduct and reporting standards needed to prepare Cochrane Reviews; for example, the *Cochrane Handbook for Systematic Reviews of Interventions*; Handbook for DTA Reviews; Methodological Expectations of Cochrane Intervention Reviews (MECIR).

1.1.5. Support the Co-Ed in relation to problem-solving where appropriate.

1.1.6. Ensure that there is a strategy in place to monitor and continue to improve the quality of Cochrane Reviews.

Study identification and CENTRAL

1.1.7. Publish Specialised Registers, as prepared by CRGs (and other Cochrane Groups), in CENTRAL.

1.1.8. Provide software (or its equivalent) to enable the preparation, production, management, and publication of Specialised Registers or their content; and which is responsive to end user needs and is continually developed over time.

Cochrane commits to carry out its obligations in 1.1.1 to 1.1.8 above, in accordance with the measures and standards which it considers appropriate for the publication of the *CDSR* and CENTRAL.

1.2. The CRG hereby commits to:

Cochrane Reviews and the CDSR

1.2.1. Ensure that Cochrane Reviews meet appropriate Cochrane conduct and reporting methodological standards for the review type before the Cochrane Review is signed off for publication.

1.2.2. Ensure transparent, independent, and equitable editorial processes and decision-making in respect of the registration, conduct, and preparation and production of Cochrane Reviews.

1.2.3. Liaise with the Network Senior Editor, and where appropriate the EiC or his/her representative, to determine the minimum (and in selected cases maximum) number of

Cochrane Reviews to be generated by their group, taking into account the level of resources available and the degree of complexity of reviews produced by the group.

1.2.4. Ensure that the Staff and Editors are familiar with the editorial process of the group and can operationalize the latest Cochrane guidance and expectations.

1.2.5. Ensure that all authors sign the license for publication and conflict of interest forms before publication of a Cochrane Protocol, Review, or Update.

1.2.6. Reject a review at any stage if judged not to be a priority: if found to overlap with another Cochrane Review; if concerns are raised about conflicts of interest or other aspects of publication ethics; or if the review teams cannot demonstrate sufficient capacity, expertise, or resources (including time) to carry out the review.

1.2.7. Ensure that the Co-Ed (or SE, or other appropriately qualified person with delegated authority) will approve for publication each Cochrane Review before publication in the *CDSR*.

1.2.8. Undertake (through the Co-Ed) a regular process, working with the Network as appropriate, using feedback or data from stakeholders (for example: decision-makers, health professionals, consumers, funders, readers, and users), to identify uncertainties and prioritize topics for new reviews and updates within the scope of the group.

1.2.9. Permit the EiC or SE of the Network to carry out checks before publication of a Cochrane Review; and accept that, if there are substantial methodological, legal, or editorial concerns, the EiC or SE has the right to delay or stop publication.

1.2.10. Maintain timely and respectful communications with review authors by identifying and communicating expectations in terms of timeliness of communication and key stages in the editorial process.

Study identification and CENTRAL

1.2.11. Develop and maintain a comprehensive Specialized Register unless specific permission not to do so has been provided by the Information Specialist Executive in consultation with the EiC and Editorial Board if necessary; and alternate study identification tasks have been agreed.

1.2.12. Submit those eligible studies from the register to CENTRAL for publication.

The CRG and the Co-Ed will consult with Cochrane and the Network leaders in carrying out their obligations in 1.2.1 to 1.2.12 above, and acknowledge that Cochrane has the final right of approval over all materials published in the *CDSR* and CENTRAL.

Goal 2: Making our evidence accessible

2.1. Cochrane hereby commits to:

Cochrane will take all reasonable steps to:

2.1.1 Ensure publication of the Cochrane Library, including the *CDSR* and CENTRAL.

2.1.2 Develop and enhance the functionality and features of the Cochrane Library, including the *CDSR* and CENTRAL.

2.1.3 Provide opportunities for CRGs and Networks to prepare additional content (including but not limited to editorials, special collections, podcasts, or Journal Club for selected Cochrane Reviews (at the discretion of Cochrane).

2.1.4 Report to CRGs on the status of the Cochrane Library, including the *CDSR* and CENTRAL, from the publishing perspective and using an agreed set of metrics, at least annually.

2.2. The CRG hereby commits to:

2.2.1. Produce and maintain information online about the CRG scope, outlining how people may contribute, what they may expect from CRG, and how the CRG fits into the Network. The Network should also publish links to Cochrane editorial policies and procedures, and list the names, declaration of interest statements, and other details of the CRGs' editorial boards.

Goal 3: Advocating for evidence

3.1. Cochrane hereby commits to:

3.1.1. Support the Networks in creating and maintaining a list of high-priority reviews.

3.1.2. Develop and enhance systems to increase and monitor the impact of Cochrane Reviews, and provide feedback on the impact of Cochrane Reviews.

3.1.3. Provide advice and support from the Communications and External Affairs Department (CEAD) proactively and reactively on public criticism.

3.2. The CRG hereby commits to:

3.2.1. Identify reviews that may be expected to generate particularly high impact and communicate these at least four weeks in advance of publication to the CEAD team and colleagues within the Network.

3.2.2. Contribute to priority setting activities within their topic or Network area, and as appropriate to activities organized centrally, to identify and increase impact and knowledge translation.

Goal 4: Building an effective & sustainable organization

4.1. Cochrane hereby commits to:

4.1.1. Provide a clear organizational structure, in which the CRG's and Cochrane Editorial Unit's (CEU's) roles are clear, in which CRGs have an opportunity to input into strategic developments and in the development of organizational and editorial policies.

4.1.2. Ensure that the EiC (or nominated deputy) is responsible for the performance management of the CRG and the Co-Ed in their Cochrane role; and engage with the SE of

the relevant Network, as well as the CRG and Co-Ed, to address problems or complaints, and help with conflict resolution.

4.1.3. Establish procedures to ensure that the EiC (or nominated deputy) can respond to requests in a timely, efficient, and effective manner.

4.1.4. Arrange at least one Editors meeting per year.

4.1.5. Maintain a collegial, respectful relationship with all CRGs via polite, timely communications.

4.1.6. Take care to ensure that communications with CRGs or Networks are co-ordinated, focussed, and developmental.

Training, learning, and support

4.1.7. *Core editorial team*: Provide training opportunities to facilitate the preparation and publication of Cochrane Reviews, and understanding of Cochrane editorial procedures and policies. Training events may be in person or online.

4.1.8. Provide learning opportunities for Cochrane Review authors.

4.1.9. Provide learning opportunities for CRG editors.

Reporting and record keeping

4.1.10. Minimize the effort required by CRG teams to fulfil monitoring activities using existing technological solutions (e.g. Archie) and utilizing data and reports provided to funding institutions where possible.

4.1.11. Use reporting data (monitoring data) in context to provide feedback to the CRG and manage the monitoring process.

Arrangements with funders and third parties

4.1.12. Support the CRG in discussions with external stakeholders if required.

4.2. The CRG hereby commits to:

4.2.1 Support the vision, mission, and principles of Cochrane.

4.2.2 Unless otherwise agreed with the EiC, allocate 0.2 FTE of the Co-Ed (or joint Co-Eds) time to running their CRG and contributing to the work of the Network.

4.2.3 Support the Co-Ed (or nominated deputy, or colleague from within the Network) to attend a minimum of three Co-Ed Board meetings in every five-year cycle.

4.2.4 Establish a core editorial team of appropriate size for the CRG, with a Managing Editor, Information Specialist, and administrative support; and provide relevant resources to support this team (e.g., computers, internet access, travel, and training). These roles may be shared or reorganized within the Network as appropriate, with prior agreement from the CRG Co-Ed, Network SE, and the EiC.

4.2.5 Ensure the core editorial team includes experienced authors, methodologists, and content specialists commited to the editorial process, and access to a statistician if not part of the group of editors. These functions may also be co-ordinated within the Network as appropriate, and with prior agreement from the CRG Co-Ed, Network SE, and the EiC.

4.2.6 Follow the Cochrane brand guidelines, and do not misuse the Cochrane Brand or logo, for example to obtain funds that then do not wholly and directly go to support Cochrane activities.

4.2.7 Support the development and implementation of Cochrane *Strategy to 2020* as agreed by the Cochrane Governing Board and organizational governance arrangements.

4.2.8 Promote equity within Cochrane generally, and specifically by seeking to include topics relevant to low- and middle-income country settings and prioritizing the publication of Cochrane Reviews that are relevant to those settings, where possible.

4.2.9 Maintain collegial, respectful communications and relationships with all Cochrane Groups and management groups.

4.2.10 Behave in an open, transparent, and professional manner with peers, researchers, and the public to further develop the reputation of integrity and honesty of Cochrane with its stakeholders.

Training, learning, and support

4.2.11 *Core editorial team*: Identifythe professional development needs of core staff at the editorial base, and within the Network where appropriate, and seek to support the staff to address these needs, liaising with Cochrane and the Network, host institutions and funders where appropriate .

4.2.12 Establish a leadership succession plan for the CRG in consultation with the EiC, which shall be reviewed every five years or at the discretion of the Co-Ed or EiC.

4.2.13 Provide support for CRG editors in conjunction with the training, learning, and support provided by Cochrane (*see above*).

4.2.14 Provide support for Cochrane Review authors in conjunction with the training, learning, and support provided by Cochrane (*see above*).

Reporting and record keeping

4.2.15 Adhere to reporting requirements (including financial) put in place by Cochrane, necessary to ensure good management and governance, and the preparation of high-quality Cochrane Reviews.

Arrangements with funders and third parties

4.2.16 Align CRG strategic plans, in particular prioritization of Cochrane Reviews, with funders' objectives in a clear and transparent manner.

4.2.17 Inform Cochrane and the Network lead before signing any agreements with third parties (including funders) that will have a direct impact on or implications for the preparation, publication, or dissemination of Cochrane Reviews or summary products. (This proviso is to ensure that such agreement(s) will not infringe Cochrane's publishing partnership(s), licensing, or copyright arrangements of Cochrane Reviews or other Cochrane content, or agreements that Cochrane has in place with other organizations.)

Dispute resolution, performance management, and sanctions

4.2.18 Both Parties agree to maintain collegial, respectful communications and relationships with each other, and with other Cochrane Groups and governance groups, in accordance with the principles of Cochrane's Charter of Good Management Practice.

4.2.19 The EiC has full authority over all editorial content decisions related to the publication of Cochrane Reviews published in the Cochrane Library; and to issues related to the management and outputs of Cochrane Review Groups.

4.2.20 In the event of a dispute concerning editorial process or content between the EiC and a Co-Ed, both parties will make every good faith effort to resolve the issues within six weeks. The EiC may, at his/her discretion, establish or call upon a three-person panel drawn from Cochrane's Editorial Board and relevant Network to advise him/her on the resolution of the dispute.

4.2.21 If, following these attempts at resolution, a Co-Ed remains opposed to the EiC's proposed resolution of the dispute, the Co-Ed or EiC may appeal this decision to the Cochrane Governing Board. The Governing Board may ask for the advice of the Cochrane Library Oversight Committee (CLOC) in making a final decision; and any Governing Board decision may be subject to CLOC's own scrutiny and published judgement. The decision of the Governing Board will be final.

4.2.22 For disputes that do not relate to editorial process or content, a Co-Ed may appeal a decision of the EiC to the Cochrane Chief Executive Office (CEO).

4.2.23 Following a decision on the dispute by the CEO, the EiC or a Co-Ed may appeal this decision to the Governing Board. The decision of the Governing Board will be final.

4.2.24 In the event that the performance of a Co-Ed or his/her CRG continues to fall below the levels expected of and communicated to the Co-Ed, the EiC may introduce a series of 'special measures' or other support to help the Co-Ed or Group reach the required levels, working in conjunction with the Network lead. In the event that the Co-Ed refuses to accept this support, or accepts it but his/her performance does not improve sufficiently to reach the required standards, the EiC shall be free to impose any further measures or sanctions at his discretion, which may include further training and support, suspension or dismissal of the Co-Ed, and dissolution or transfer of a CRG to another Co-Ed. The Co-Ed may appeal a decision of the EiC as in paragraphs 4.2.19-4.2.24.

4.2.25 The processes in paragraphs 4.2.19-4.2.24 may be updated by Cochrane from time to time as part of good governance, and will be published as part of Cochrane's organizational policies. The most current policies will take precedence over all preceding policies.

Status of this Agreement

5. The Parties agree and acknowledge that this Agreement is not intended to create, whether by acceptance or otherwise, legal relations or any legally binding obligations between the parties.

Signatories

For Cochrane (via the Central Executive Team) –

……..
David Tovey
Editor in Chief, Cochrane

For the CRG, and the CRG host institution [not mandatory] –
The Coordinating Editor and, if agreed, the CRG's host institution:

……..
Co-ordinating Editor, Cochrane Review Group

……..
Xxxxxxxx Xxxxxxxx
Xxxxxx Xxxxxx Xxxxxx **[Host Organization – where applicable]**

Effective date: 1 April 2018

Date to be reviewed: