

## **The Structure and Function of Cochrane Review Groups: Implementation of Networks and Editorial Board**



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## Introduction

At its meeting in Seoul, South Korea, in October 2016, Cochrane's Governing Board considered a paper from David Tovey, Editor in Chief (EiC): *Creating a more sustainable review production system for the Cochrane Library*, which set out the framework for a transformation of the structure and function of Cochrane's Review Groups (CRGs). The Governing Board approved this in its entirety<sup>1</sup>.

In consultation with the Co-Chairs, a Structure & Function Transformation Programme Project Team was established by the EiC in November 2016. The Project Team comprised three experienced Co-ordinating Editors (Co-Eds): Martin Burton, Jonathan Craig, and Nicky Cullum, and was led by David Tovey, supported by Karla Soares-Weiser (Deputy EiC) and Cochrane Editorial Unit (CEU) staff.

The aim of the project was to report, and make recommendations, to the Governing Board about the future structure of Cochrane's review production system, with a clear requirement that the report – together with an implementation plan – should be complete by the Governing Board meeting in September 2017. It was anticipated that early recommendations would be reviewed and approved by the Governing Board at its meeting in April 2017.

### **Strategic aims: the problems to be solved**

Cochrane faces several substantial challenges in relation to review production (which have been explored in detail in earlier CRG structure and function papers<sup>2</sup>). These include:

- inconsistent quality of reviews submitted for publication;
- inconsistency in editorial processes;
- fragmented and inconsistent approaches across the CRG community to managing scope and prioritization;
- time to publication for reviews being too long;
- delayed and fragmented approaches to implementation of methodological and technological innovations;

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<sup>1</sup> <http://community.cochrane.org/sites/default/files/uploads/inline-files/Steering%20Group%20Minutes%20-%20Approved%20Open%20Access%20-%20Seoul%202016.pdf> at 12.1

<sup>2</sup> See: <http://community.cochrane.org/sites/default/files/uploads/inline-files/Item%2012.2%20-%20Structure%20and%20Function%20Review%20Paper%201%20-%20OPEN.pdf> (2016); and <http://community.cochrane.org/organizational-info/resources/support-cet/organizational-structure-and-function/resources-organizational-structure-and-function> for a complete collection of Cochrane Structure & Function documentation.

- the challenge of managing over 50 CRGs to ensure that they consistently adhere to common and consistent standards and processes.

It has been agreed that one aspect of Cochrane's future is: 'fewer, better reviews'. We envisage a world in which – each week – an observer can see that Cochrane has published a set of consistently high-quality reviews, on important topics, relevant to patients, practitioners, and those who pay for health care. Over time, these reviews comprehensively cover the full range of high-priority healthcare topics from a global perspective.

### The first steps

The project was initially conceived as a two-stage process:

**Stage 1** would see the initial assessment of the 15-20 CRGs that the CEU judged to be most 'vulnerable'. CRGs may be vulnerable – or unsustainable – for several reasons. These may include the quality and/or quantity of their outputs, difficulty obtaining resources (financial or human), sustaining effective long-term leadership, or the size and scale of their existing scope. The existing 51 CRGs<sup>3</sup> were established largely for historical reasons, relating to the initial enthusiasm of those who conceived and nurtured them, and we would not replicate the current structure if Cochrane was established today. Stage 1 would then continue with a similar assessment of *all* CRGs.

The CEU already had a great deal of significant intelligence about many CRGs, based on day-to-day interactions with the Groups, authors, and others. The assessment of each CRG was quantitative and qualitative, and included an options appraisal. The Project Team undertook any necessary additional evaluation and diagnostics, and then made recommendations on required action.

At the Governing Board meeting in Geneva in April 2017 the Project Team presented its initial findings and recommendations on 12 CRGs and the Governing Board ratified the recommendations made. The Governing Board also approved plans for nine other CRGs, to be actioned by the EIC and Project Team.

The CEU took on the responsibility for implementation of the necessary changes. It was agreed that since these were Governing Board decisions, any CRG that wished to appeal them could do so directly to the Governing Board.

**Stage 2** would consider the outcomes of the wider sustainability review and ongoing discussions about the Structure and Function of all CRGs. The Project Team was instructed by the Governing Board to present concrete recommendations, at the latest, for its meeting in Cape Town in September 2017. The recommendations should represent the Project Team's views on what overall changes are required to optimize the sustainability of Cochrane's review production and maintenance activities, and address the issues of scope, coverage, quality, relevance, and timeliness of review production mentioned above.

### Phasing of the stages

It was originally planned that Stage 2 would follow Stage 1. However, during the first part of the project it became clear that making concrete plans to help at-risk CRGs to become more sustainable required clearer thinking about the future.

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<sup>3</sup> The Methodology Review Group will be considered separately as part of a review of the Methods community.

The Project Team decided that an important change to help meet Cochrane's future evidence needs was a structural change to bring CRGs together into 'Networks'. The concept of 'Networks' was not new; there had been considerable discussion in recent years about establishing 'clusters' or networks, but they did not lead to any changes. The Co-Chairs received the Project Team's recommendations about 'Networks' and, shortly before the April 2017 Cochrane Governance Meeting in Geneva, supported David Tovey's request to discuss this with CRGs and their teams at that meeting. The full Governing Board approved the Project Team's structural proposals, including the formation of CRG Networks, and asked to see a fully worked up plan at its meeting in Cape Town.

This document establishes such a plan. It sets out the future structure and function of Networks, and assigns all CRGs to Networks. Each of the new Networks will be led by a Senior Editor; and these Senior Editors, together with the EiC, the Deputy EiC, an end-user of the Library, and experts in methods and knowledge translation, will constitute Cochrane's **Editorial Board**. The roles of **Senior Editors** and the **Editorial Board** are critical to the successful functioning of Networks. Their roles are described in detail, as are the proposed governance and accountability arrangements.

## Cochrane Review Networks

### **Coverage: dividing healthcare topics into distinct groupings**

Cochrane aims to cover the whole of health care. To have 51 separate Review Groups that to achieve this ambitious goal is not a realistic proposition. Cochrane needs to take the broad field of health care and divide it up into a relatively small number of units: we are calling these units 'Networks'.

Every health system, hospital, or medical school in the world divides health and healthcare subjects in some way. The World Health Organization has done it. There are many alternative strategies: all have their strengths and weaknesses, none is 'perfect' and the resulting set of units is never ideal. Similar compromises have had to be made with the allocation of subject areas within Cochrane's new Networks.

It is attractive to imagine that each Cochrane Network would be of equal size. How might size be defined? The number of reviews produced per year? The burden of disease? The number of existing Cochrane CRGs? These decisions are not straightforward.

### **Activities: what Networks will work together to do**

We wish to create vibrant and robust Networks of sustainable, nimble, and connected CRGs. The CRGs within a Network must comprehensively cover all healthcare topics relevant to them (and together, all the Networks will then cover all healthcare topics). This may – eventually – lead to the development of new CRGs to fill coverage gaps within a Network.

The Network as a whole will consider the **prioritization** of topics within the Network's scope. This will ensure that the reviews which a Network produces are those that are most important to stakeholders. To succeed, each CRG will be capable of actively prioritizing its reviews. The Network may adopt common or shared approaches to the selection of review topics.

Working together, under the leadership of the Senior Editor and supported by organizational investment in editorial, management, training, and general structures, the CRGs within a Network will ensure the **consistent quality** of their outputs and the **efficiency** of their editorial processes. Editorial practices will be consistent across the Network. This will be a collaborative effort such that the outputs of the CRGs within the Network will be uniformly high, at the level of the best performing CRGs. This is an opportunity to foster systems that can **innovate** and scale up changes reliably. Networks may also **advocate for learning programmes** that meet the specific needs of their CRGs more effectively. CRGs will work with others in their Networks – and when appropriate, with other Networks – to ensure maximum **impact** for their reviews.

Networks will provide **support and mentoring** for new editorial staff and the constituent CRGs will hold each other **mutually accountable** for their performance, adopting common and shared performance indicators. CRGs within a Network will be encouraged to undertake joint funding applications and advocacy activities where appropriate. If CRGs have particular challenges relating to a review, or uncertainty about the approach they should take, they will be able to seek advice and support from other members of the Network.

## Cochrane Review Networks: Number and themes

The Project Team recommends the creation of eight Networks, based on broad themes. In producing this list, the Project Team considered the extensive feedback it has received, including from the April 2017 meetings in Geneva. The eight Networks will cover the thematic areas of:

- Acute and Emergency Care;
- Brain, Nerves and Mind;
- Cancer;
- Children and Families;
- Circulation and Breathing;
- Long-term Conditions and Ageing (this includes two distinct Networks);
- Public Health and Health Systems.

## Cochrane Review Networks: Leadership and support

Networks provide an opportunity to optimize leadership and support at a new level within the organization.

The EiC bears ultimate responsibility for the publication of all reviews published in the Cochrane Library. Although he/she delegates that responsibility and allows Co-Eds to sign off almost all the Cochrane Reviews that are published, CRGs are not autonomous publishing units. The Governing

Board is legally responsible for everything done in Cochrane's name, and the EiC is accountable to the Board for his/her decisions.

Cochrane's traditional organizational model has given significant independence to individual CRGs. Even though Cochrane has many standardized procedures, each CRG has been able to make choices about how to apply these to its own editorial processes. This has led to some significant challenges for the organization.

CRGs are supported by the CEU, and many continue to ask the CEU to help 'screen' problematic reviews, or to support them in dealing with author teams who are unable to complete a review to the required standard. This is stretching the CEU's resource capability. Despite many initiatives to support sharing best practice across CRGs, this has always been challenging (though some CRGs have developed excellent ways to manage difficult problems).

Networks provide an opportunity to improve collaboration and support between CRGs; specifically, between the Co-Eds, Editors, Managing Editors (MEs), Information Specialists (ISs), reviewers, and others who work in those CRGs. Leadership of, and support for, these activities will be provided by Cochrane in the form of a Senior Editor and an Associate Editor. Each Network will be led by a Senior Editor, responsible directly to the EiC. Senior Editors will support and coordinate activities within the Networks, assisted by an Associate Editor drawn from the existing CEU. They will oversee the types of activities which the CEU takes on at present, especially those related to problems with reviews and author teams, as well as support the consistent uptake of methodological and publishing innovations. However, the long-term aim is for CRGs within a Network to align their activities in such a way that such problems are avoided or minimized – something that the best-performing CRGs are already able to do.

## Cochrane Review Networks: Aims, activities, and functions

In the next two years the CRG teams working together in each Network, led and supported by the Senior and Associate Editors, will develop and begin implementation of a work plan that:

- ensures that review quality and editorial processes are consistent across the Network;
- evaluates topic coverage at the Network level and identifies important gaps;
- identifies review topic priorities at both the Network and CRG levels;
- identifies Network-specific developmental priorities (for example, for training or a methodological development);
- seeks to optimize communication between Networks and the Cochrane community;
- considers Knowledge Translation (KT) and outreach activities at the Network level.

### 1 Quality

#### ***Ensuring that all Cochrane Reviews are produced to MECIR quality standards and that editorial processes are consistent***

The Senior Editor and Associate Editor (as the Network support team) will work closely with Co-Eds and CRG teams to ensure that reviews produced by the CRGs within each Network **meet the agreed MECIR quality standards** before they are submitted for publication. They will ensure that CRGs within the Network follow **consistent editorial processes**.

Data are available to indicate which CRGs do not consistently publish reviews that meet the MECIR standards. The Network support team will work with CRGs to diagnose why this is happening, and help the editorial base put in place mechanisms to remedy this. These are likely to be based on the best practices of other CRGs within the Network; and CRG teams within Networks will be expected to share and adopt these best practices. The Network support team will also ensure that editorial processes are consistent and optimal across the CRGs with which they work.

The Senior Editors will be responsible for publication decisions within their Network, and will have delegated authority from the EiC to halt the publication of reviews that do not meet quality standards. Such reviews may only be published following agreed amendments, or some may be rejected outright. The Senior Editors will have a particularly important role in the sign-off for reviews on which the CRG staff are involved as authors. The EiC and his team will always be available for consultation and support, and the EiC retains the right of final approval/refusal.

## 2 **Scope and coverage**

***(1) Evaluating coverage at the Network level to ensure that published reviews cover the broad scope of health topics encapsulated in the scope.***

***(2) Working with, and through, the Editorial Board to ensure that, via the eight Networks, the Library covers the entire spectrum of human health.***

The Senior Editor will work with the Associate Editor and the CRG teams to **map out the scope** of the Network to determine topic coverage and identify any important gaps and overlaps. The Senior Editor will then be responsible for ensuring that actions are taken to address these gaps and overlaps, including, but not limited to:

- a. modifying the scope of existing Groups;
- b. re-aligning CRGs to address the relevant gaps that cannot be accommodated within existing Groups.

The consideration of scope coverage will be inclusive and take into consideration the needs of different health systems and end users. It will aim to ensure geographical, gender, and linguistic diversity, and address equity issues such as poverty and access to health care.

## 3 **Prioritization of topics**

***Ensuring that at both the Network and CRG levels there are processes in place to:***

***(a) identify the most important needs and priorities of different stakeholders (e.g., decision makers, clinicians, consumers in high-, middle- and low-income countries);***

***(b) prioritize review topics; and***

***(c) actively work to ensure that these are reflected in the titles registered and reviews produced.***

The Senior and Associate Editor will oversee and provide support for Network and CRG-based prioritization activities, working closely with the CRGs and other stakeholders. Members of the Network will be responsible for ensuring that appropriate methods are used.



Prioritization processes will include some or all of the following, depending on circumstance:

- a. engagement with end users;
- b. assessment of relevant data (e.g., prevalence, variations in health care, impact, costs);
- c. active enquiry to ascertain the known priorities of policy makers, governmental or international agencies, and guidelines producers;
- d. active enquiry to ascertain the known priorities of health professionals and consumers of health care;
- e. active enquiry and engagement to consider the needs of low- and middle-income, as well as high-income countries;
- f. learning from existing and relevant prioritization exercises.

#### **4 Developmental priorities for the Network (including publishing content, new methods, and technologies)**

***Identifying any key shared priorities for the Network. Such priorities are likely to improve the range of types of output, their quality and impact.***

Representatives of the Network and its CRGs, including the Senior and Associate Editor, will work together to **identify and agree key shared developmental priorities**. They will then engage with the Central Executive Team (CET) and others within the Cochrane community as required to determine how the CRGs will receive the support needed and how the priorities will be satisfactorily addressed.

An important element of this work will be to ensure that new and enhanced methods, editorial, publication, or technology standards, that will increase the impact and quality of reviews, are identified. Following this, specific, actionable, budgeted plans will be developed to ensure that they are implemented effectively and consistently within Networks. Where priorities are shared across Networks, this will encourage inter-Network shared working.

#### **5 Longer-term activities**

In addition, in the longer term the Networks will work closely with the CET and others in the following areas, aimed at improving the environment for review production and impact.

##### **5.1 Support and training**

***Identifying training needs and directly influencing Cochrane's learning and professional development activities in order to meet the Network's needs more effectively.***

The Senior Editor will work with Co-Eds, MEs, and ISs to ensure the ongoing **identification of training needs** within the Network, recognizing a priority for developing skilled author teams and individuals with a long-term commitment to Cochrane.

The CET will support and encourage the Networks, via the Senior and Associate Editors, to identify and access professional and career development opportunities to produce highly

trained, skilled and supported author teams, editorial boards and improved opportunities for career development of core staff.

## 5.2 Knowledge translation

*Developing and supporting the Network's knowledge translation activities, including engaging with external stakeholders to facilitate maximum use and impact of Cochrane Reviews.*

The Networks will liaise with the CET, Centres and other geographic-oriented Groups, Fields, and others within the Cochrane community to support knowledge translation activities; and to ensure that there is effective joint working across the community, leading to greater engagement with stakeholder communities and increased impact and uptake of Cochrane Reviews.

The Network may work with others, including the CET, to facilitate responding to grant proposals within the topic area.

## 5.3 Implementing new types of review and new methodological approaches

Cochrane has consistently implemented changes to its reviews as methods have developed. However, reviews are becoming increasingly complex, addressing different types of questions beyond that of effectiveness, incorporating new data sources (e.g., non-randomized studies, data submitted to regulatory bodies) and new methods (network meta-analysis, individual patient data, qualitative or economic analyses).

The creation of a new Editorial Board, advised by and working with Cochrane's new Scientific Committee, will shape and develop strategy and provide oversight of the implementation of the Transformation Programme and the performance of the Cochrane Library.

We recognize that it is challenging to introduce change and monitor progress across 51 CRGs, and believe that the creation of Networks will allow Cochrane to implement methods innovations across CRGs in a more consistent and speedy way. For each approved innovation, the CEU will work with the methods community and Networks to develop an implementation plan addressing:

- the vision and rationale for the project and desired outcomes that denote success;
- key responsibilities of the Central Executive Team and Networks;
- requirements for additional funding or support;
- responsibilities, timelines and milestones, dependencies, risks, and issues;
- engagement and communications plans.

In addition, we aim to create better mechanisms for supporting and improving the review production system. This will involve the creation of a Methods Support Unit that will work closely with the CEU and provide 'on demand' input to those CRGs that do not currently have sufficient access to methodological support. We envisage that the Methods Support Unit will help identify specific learning needs across the Networks and will liaise with the Central Executive Team to address these.

## Cochrane Review Networks: Allocation of existing CRGs

The Project Team has allocated all CRGs to one of the Networks (see Appendix 1). In making its decisions, the Project Team considered these criteria, in the following order of importance:

1. Scope coherence with other CRGs in the same Network – particularly in relation to:
  - a. Populations of interest
  - b. Interventions in common
  - c. Outcomes
2. Shared methodological interests (e.g., prognosis reviews)
3. Co-location / proximity.

In situations where a CRG considers that its scope is relevant to more than one Network, the following options may be available, subject to the agreement of the Project Team:

1. The CRG divides its scope such that each ‘sub-unit’ will be accommodated within a separate network. For example, the scope of the ENT Group currently covers Ear, Nose & Throat *and* Head & Neck Cancer. Such a group may subdivide into two: ‘General ENT’ (Long-term Conditions & Ageing Network) and ‘Head and Neck Cancer’ (Cancer Network). In such a case, each new unit requires leadership by a Co-Ed from a relevant editorial base. The units will then follow the accountability and management arrangements in the relevant Network.
2. The CRG has a primary Network affiliation and a secondary relationship with one or more additional Networks: e.g., the Injuries Group is a member of the Acute and Critical Care Network, but has a secondary relationship with the Public Health Network for injury prevention. As a result, they may be included in discussions (about scope, prioritization, etc) within the second Network where appropriate. In such cases, the governance and management of the CRG will be via that Group’s primary Network.

There are likely to be various ways of dividing existing CRG scopes within the proposed Networks. The Project Team recommends that as a first step CRGs align with one Network, and deal with subdivision of scope at a later stage.

## Cochrane Review Networks: CRGs of the future

Cochrane is a collaboration; the word still appears in our legal name. We welcome and expect CRGs working within Networks to work more collaboratively together. Our vision is the creation of vibrant Networks that comprise sets of CRGs which are highly functional and sustainable; that create high-priority, high-quality reviews efficiently; and that are able to develop and innovate effectively where it is in the interests of end users.

At this initial stage, the Project Team will not *in general* mandate either internal merging or splitting of CRGs within Networks, except for those ‘vulnerable’ CRGs where it has been

determined that this step is essential in order to improve the consistent quality of their reviews. But it is important that all CRGs are sustainable; have the capacity and skills to meet Cochrane's strategic imperatives; and are able to deliver high-quality relevant content to end users. Networks must reflect on their needs, existing skills, and capacities, and ask: do we have the best set of CRGs in this Network to achieve the task in hand?

To achieve this, the Project Team will facilitate some changes now, where we believe they are urgently needed. In the future, the EiC and Editorial Board will support Networks to do so, as required. These are the circumstances in which mergers will be necessary:

1. Where there are strong thematic relationships between CRGs that, individually, may have one or more of the following characteristics:
  - very narrow scope;
  - low impact;
  - low output;
  - a history of poor-quality reviews;
  - lack of resources; and
  - where the EiC and Editorial Board consider that economies of scale are most likely to be achievable.
2. Where there is a thematic area that is currently served by one or more CRGs that the EiC and Editorial Board consider to be unsustainable, and where additional input either from within the Network or from the CET is likely to be required.
3. Where the CRG is considered unsustainable, a highly-functioning Group may be asked to incorporate the CRG.

Do some CRGs need to split? The Project Team believes there are individual CRGs that are performing well, but attempting to cover scopes that are disproportionately large and important for their current capacity. The EiC will work with these Groups to identify solutions, including splitting of the scope into component parts, with some parts being allocated either to existing CRGs, or to new CRGs formed from open advertisement.

## Governance & management

Cochrane has spent considerable effort in recent years in ensuring that its governance arrangements are optimal. Cochrane's Governing Board takes its responsibilities for overseeing all activities undertaken under the name 'Cochrane' very seriously; and its members are ultimately responsible for anything published by Cochrane and are the guardians of its reputation and resources.

Many Groups within the organization do not receive funding or other resources directly from Cochrane, but are funded by public money, often from governmental organizations. All funders, however, would expect and require that Cochrane has strong governance and management arrangements in place to ensure that its collective resources are spent well in furtherance of its Mission and Goals.

The EiC is independent and responsible only to the Governing Board for the editorial content of the Cochrane Library; reporting to the Chief Executive Officer for all other organizational issues (including Network and Group management). The EiC will be advised and supported in these responsibilities by a new Editorial Board, which will be a critical part of Cochrane's new management arrangements.

CRGs are accountable to the EiC via the Senior Editor. The Senior Editor leads each Network, with the accountability and responsibilities set out below. Each CRG Co-Ed will be required to sign a Memorandum of Understanding every five years with the EiC that will describe the mutual expectations and responsibilities of Cochrane and the CRG in question. The EiC and CEU team will be responsible for co-ordinating the drafting and signing of the Memoranda of Understanding between Cochrane and the CRGs. Where appropriate, hosting institutions will also be invited to co-sign the MOU.

The Senior Editors and EiC will be responsible for ensuring that each CRG within each Network has a five-year accreditation process, and accountability systems that are aligned, where appropriate, with the requirements of funding agencies.

## The Editorial Board: Role and remit

The Editorial Board is responsible for supporting the EiC and overseeing the review production process of Cochrane Reviews. The main roles of the Editorial Board will be to:

- develop editorial, publishing, and content strategies with the EiC;
- support the EiC in the implementation of changes to improve consistency in the quality and timeliness of Cochrane Review preparation and publication;
- support the EiC in the development, implementation, and audit of editorial policies and practices;
- monitor the performance of the Cochrane Library;
- work closely with the EiC to develop and oversee implementation of future strategy for the Cochrane Library.

### **Editorial Board membership:**

The Editorial Board will include the eight Network Senior Editors, a methodologist, one external member (representing the end users and with relevant experience in the area of evidence synthesis and its application in global decision making), and one representative from the Cochrane community who brings specific expertise in knowledge translation.

The Editorial Board will be chaired by the EiC, supported by the Deputy EiC. Members of the Editorial Board will be appointed for a renewable fixed term.

The Editorial Board members will meet virtually regularly, will hold at least one face-to-face meeting a year, and will receive appropriate funding for this work.

## Senior Editors: Role and remit

The role of the Senior Editor can be summarized as follows:

**Accountability:** The Senior Editor is accountable to the EiC.

**Work pattern:** Senior Editors will work with one Network only.

**Responsibilities:** Senior Editors will have a strategic leadership role for the Network; and through their membership of the Editorial Board will contribute to developing strategy and monitoring the performance of the Cochrane Library.

With their individual Network, working with CRG teams and the Associate Editor, the Senior Editor's main responsibilities are both strategic and operational:

- To ensure that the reviews produced and published by the CRGs within the Network are of high quality and meet Cochrane's standards.
- To identify gaps in scope coverage based on (at least) the global burden of diseases, and to lead and support prioritization processes within the Network.
- To lead and support the identification of shared priorities within the Network.
- To support communication between the Network and Cochrane community.

In addition, the Senior Editors will provide an important function by liaising between the Network and the EiC, CET, and Centres on issues of training, technology, knowledge translation, and innovations in Cochrane Reviews. This aims to ensure that the Networks and CRG community have a strong voice in decisions taken about review production and knowledge translation issues.

**Resources:** The Senior Editors will receive funding to support their work – scaled at about one day per week of activity.

Senior Editors will be able to draw on support from the proposed Methods Support Unit. The CET will also seek internal and external opportunities for attracting resources for additional support to Networks.

A draft person specification for the Senior Editor role is given in Appendix 2.

## Associate Editors: Role and remit

**Accountability:** The Associate Editor is accountable to the Senior Editor.

**Work pattern:** Associate Editors may work with one (or more) Networks as well as closely with the CEU.

**Responsibilities:** Associate Editors will play an operational role. They will:

- ensure that issues of poor-quality reviews are identified in the early stages of the review process;
- provide back-up screening and editorial support to CRGs within the Network;

- identify mechanisms to deal with issues of review quality and support the implementation of these mechanisms across the CRGs within the Network;
- support the development and implementation of appropriate and consistent editorial processes for the Network;
- support communication between the Network and CET with respect to issues of quality, editorial process, training, technology, knowledge translation, and innovations of methods in Cochrane Reviews.

Associate Editors will initially be drawn from the team which has been working with CRGs through the CEU screening programme. In addition, the ME and IS Support teams will also be re-purposed to provide support for the Networks.

**Resources:** The Associate Editors will be funded from the CET for 2.5 days per week per Network, with individual Associate Editors possibly supporting more than one Network. This represents an increased capacity from the current CEU Screening programme. A draft person specification for the Associate Editor role is given in Appendix 2.

## CRGs: Impact and functioning

The impact of the proposed changes on an individual CRG will vary depending on how a CRG is currently functioning: specifically, on the quality of its outputs, the ways in which it is already prioritizing topics, and the degree to which it uses standard editorial processes.

Ensuring successful collaboration with other CRGs within a Network is a key element of the structure and function changes. At an early stage of the transformation programme, CRGs might usefully consider which things they do particularly well and how they might best share these ways of working with other CRGs. They may also reflect on those areas in which they struggle and where help and support are needed. There is both an expectation, and a need, that staff will work more closely with their peers in the other CRGs within the Network.

Will the day-to-day work of Co-Eds, MEs, and ISs change significantly? That depends. As an example, if a Group until now has taken on many authors with little or no experience of doing a Cochrane Review, and then supported them very intensely, working with them on multiple versions of a review over many months or years – things will change. Many of the most successful CRGs have abandoned this paradigm, and they will be able to share their knowledge of how they did this.

Some CRGs have boldly addressed issues about updating and ‘modernizing’ their reviews by critically examining their portfolio of reviews and making priority-based decisions to discontinue some, and focus more resource on others. They will share this learning with other CRGs within their Networks.

Networks will also create opportunities for CRGs to work more closely with innovative methods and technologies that will support improved review production and editorial processes.

These are only examples. Despite much discussion over many years about ‘sharing good practice’, with more than 50 diverse and geographically dispersed CRGs it has proved impossible to do this

in a consistent and meaningful way. The smaller scale of Networks establishes an opportunity and a requirement now to do this more effectively.

## Implementation

The Governing Board will finalize decisions about the changes outlined in this document in September 2017. However, the CEU and Project Team members have been engaged in discussion with some members of the CRG community who have already begun to explore closer working and collaboration. These are the sorts of activity that will under-pin the successful development of the Networks. We recognize that the individual Networks will develop at different speeds, and with priorities that are specific to them.

When the Transformation Programme plans are finalized and approved by the Governing Board, we will facilitate and encourage members of each Network to come together and agree an implementation plan for the actions that will be needed, including:

- supporting the EiC in the appointment of a Senior Editor and an Associate Editor;
- reflecting on issues relating to quality, scope, and prioritization within their own Network;
- reflecting on shared priorities and needs;
- developing an agreed plan that includes outcomes, milestones, responsibilities, and resource needs.

## Conclusions: Anticipated outcomes

We strongly believe that the changes proposed will be influential in delivering the following:

1. All published Cochrane Reviews are of consistently high quality.
2. Better implementation of good editorial processes.
3. Integration of improved and innovative methods faster and more effectively in the production of Cochrane evidence.
4. More rapid production of reviews.
5. More efficient use of resources.
6. Stronger management and governance.
7. An organization that is easier to understand and access by those outside it.
8. More effective prioritization of Cochrane Review topics and more comprehensive coverage of important topics.
9. Better communication of training needs to those able to meet them.
10. Better communication of the need for technological solutions to editorial and review production challenges to those able to respond.
11. The development of a more detailed career structure for editorial base staff.
12. Enhanced collaboration and *esprit de corps* and team working within new Networks.

Change is challenging, but Cochrane has successfully met many challenges over the years. One of the features of the Cochrane community is the many innovative individuals we have who will welcome, relish, and embrace these new challenges. We are convinced these changes will



establish a Cochrane Review production process that will ensure the organization is more sustainable and successful in the coming years, as well as better able to fulfil its obligations and meet the needs of its users, members, supporters, and funders.

**David Tovey, Editor in Chief**

**Karla Soares-Weiser, Deputy Editor in Chief**

**Martin Burton, Co-ordinating Editor, ENT Group**

**Jonathan Craig, Co-ordinating Editor, Kidney & Transplant Group**

**Nicky Cullum, Co-ordinating Editor, Wounds Group**

**Mark Wilson, CEO**

**17<sup>th</sup> August 2017.**

## List of Appendices:

Additional information has been incorporated to this document to detail the following topics:

1. **Appendix A** describes the allocation of Cochrane Review Groups to Networks.
2. **Appendix B** provides the timelines and milestones for October 2017 to October 2019.
3. **Appendix C** details person specifications and job descriptions for the Network's Senior Editors and Associate Editors.

## Appendix A: Allocation of Cochrane Review Groups to new Networks

### Acute and Emergency Care Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Acute Respiratory Infections</b>	Chris Del Mar	Australia	152	19	35,508
<b>Anaesthesia, Critical and Emergency Care</b>	Ann Merete Møller Nathan Pace	Denmark	191	64	36,989
<b>Bone, Joint and Muscle Trauma</b>	Helen Handoll	UK	119	32	21,768
<b>Injuries</b>	Ian Roberts Emma Sydenham	UK	140	36	132,709
<b>Total</b>			<b>602</b>	<b>151</b>	<b>226,974</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

## Brain, Nerves and Mind Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Common Mental Disorders</b>	Rachel Churchill	UK	161	58	99,821
<b>Dementia and Cognitive Improvement</b>	Jenny McCleery	UK	130	58	33,712
<b>Drugs and Alcohol</b>	Laura Amato Marina Davoli	Italy	74	20	23,974
<b>Epilepsy</b>	Anthony Marson	UK	88	25	4,854
<b>Movement Disorders</b>	João Costa	Portugal	65	30	2,505
<b>Multiple Sclerosis and Rare Diseases of the CNS</b>	Graziella Filippini Roberto D'Amico	Italy	53	11	6,900
<b>Neuromuscular</b>	Michael Lunn Rosaline Quinlivan	UK	124	36	27,660
<b>Schizophrenia</b>	Clive Adams Rebecca Syed	UK	206	96	33,094
<b>Tobacco Addiction</b>	Tim Lancaster	UK	76	14	26,079
<b>Total</b>			<b>977</b>	<b>348</b>	<b>258,599</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

## Cancer Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Breast Cancer</b>	Annabel Goodwin Nicholas Wilcken	Australia	56	23	12,967
<b>Childhood Cancer</b>	Leontien CM Kremer Elvira C Dalen	Netherlands	34	12	3,725
<b>Colorectal Cancer</b>		Denmark	108	71	16,321
<b>Gynaecological, Neuro-oncology and Orphan Cancer</b>	Robin Grant Jo Morrison	UK	167	46	14,310
<b>Haematological Malignancies</b>	Nicole Skoetz	Germany	68	13	13,553
<b>Lung Cancer</b>	Fergus Macbeth Virginie Westeel	France	31	10	4,641
<b>Urology</b>	Philipp Dahm	USA	41	25	17,072
<b>Total</b>			<b>505</b>	<b>200</b>	<b>82,589</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

### Children and Families Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Cystic Fibrosis and Genetic Disorders</b>	Alan Smyth	UK	159	27	8,766
<b>Developmental, Psychosocial and Learning Problems</b>	Geraldine Macdonald	UK	144	62	22,664
<b>Gynaecology and Fertility<sup>§§</sup></b>	Cindy Farquhar	New Zealand	289	54	29,529
<b>Neonatal</b>	Roger Soll	USA	343	102	54,576
<b>Pregnancy and Childbirth</b>	Zarko Alfirevic James Neilson	UK	548	86	22,566
<b>Incontinence</b>	Luke Vale	UK	81	15	10,105
<b>Total</b>			<b>1,564</b>	<b>346</b>	<b>148,206</b>

### Circulation and Breathing Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Airways</b>	Christopher Cates	UK	324	47	109,919
<b>Heart</b>	Juan Pablo Casas Mark Huffman	UK	156	37	61,357
<b>Hypertension</b>	James Wright	Canada	59	39	152,887
<b>Stroke</b>	Gillian Mead Peter Langhorne	UK	186	40	26,396
<b>Vascular</b>	Jackie Price Gerard Stansby	UK	152	36	45,694
<b>Total</b>			<b>877</b>	<b>199</b>	<b>396,253</b>

The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

<sup>§§</sup> Reviews and protocols from the Fertility Regulation Group have been included.

## Long-term Conditions and Ageing Network (1)

	CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>1</b>	<b>Hepato-Biliary</b>	Christian Gluud	Denmark	183	137	196,851
	<b>IBD</b>	Brian Feagan Nilesh Chande	Canada	79	45	7,564
	<b>Kidney and Transplant</b>	Jonathan C Craig	Australia	168	54	23,125
	<b>Metabolic and Endocrine Disorders</b>	Bernd Richter	Germany	109	45	32,500
	<b>Upper GI and Pancreatic Diseases</b>	Grigorios Leontiadis Paul Moayyedi	Canada	81	62	26,736
	<b>Total</b>			<b>620</b>	<b>343</b>	<b>286,776</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

## Long-term Conditions and Ageing Network (2)

	CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
2	<b>Back and Neck Group</b>	Andrea Furlan Maurits van Tulder	Canada	70	33	22,690
	<b>ENT Group</b>	Anne Schilder Martin Burton	UK	109	33	40,130
	<b>Eyes and Vision Group</b>	Jennifer Evans Gianni Virgili Richard Wormald	UK	166	46	22,297
	<b>Musculoskeletal Group</b>	Rachelle Buchbinder Peter Tugwell	Canada	190	106	13,368
	<b>Oral Health Group</b>	Jan Clarkson Helen Worthington	UK	152	42	182,276
	<b>Pain, Palliative and Supportive Care</b>	Christopher Eccleston	UK	225	33	51,150
	<b>Skin Group</b>	Hywel Williams	UK	81	46	16,518
	<b>Wounds</b>	Nicky Cullum	UK	134	46	54,647
	<b>Total</b>			<b>1,127</b>	<b>385</b>	<b>403,076</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

## Public Health and Health Systems Network

CRG	Co-Eds	Country	Published reviews	Published protocols	Size of Group Segment in CRS*
<b>Consumers and Communication</b>	Sophie Hill	Australia	61	19	11,248
<b>Effective Practice and Organisation of Care</b>	Simon Lewin Sasha Shepperd	UK	116	62	20,925
<b>Infectious Diseases<sup>##</sup></b>	Paul Garner	UK	244	59	30,684
<b>Public Health</b>	Rebecca Armstrong Hilary Thompson	Australia	17	37	6,709
<b>STI</b>	Hernando Gaitán Carlos Ardila	Colombia	15	10	3,972
<b>Work</b>	Jos Verbeek	Finland	26	23	1,857
<b>Total</b>			<b>479</b>	<b>210</b>	<b>75,395</b>

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The Numbers of Protocols and Reviews was taken from the Cochrane Library on 04/01/17.

\* This data was taken from Cochrane Register of Studies on 10/08/16.

<sup>##</sup> Reviews and protocols from the HIV/AIDS Group have been included.



## Appendix B: Timelines and milestones

October 2017 to September 2018

Timelines	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Milestones	Communication plan
<b>Editorial Board</b>						
Selection process for methodologist, KT, and end-user members (+ 8 Senior Editors)	█	█	█		<ul style="list-style-type: none"> <li>Editorial Board formed by January 2018</li> <li>Networks' long-term strategy discussed with the Board by March 2018</li> </ul>	<ul style="list-style-type: none"> <li>Invitation of members and application process to compose the Editorial Board by October 2017</li> <li>Announcement of the establishment of the Editorial Board by February 2018</li> </ul>
Periodic teleconferences		█	█	█	<ul style="list-style-type: none"> <li>Periodic meetings of the Editorial Board</li> </ul>	
Face-to-face meeting			█		<ul style="list-style-type: none"> <li>Feedback report to the Governing Board by September 2018 with necessary amendments</li> </ul>	
Detailed report of activities				█		
<b>Sustainable governance and accountability</b>						
Formation of Networks	█				<ul style="list-style-type: none"> <li>Networks formed by October 2017</li> </ul>	<ul style="list-style-type: none"> <li>External communications plans for key external stakeholders and funders by December 2017</li> </ul>
Reassignment of CEU staff		█	█		<ul style="list-style-type: none"> <li>All CRG re-applications completed by September 2018</li> </ul>	<ul style="list-style-type: none"> <li>A list of FAQs for the Community based on progress, developments, and feedback/consultation by December 2017</li> </ul>
Appointment of SEs/AEs		█	█		<ul style="list-style-type: none"> <li>All MoUs signed by July 2018</li> <li>Senior Editors and Associate Editors appointed by January 2018</li> </ul>	<ul style="list-style-type: none"> <li>Creation of Network websites, moving CRG webpages to the Network by June 2018</li> </ul>
Network strategic plans			█		<ul style="list-style-type: none"> <li>CEU staff reassigned to S&amp;F project by January 2018</li> </ul>	
Re-application of CRGs		█	█	█	<ul style="list-style-type: none"> <li>CRG and Network metrics initiated by April 2018 and continued on a regular basis</li> </ul>	
Signed MoUs		█	█	█	<ul style="list-style-type: none"> <li>Network strategic plans published by April 2018</li> </ul>	
CRGs' strategic plans		█	█			
Network metrics			█	█		

<b>Sustainable review production</b>												
Implementation of Rejection and Appeals policy and process	■	■									<ul style="list-style-type: none"> <li>• Rejection and appeals policies implemented by December 2017</li> <li>• Conflict of Interest policy implemented by March 2018</li> <li>• Peer Review policy implemented by June 2018</li> <li>• Updating classification policy implemented by September 2018</li> <li>• Changes to the screening process applied to Networks by March 2018</li> <li>• Appointments of the Methods Support Unit staff by September 2018</li> <li>• Discussions with IKMD (tech and innovations) and LSD (training) initiated in April 2018</li> <li>• Initial discussion of how the KT strategy can support the Networks during the second quarter of 2018</li> </ul>	<ul style="list-style-type: none"> <li>• Direct internal communication about each policy implementation throughout 2018.</li> <li>• Announcement of the composition of the Methods Support Unit by September 2018</li> </ul>
Implementation of Col policy			■	■								
Implementation of Peer Review policy					■	■						
Implementation of Update Classification policy								■	■			
Changes in the screening process applied to Networks	■	■	■	■								
Appointment of Methods Support Unit			■	■	■	■	■	■	■			
Pilot implementation of new standard production workflows (IKMD)						■	■	■	■			
Tailored training to Editors						■	■	■	■			
KT initial discussion with Networks						■	■	■	■			
<b>Prioritization of reviews</b>												
List of Network priorities published				■	■						<ul style="list-style-type: none"> <li>• Initial list of the top reviews prioritized per Network by March 2018</li> </ul>	<ul style="list-style-type: none"> <li>• Announcement of the top. reviews prioritized in each Network by March 2018</li> </ul>

October 2018 to September 2019

Timelines	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Milestones	Communication plan	
<b>Editorial Board</b>							
Periodic teleconferences	■		■		<ul style="list-style-type: none"> <li>Periodic meetings of the Editorial Board</li> <li>Bi-annual feedback reports to the Governing Board</li> </ul>	Periodical communication of key milestones ongoing.	
Face-to-face meetings				■			
Detailed report of activities	■			■			
<b>Sustainable governance and accountability</b>							
Network metrics			■		<ul style="list-style-type: none"> <li>CRG and Network metrics initiated by April 2018 and continued on a regular basis</li> <li>Review S&amp;F Implementation plan and milestones for 2019</li> </ul>	Periodical communication of key milestones ongoing.	
CEU re-assessment		■	■				
<b>Sustainable review production</b>							
Methods Support Unit			■	■	<ul style="list-style-type: none"> <li>Networks to begin discussions and possible pilots of new strategies for 2019</li> <li>Agreed functions of the Methods Support Unit by March 2019</li> <li>Re-assessment of training and technology needs of Networks</li> <li>Identification of topic coverage and gaps per Network</li> </ul>	Periodical communication of key milestones ongoing.	
Pilot implementation of new standard production workflows (IKMD)				■			
Tailored training to senior authors				■			
Tailored training to Editors	■	■	■				
KT within networks				■			
<b>Prioritization of reviews</b>							
List of Network priorities published			■	■	<ul style="list-style-type: none"> <li>List of review priorities for Networks re-published in October 2019</li> </ul>	Updated priority list of reviews published by March 2019.	
<b>Long-term strategy for the Cochrane Library</b>							
Network input on content strategy	■	■	■	■			

Timelines	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Milestones	Communication plan
Network innovations in publishing strategy					<ul style="list-style-type: none"> <li>Networks to participate in exploratory discussions and possible pilots of new strategies during 2019</li> </ul>	Periodical communication of key milestones ongoing.
Network implementing new types of reviews						

# Appendix C: Person specification of the Senior Editors and Associate Editors

## Senior Editor

The Senior Editor is accountable to the EiC.

### Essential characteristics:

- Leadership and strategy skills
- Skills and knowledge in advanced systematic review methods
- Experience of conducting high-quality systematic reviews
- Advanced communication and negotiation skills
- Advanced problem solving and time management skills

### Desirable characteristics:

- Relevant content expertise
- Experience of conducting and leading Cochrane systematic reviews
- Past or present experience of being a Co-ordinating Editor
- Past or present experience of editing systematic reviews
- Ability to support and lead innovation

### Appointment process:

- Open advertisement
- Appointment by the EiC
- Three-year appointment in the first instance

### Notes:

- Job share and remote working will be supported
- The appointment process will consider the need for all aspects of diversity
- The EiC will ensure that there is a balanced Editorial Board with Senior Editors possessing an adequate mix of clinical and methodological expertise.

## Associate Editor

The Associate Editor is accountable to the Senior Editor.

### Essential characteristics:

- Degree in relevant field or equivalent
- An understanding of the importance of systematic reviews to clinical decision making
- Familiarity with Cochrane guidance and standards on the design, conduct, and reporting of systematic reviews, including [MECIR](#) and [GRADE](#) methods
- Advanced level IT skills, including Word, Excel, and PowerPoint
- Knowledge and skills relevant to the systematic review process

- Strong organization and prioritization skills
- Attention to detail
- Excellent written and verbal communication skills
- Ability to work methodically and accurately
- A pro-active approach to problem-solving

**Desirable characteristics:**

- Experience of conducting Cochrane systematic reviews
- Past or present experience of editing systematic reviews
- An ability to develop and maintain working relationships with key stakeholders

**Appointment process:**

- Initially 2.6 FTE will be re-assigned from the existing CEU quality team
- For new appointments, an open recruitment process will be used
- Appointment by the EiC and Senior Editors
- Three-year appointment in the first instance

**Notes:**

- Job share and remote working will be supported
- The appointment process will consider the need for all aspects of diversity.