

Governing Board

Cape Town, South Africa
10th- 12th September 2017

Day One – 08:30 – 17:00
Room: Aloe

Day Two – 08:30 – 17:00
Room: Aloe

Day Three – 08:30 – 17:00
Room: Aloe

*The Governing Board dinner will be held on Monday 11th September from 19.30-22.30
Transport will be available to and from the restaurant.
Venue: Baia Restaurant*

Agenda

Day One: Sunday 10th September: Governing Board Strategy and Development Day

Day Two: Monday 11th September

1. Welcomes, Apologies, Declarations of Interest and Approval of the Agenda
2. Co-Chairs' Report and Governing Board Business (I)
 - 2.1 Governing Board matters
 - 2.1.1 Conduct and Reporting of Board Meetings [RESTRICTED ACCESS DOCUMENT] (D)
 - 2.1.2 Governing Board Membership (D)
 - 2.1.3 Election of the Treasurer (D)
 - 2.1.4 Selection of Cochrane Governing Board representatives on the Cochrane Innovations Board (D)
 - 2.1.5 Selection of Board members to Governing Board Committees (D)
 - 2.1.6 Report on the 2017 Governing Board Elections and Appointments [OPEN ACCESS DOCUMENT] (D)
 - 2.1.7 Update by the Board Group on Complaints Procedure (I)
3. Central Executive Team Reports:
 - 3.1 CEO Update including:
 - 3.1.1 2017 *Strategy to 2020* Targets Update (I)
 - 3.1.2 Finance Update (I)
 - Tea/Coffee Break**
 - 3.2 Editor in Chief's Update including:
 - General Editorial Update (including new editorial policies, Cochrane Library Oversight Committee (CLOC), Project Transform and Covidence) (I)
 - 3.3 Communications & External Affairs Department Reports:
 - 3.3.1 KT Strategy/ Implementation Plan [OPEN ACCESS DOCUMENT] (D)
 - 3.3.2 Selection of hosts for 2019 Governance meetings and 2020 Cochrane Colloquium [OPEN ACCESS DOCUMENT] (D)
 - 3.4 Risk Management Report (Q4) [RESTRICTED ACCESS DOCUMENT] (D)
- Lunch Break**
4. Cochrane Groups - strategic and policy issues (I)
 - 4.1 The Structure and Function of Cochrane Review Groups: Implementation of Networks and Editorial Board [OPEN ACCESS DOCUMENT] (D)
 - 4.2 CRG Transformation Programme - Implementation Plan [RESTRICTED ACCESS DOCUMENT] (D)

Tea/Coffee Break

4.3 Application for new Cochrane Centres in Argentina and Chile (D)

4.4 Cochrane Groups Funding Update (including Cochrane Canada/Cochrane Australia) (I)

4.4.1 Cochrane Neonatal Review Group Application for Strategic Development Support [RESTRICTED ACCESS DOCUMENT] (D)

4.4.2 Cochrane Lung Cancer Review Group Application for Strategic Development Support

5. Cochrane Future Content

5.1 Cochrane Future Content & Product Strategy Update [OPEN ACCESS DOCUMENT] (I)

5.2 Diverse Data Update [OPEN ACCESS DOCUMENT] (I)

Day Three: Tuesday 12th September

6. Cochrane-Wiley Publishing Update (I)

6.1 Publishing Update [RESTRICTED ACCESS DOCUMENT] (D)

6.2 Open Access Update [RESTRICTED ACCESS DOCUMENT] (D)

6.3 Publishing Managing Report [RESTRICTED ACCESS DOCUMENT] (I)

Tea/Coffee Break

7. Cochrane Innovations Strategy Update [RESTRICTED ACCESS DOCUMENT] (I)

7.1 Cochrane Innovations Funding [RESTRICTED ACCESS DOCUMENT] (D)

8. Cochrane 2018 Plan & Budget

8.1 Proposed 2018 *Strategy to 2020* Priorities [RESTRICTED ACCESS DOCUMENT] (D)

8.2 2018-2020 Financial Forecast/Scenario Planning [RESTRICTED ACCESS DOCUMENT] (I)

9. AGM Preparation

Lunch Break

10. Any Other Business (Including review of decisions for dissemination)

11. Board Only Time

Tea/Coffee Break

(I) Agenda Items for Information/report

(D) Agenda Items for Decision or Strategic Discussion

Governing Board Paper

Agenda number:	2.1.5 [2017-CT-2.1.3-002]
Agenda item:	Selection of Board members to Governing Board Committees (Last updated September 2017)
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Lucie Binder, Senior Advisor to the CEO
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the proposed members of the Governing Board Committees.
Executive summary:	This paper provides the Board with the proposed selected members of the Governing Board Committees for 2017-2018.
Consultation with Cochrane Council:	No
Financial request:	None

Cochrane Governing Board Committees and Sub Committees – September 2017

Notes:

All members are Board Members (Trustees) unless indicated:

Central Executive team – *in italics*

Co-opted, non-Trustees – underlined

A Standing Committees

Remuneration Committee

Cochrane Co-Chair
Cochrane Treasurer
Board Member
Head of Finance & Core Services

2017-2018

Cindy Farquhar (Chair)
Margeurite Koster
Jan Clarkson
Sarah Watson

Investment, Finance & Audit Committee

(previously Investment Sub-committee)

Cochrane Treasurer
Cochrane Co-Chair
Board Member
Board Member
Board Member
Head of Finance & Core Services
CEO

2017-2018

Margeurite Koster (Chair)
Martin Burton
Catherine Marshall
TBC
TBC
Sarah Watson
Mark Wilson

B Ad Hoc Sub-Committees & Working Groups

CSG External Member Nomination Sub-Committee

Cochrane Co-Chair
Cochrane Co-Chair
Board Member
Board Member
Head of Learning & Support

2017-2018

Cindy Farquhar (Chair)
Martin Burton
Joerg Meerpohl
Peter Gøtzsche
Miranda Cumpston

Governance Reform Working Group

Cochrane Co-Chair
Board Member
Board Member
Cochrane Council Representative 1
Cochrane Council Representative 2
CEO
Special Adviser to CEO

2017-2018

Cindy Farquhar (Chair)
Joerg Meerpohl
Jan Clarkson

Mark Wilson
Lucie Binder

Grievance & Complaint Procedures Working Group	2017-2018
Cochrane Co-Chair	Cindy Farquhar (Chair)
Board Member	Peter Gøtzsche
Board Member	Joerg Meerpohl
Board Member	Jan Clarkson
Board Member	Rae Lamb
<i>Head of Finance & Core Services</i>	<i>Sarah Watson</i>

C Advisory Groups reporting to Governing Board

In addition to the above there are two Advisory Groups that don't contain any CSG members but do report to the CSG:

Cochrane Library Oversight Committee (CLOC)	2017-2018
	<u>Godwin Busuttill</u>
	<u>Manu Mathew</u>
	<u>Saeed Farooq</u>
	<u>Tracey Koehlmoos</u>
	<u>David Moher</u>
	<u>Magne Nylenna</u>
	<u>Richard Smith (Chair)</u>
	<u>Lijing Yan</u>
	<u>Charles Young</u>
Editor-in-Chief	<i>David Tovey</i>

Funding Arbiter Panel	2017-2018
	<u>Fergus Macbeth (Funding Arbiter)</u>
	<u>Angela Webster (Funding Arbiter)</u>
	<u>Dorie Appollonio</u>
	<u>Joaquin Barnoya</u>
	<u>Andreas Lundh</u>
	<u>Richard Wormald</u>
<i>Central Editorial Unit</i>	<i>Ruth Foxlee</i>
<i>Central Editorial Unit</i>	<i>Maria Gerardi</i>

Governing Board Paper

Agenda number:	2.1.6 [2017-CT-2.1.4-003]
Agenda item:	Report on the latest 2017 Governing Board Elections and Appointments
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Lucie Binder, Senior Advisor to the CEO
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the establishment of a standing Governance Sub-Committee
Executive summary:	This document provides a summary of the recent elections and appointments to the Governing Board and a proposal to improve governance process.
Consultation with Cochrane Council:	No
Financial request:	None

1 Background:

In June/July 2017 the elections and appointments of a new Co-Chair, external members, and internal members to the Board were conducted concurrently for the first time. The election of internal members was the second to be conducted under the amended Articles of Association, with one vote per member. The updates to voting procedures and candidate canvassing policy requested by the Board in April 2017 were implemented.

Election/appointment	Process
Co-Chair	Appointment by Board members. Ratification at following Annual General Meeting if candidate is not already a Board member.
External	Review and recommendation by External Nomination Sub-Committee. Appointment by Board members. Ratification by Cochrane members at following Annual General Meeting on annual basis.
Internal	Election by Cochrane members.

Summary of participation:

Election/appointment	2017	Previous round (2016/17)
External		
Number of candidates	16	9
Internal		
Number of candidates	4	11
Number of individual voters	298	1,223

Observations:

- The concurrent election and appointment process was administratively efficient.
- Interest in external membership remains strong.
- The External Nominations Sub-Committee's role in reviewing recommending external candidates for approval by the Board was an efficient and effective process.
- The Board has expressed a concern in the diversity of skill-sets of members. It was agreed on its 29 June 2017 teleconference to specifically seek external candidates with skill-sets that the Board requires in future, but to maintain an open call for applications.
- There was a decrease from 11 to 4 candidates standing for internal election compared to the last round, and a 76% decrease in the number of voters casting votes. This is obviously disappointing. Possible causes may include: i) 'Voter fatigue': the election was held recently after the previous internal Board member election and also following the Council elections, for which turnout was much higher; ii) more interest in standing for the representative Cochrane Council; iii) concern about standing for election by peers.
- The policy to begin all terms from this round of elections on 27 July 2017 (the date of announcing results) may not be optimal for the Co-Chair rotation.

2 Proposal:

Based on the success of the External Nominations Sub-Committee, the establishment of a **Governance Sub-Committee** of the Board would provide a forum for the governance staff of the CET discuss and formulate governance improvements on an ongoing basis. Initially, these would include:

- Measures to improve candidate and voter participation in internal elections
- Clarification of terms and rotations
- Identification of required skill-sets for external members
- Board-Council interaction

The Board-Council Governance Reform Sub-Group would remain in place until its final task of reviewing the role of the Group Executives is complete and recommendations presented to the Board, estimated to be by April 2018.

3 Recommendation(s):

The Board establishes a permanent Governance Sub-Committee.

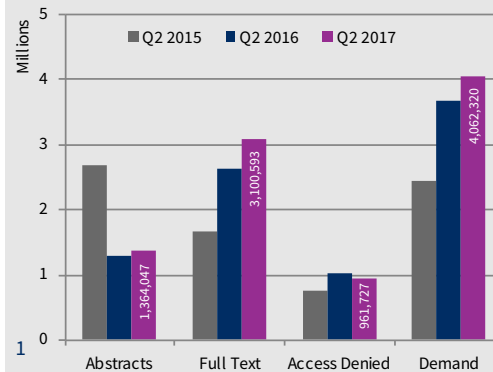
Cochrane Organisational Dashboard | Q2 (Apr-Jun) 2017

Overview

Commentary & Achievements

- Global usage of cochrane.org continues its quarter by quarter growth; now exceeding 3.5m sessions in the quarter.
- 62% of cochrane.org usage is viewing non-English content. Usage is soaring in South America. Mexico has become the top user of cochrane.org replacing USA for the first time and exceeding half a million sessions in a quarter for the first time.
- Sales and royalties year to date are excellent. Royalties year to date are up 24.5% compared with the same period last year.
- CDSR Impact Factor revised up to 6.264 (tbc).
- Sign-ups to the Cochrane Connect flagship newsletter has seen a massive increase in the last two quarters following changes to make it more visible. 60% increase compared with Q2 2016. We hope this will increase further with the new *Join Cochrane* pages now live.
- Cochrane Crowd now has more than 6000 users. Multiple activities are now available, including a recently released Lilacs screening task.
- Review outputs year to date are similar to 2016, but there have been fewer updates. This could be linked to a greater focus on the review updating classification approach.
- Three new Cochrane Centres approved and launched: Austria, Croatia and Japan.

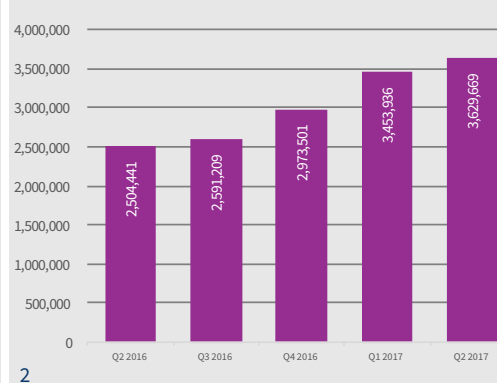
Cochrane Library Usage



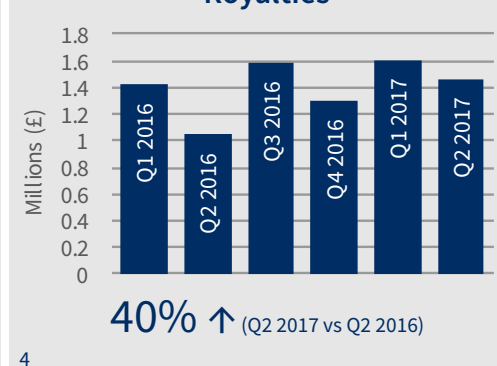
Targets for 2017

- Membership scheme phase 1 is now live. Formal launch to follow at GES.
- Implementation of knowledge translation framework has started with a series of webinars. Implementation plan being submitted to the Board in Cape Town.
- Global Evidence Summit registrations exceed more than 1,000 by the closing of the early bird registration deadline.
- Enhanced Cochrane Library will have a soft launch in September with the intention of a full launch by end of Q4.

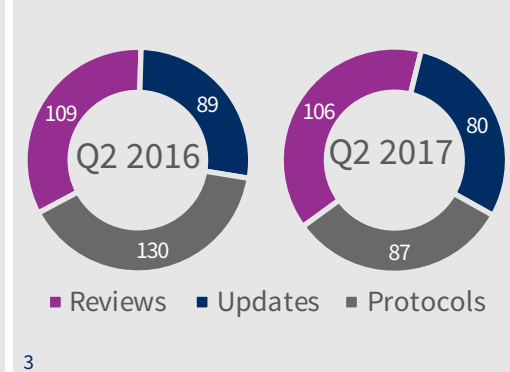
Cochrane.org Quarterly Usage



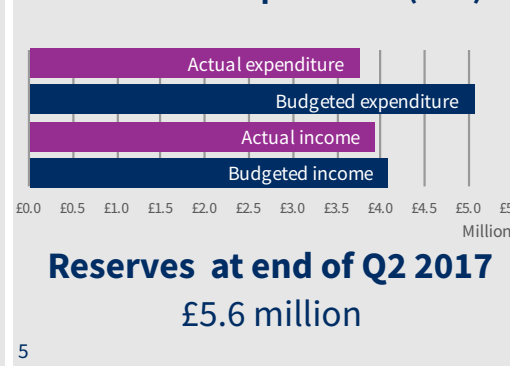
Royalties



Publishing Output



Income and expenditure (YTD)



2017 Targets

Strategy to 2020 Targets for 2017

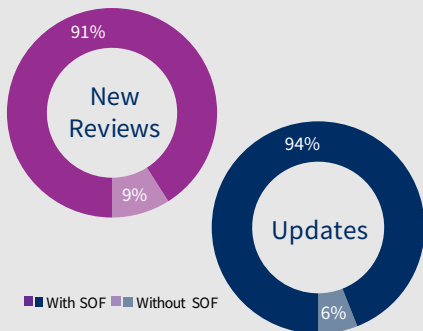
PURPLE: not started or N/A; RED: serious concerns; AMBER: some delays; GREEN: on target

- Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews
- Complete the Transform project
- Complete the delivery of a programme of training and accreditation for editors
- Improve the process of producing translations to make it easier for Cochrane translators and editors
- Define an organization-wide framework for knowledge translation activities
- Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish
- Host a successful Global Evidence Summit
- Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms
- Launch a Cochrane membership scheme
- Complete implementation of the approved governance reforms

Goal One

Quality

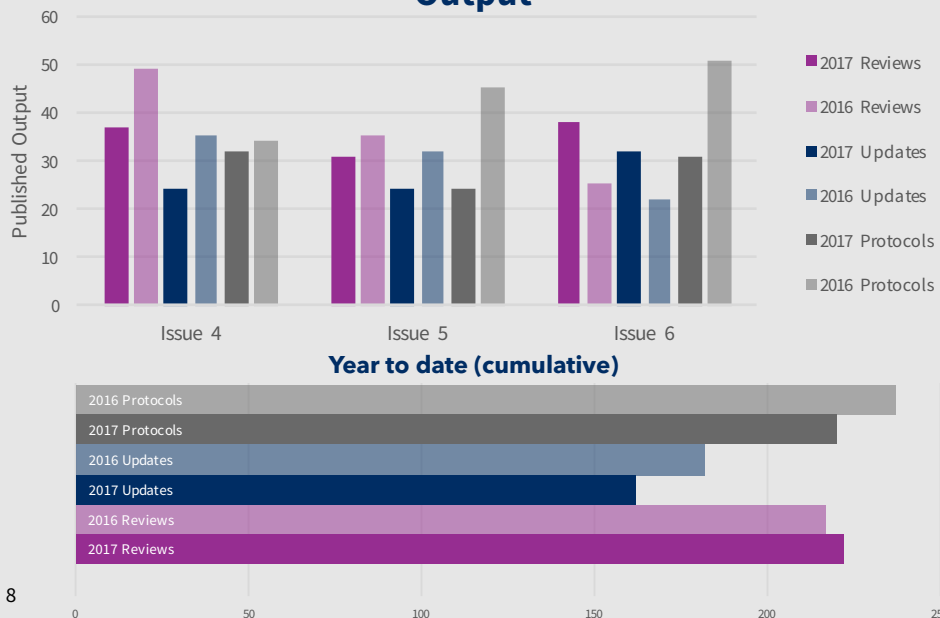
Reviews with Summary of Findings (SoF) Tables



As a comparison, **70%** of new reviews published in 2015 had SoF tables.

7

Output



8

Total records

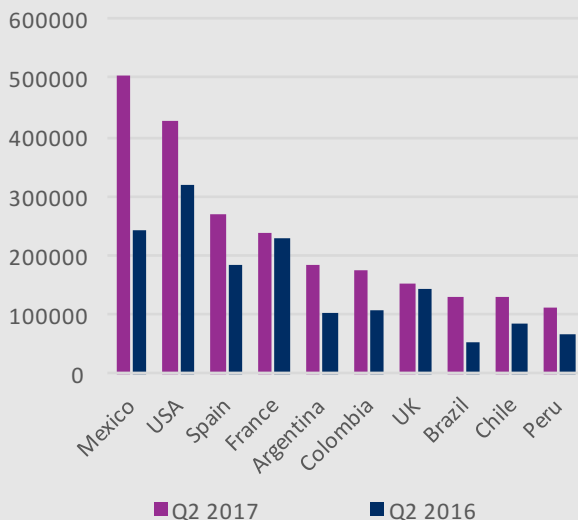
	Q2 2016	Q2 2017	Change
CDSR Total	9,389	9,890	5%
Reviews	6,931	7,352	6%
Protocols	2,458	2,538	3%
CENTRAL	939,580	1,065,345	12%
DARE	36,795	36,795	0%
EED	17,397	17,397	0%
HTA	16,174	15,646	-3%
Editorials	113	121	7%

9

Goal Two

Geographic Reach

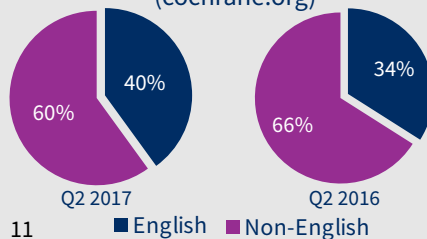
Top 10 usage of cochrane.org website



10

Non-English Access

(cochrane.org)



11

Translation Activity

1,372 new & updated translations published in **14** languages

51 podcasts translated & recorded in **8** languages

72 blog shots translated in **7** languages

12

Open Access

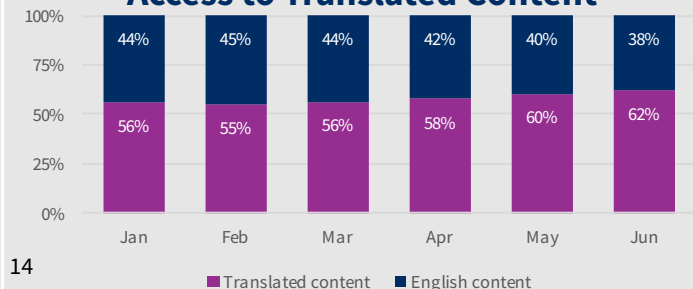
201 Reviews made available as Green Open Access in Q1 2017

7 Reviews published as Gold Open Access in Q1 2017

3,173 Reviews in total available open access at end of Q1 2017

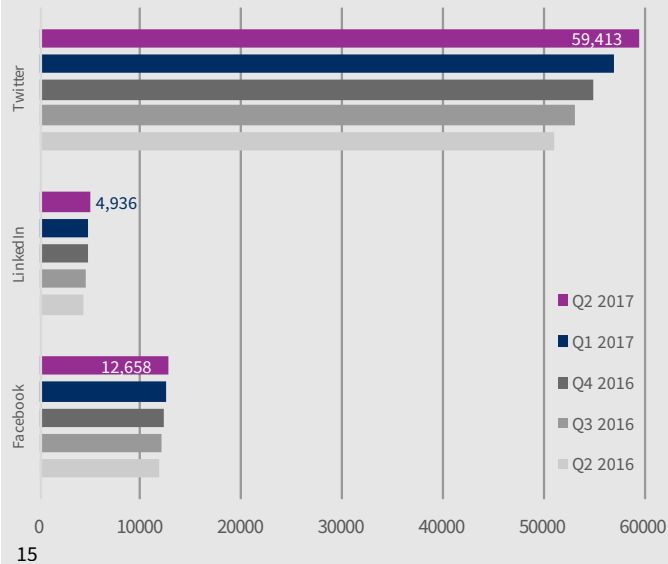
13

Access to Translated Content



14

Social Media



Altmetrics

230	Tobacco packaging design for reducing tobacco use
148	Topical analgesics for acute and chronic pain in adults - an overview of Cochrane Reviews
132	Celecoxib for osteoarthritis
130	Music therapy for people with schizophrenia and schizophrenia-like disorders
124	Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years
112	Diet, physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years

By comparison, top scores in each quarter in 2016 were:

Q1 2016: 927	Workplace interventions for reducing sitting at work
Q2 2016: 268	Paracetamol for low back pain
Q3 2016: 638	Vitamin D for the management of asthma

Media Reach and Impact

2,988

pieces of global media coverage in all languages

2,438

pieces of global media coverage in English language
(compared with 705 in Q2 2016)

2

Global press releases

72

attracted media hits

- Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years; and
- Diet, physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years

Cochrane Learning Live

3

Webinars delivered
(Q2 2016: 3)

208

Webinar attendees
(Q2 2016: 153)

271

Views of recorded webinars

18,137

All webinar views cumulative since launch in Q1 2016

Active Contributors

RevMan (active authors)

6,642 approximately

Cochrane Crowd (total members)

6,000 ↑ 105% YOY

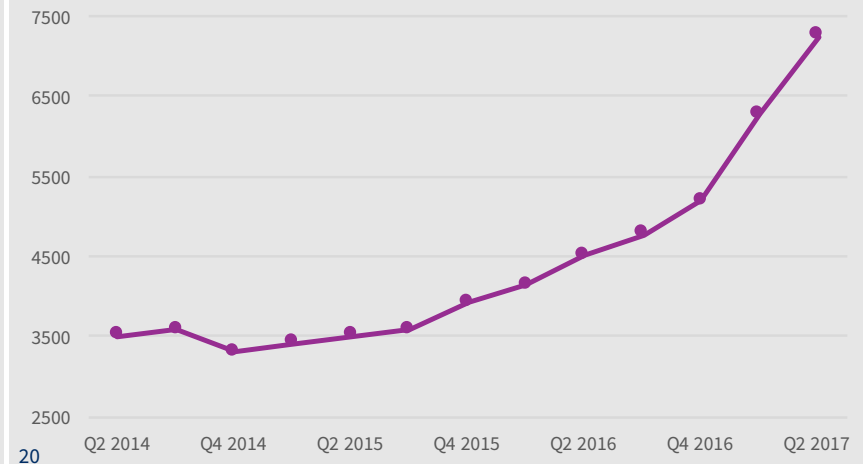
TaskExchange (total users)

1,060 ↑ 153% YOY

Covidence (total Cochrane users)

1,937 ↑ 105% YOY

General interest: Cochrane Connect Subscribers



Notes on the data

1. Access denied means a user tried to download a full text, but did not have a subscription to the Cochrane Library. Demand is the combination of successful full text views and attempted full text views (access denied). Data is for Q2 for each of the years shown and excludes usage of Biblioteca Cochrane Plus.
2. This is a measure of sessions of the cochrane.org website
3. Compared with Q2 2016: Reviews: 3% ↓; Updates: 10% ↓; Protocols: 33% ↓.
4. 40% increase is comparing Q2 2017 with Q2 2016. Currency fluctuation has had a positive result on income.
5. The figures presented for income and expenditure are year to date i.e. January to June.
6. Most targets are on course with the exception of the Cochrane Library target which we have reported separately as being red. The RevMan web target is delayed due to resources being spent on the Cochrane Library project and membership.
7. These data are based on all reviews and updates published in Q2 2017. Of the 15 reviews or updates without SoF tables, 11 had no included studies
8. Cumulative year to date compared with previous year: Reviews: 2% ↑; Updates: 11% ↓; Protocols: 7% ↓.
9. DARE and EED are no longer being updated.
10. The bar chart provides data for the top ten countries. Mexico has replaced USA as number 1 for the first time. Also Australia and Canada have fallen out of the top 10 as more South American countries enter the top 10 list.
11. The English / non-English split is based on the user's browser language.
12. This is activity in Q2 2017. Review translations are PLS and/or Abstract, not whole reviews.
13. Green open access (OA) means reviews are made available after a 12 months embargo, Gold OA means reviews are available immediately. For details see: <http://www.cochranelibrary.com/help/open-access-options-for-the-cochrane-library.html>
14. This data is based on the language of the web page, so shows the usage of our translated content.
15. The graph shows Twitter "followers"; LinkedIn "group members"; Facebook "group members".
16. Scores shown are the Altimetric scores for reviews published in the previous quarter.
17. As of Q1 2017 we have a new media tracking service that can track media uptake across all languages. Comparative data is limited to English language media hits due to the 2016 legacy data.
18. These are webinars delivered as part of Cochrane Learning Live. We do not have quarter by quarter data for webinar views in 2016, so there is no directly comparative data currently. The cumulative count of views is for all webinars in the series, some of which have had over a year to build up their view count. The top webinar is an introduction to Covidence at over 9000 views, and the second most watched is a webinar on use of GradePro GDT in Cochrane reviews at around 5000 views.
19. Percentage increase is comparison with Q2 2016. RevMan data is approximate as there is an issue with calculating this retrospectively for the quarter; Cochrane Crowd Q2 2016: 2,930, TaskExchange Q2 2016: 418; Covidence Q2 2016: 944.
20. As part of the implementation of Cochrane membership we should see an increase in subscribers to Cochrane Connect as a proxy for interested people engaging with Cochrane. In Dec 2016 we introduced some design improvements to make Cochrane Connect sign up more visible.

Governing Board Paper

Agenda number:	3.3.1 [2017-CT-3.3.1-001]
Agenda item:	KT Strategy/Implementation Plan
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Julie Wood and Sylvia de Haan, CEAD Sally Green, KT Advisory Group Co-Chair and Director of Cochrane Australia
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves: <ul style="list-style-type: none"> starting the KT implementation work focusing on a prioritized 10 (out of 17) work-packages outlined in the KT Framework The implementation plan for 2018-2019
Executive summary:	The <u>Knowledge Translation (KT) Framework</u> was approved in April 2017 by the Cochrane Board. At that meeting, the Board requested an implementation plan to be presented at its next meeting. This document presents this implementation plan. It outlines the governance structure set up to guide KT implementation in the organization, summarizes the activities carried out between the Geneva and Cape Town meetings, outlines the activities that will be implemented in the coming two years, and presents the budget needed for successful implementation.
Consultation with Cochrane Council:	Yes
Financial request:	Provision approval for a budget of GBP 120,000 per year for 2018-2019.

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7	Risk management strategy	12
8	Budget	13
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	Annex 1b –Strategic partnerships draft plan of work	17
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The Governing Board approved the Knowledge Translation (KT) Framework during its meeting in Geneva in April 2017. At that meeting, the Board requested an implementation plan to be presented at its next meeting. This document presents this implementation plan. It outlines the governance structure set up to guide KT implementation in the organization, summarizes the activities carried out between the Geneva and Cape Town meetings, outlines the activities that will be implemented in the coming two years, and presents the budget needed for successful implementation.

It is important to emphasize upfront that we see KT as an overall term that captures a whole range of activities aimed at ensuring Cochrane's systematic reviews are relevant, respond to the needs of our stakeholders and are presented in a format that facilitates the use of evidence. Many Cochrane Groups already undertake KT activities. For these Groups the KT Framework will help situate their existing work, define areas of expertise that they can share with others in the Cochrane community, and identify where they may want to invest more. Other Cochrane Groups have been less active in KT. We expect that the KT Framework, implementation plan, and the KT support structures being developed will help these Groups move forward into this area of work with which they are less familiar.

1 Knowledge Translation (KT) Framework

The [KT Framework](#) was approved in April 2017 by the Cochrane Board.

The KT Framework describes six key themes as a framework for organizing our thinking and activity around KT:

- **prioritization and co-production** (strengthening processes to identify and prioritize important reviews and involving stakeholders in review production);
- **packaging/push** (presenting Cochrane evidence in multiple formats and modes, and disseminating these effectively);
- **facilitating pull** (making it easier to use Cochrane evidence and growing our stakeholders' capacity for evidence use);
- **exchange** (forming and maintaining meaningful partnerships and forums for dialogue with our users);
- **improve climate/building demand** (contributing to a culture of evidence informed health care); and
- **effective and sustainable KT.**

The themes map broadly to the goals and objectives of the *Strategy to 2020*.

Strong and effective KT to partner review production is essential to achieving Cochrane's vision and maximizes the benefit of the work of our contributors. The framework therefore puts KT at the heart of our organization.

2 Knowledge Translation Governance

The aim of the KT Framework is to provide clarity around Cochrane's role in KT and what activities should be considered as priorities, both at Group and organizational level. Recognizing the importance of context in effective KT, the Framework envisions KT as being embedded in and integrated throughout the organization, with a distributed leadership model, and with everyone having a role.

To start implementing this framework, a KT Advisory Group has been established that brings together leaders in Cochrane who have an interest and experience in KT to advise on effective implementation and leadership of the Framework. The Advisory Group reports to Cochrane's Governing Board. Reflecting distributed leadership, this group will be co-chaired between Cochrane's Senior Management Team (SMT) and the community. Click [here](#) for more information about the Advisory Group.

In addition to the KT Advisory Group, working groups are being set up to support implementation of the work packages. Each working group will involve members from the Cochrane community and KT Advisory Group, as well as one or more Central Executive team (CET) staff member.

Working groups may vary in format and in ways of operating. It is expected that working group members will contribute at least one day a month to KT work. More time investment may be needed during short periods of time, and we will look for volunteers within the working groups able to commit that additional time when required. We will aim for geographic diversity in these working groups, and will encourage the many members and Groups already working in the thematic areas to join so that the work contributes to their interests and existing activities.

Contributions to the working groups will be on a voluntary basis, or build on work already happening in Groups. CET staff members who support the working groups will be expected to contribute, on average, one day a week towards these KT activities, depending on the specific workpackage and its stage of development.

3 From Geneva to Cape Town

In addition to the set-up of the KT governance structure, the time between Geneva and Cape Town has been used to identify and agree, jointly with the KT Advisory Group and the wider Cochrane community, the priority Work Packages (WPs) to tackle during the first two years of implementation.

We have also delivered [webinars](#) to inform and engage the community; these sessions also allowed us to obtain additional input, and respond to questions. Click [here](#) for detailed feedback from the webinars.

In order to prioritize, we reviewed the WPs (outlined in the KT Framework) against the following criteria:

- The WP builds on existing expertise within Cochrane.
- Investment in the WP creates one or more 'easy wins' (i.e. scaling up an activity to be of use across the community).
- The WP needs innovation and investment now (i.e. building capacity) for it to provide the expected gains in the longer term.
- The WP facilitates the implementation of other KT activities.
- The WP is crucial for Cochrane to achieve *Strategy to 2020*.
- The WP is not dependent on other activities within Cochrane which could delay its implementation.

Using these criteria, and realizing that WPs are at various stages of development, we then allocated WPs to the following categories:

Watching brief:	This includes WPs where pockets of good activity are happening across the Cochrane community. We will ‘watch’ this, document the experience, expertise, and examples, but will not invest more human or financial resources at this stage, besides gathering information as to what Groups are working in these areas. A WP could also be at watching brief stage because it is dependent on another WP (for example the way that increasing co-production is dependent on embedding prioritization and building exchange. Some Groups already have embedded prioritization and have established methods of co-production, and we want to ensure that this plan captures this innovative work).
Coordination:	These are WPs where a lot of work is already happening, and the focus will be on learning, documenting, and agreeing best practice, and increasing coordination. This may also require a look at existing practice and discontinuation of activities or products that are not based on best practice. Clear criteria will be developed to help evaluate current practice and help define such best practice.
Design and implementation:	These are areas of work with the greatest potential impact on Cochrane’s relevance and/or which have greatest impact on other KT activities. Hence, these WPs will channel most support from CET, and funding will be available to support this work. In some cases this will be new initiatives; in others it will involve scaling up existing work.
Training:	This will be a cross-cutting category: a WP will fall under another category, and may also have a training component. CET’s role will be one of oversight and coordination. Funding may be required to develop new content, or to build online learning resources.
Central activity:	These are WPs that have a large impact on Cochrane CET and will facilitate KT activity within Cochrane. Community members may be involved, but CET has primary responsibility to make these initiatives happen.
Dependencies:	These are WPs that are dependent on the further development of the Cochrane Library or other key development areas of Cochrane (such as the content strategy). These will not be taken forward until this dependency has been unblocked.

Table 1 shows a mapping of all 17 WPs against these criteria and categories.

Table 1: Mapping of KT work packages against criteria and category

WP no		Builds on expertise	Is easy win	Needs innovation	Facilitates other KT	Crucial for Strategy to 2020	Dependency	Category of WP
1	Embed prioritization	✓	✓		✓	✓		Design and implementation; Training
2	Increase co-production	✓			✓			Watching brief
3	Adapt review formats				✓		✓	Dependency
4	Improve & scale up products	✓	✓		✓	✓		Coordination; Design and implementation; Training
5	Translate	✓	✓		✓	✓		Coordination
6	Evolve Cochrane Library				✓		✓	Dependency
7	Grow capacity in users	✓	✓		✓	✓		Coordination; Training
8	Scale up engaging	✓		✓			✓	Dependency
9	Formalize strategic partnerships	✓	✓		✓	✓		Design and implementation; Training
10	Establish forums for exchange				✓			Watching brief
11	Convene deliberative dialogues			✓				Watching brief
12	Improve climate				✓	✓		Watching brief
13	Establish KT governance	✓			✓	✓		Central activity
14	Build infrastructure	✓	✓		✓	✓		Central activity
15	Strive for common language				✓			Coordination
16	Build KT capacity in Cochrane				✓	✓		Training
17	Evaluate our KT framework				✓			Built into all WPs

Reviewing the criteria and the categories within which the WPs would fall, we have identified 10 priority WPs (see the bolded WPs in table 1):

Embed prioritization: The goal of this WP is to ensure Cochrane systematic reviews respond to national, regional, and global health thematic priorities. A draft plan of work for this WP has been included in annex 1a, as an example, and indicates the type of activities that will be covered by this WP.

Improve and scale up products: Type of activities:

- Map and document current activity across all groups to facilitate shared learning and identify activities for scale up.
- Determine which formats are best for which review and audiences.
- Prioritize products for further development and scale up.

Translate: Type of activities:

- Link translation work to improving and scale up products: translate products most appropriate for specific reviews, audiences, and settings.
- Consider how to improve on existing translations initiatives.

Grow capacity in our users: Type of activities:

- Strengthening KT capacity within the Cochrane community; developing KT leadership; developing learning opportunities in core KT Framework components.
- Scaling up existing training & sharing resources.
- Training of intermediaries, especially media.

Formalize strategic partnerships: The goal of this WP is to strengthen mechanisms for effective dialogue with partners, and ensure Cochrane evidence and expertise are used by external partners and contribute to improving health outcomes. A draft plan of work for this WP has been included in annex 1b, as an example, and indicates the type of activities that will be covered by this WP.

Establish KT governance: Type of activities:

- Establish a governance mechanism for KT, including appropriate advisory structures.
- Develop mechanism for monitoring and quality control of KT products.
- Enable dispersed leadership of KT through establishing KT groups and leaders and providing a forum for them to collaborate in implementing the KT framework.

Build infrastructure: Type of activities:

- Redesign Cochrane community webpages on KT.
- Develop repository of resources, tools, and products for undertaking KT.
- Develop workflow tools to facilitate KT and communication around KT outputs.
- Identify and make accessible examples of excellence.

Strive for common language: The terminology used within the KT framework and this implementation plan may be unfamiliar for people. This WP focuses on clarifying KT terms, adjusting language to more commonly understood terms when possible, and to strive to use consistent, plain language in our communication and KT outputs.

Build KT capacity in Cochrane: Training will be a cross-cutting area of work, and Table 1 lists the WPs within which we expect a substantial training component. Type of activities listed in the KT framework include:

- Establish a training and development programme to build KT skills in Cochrane Groups.
- Grow capacity and skills within Cochrane and Groups for knowledge brokering.
- Develop Cochrane's KT leadership through a programme of training, mentoring, and support for leaders.

Evaluate our KT framework: an evaluation component will be built into all WPs.

The WPs not prioritized are:

- The Watching Brief WPs: As mentioned above, beyond what Groups are already doing and capturing that information, there will be minimum investment in these areas for the time being. Further work in these areas may start when: additional external funding becomes available; another WP has delivered its outputs and outcomes and a WP in the Watching Brief category needs to start to move the work forward; or new developments happen in the area of these WPs which would merit more rapid action.
- The dependency WPs which will form a later set of priorities.

4 Expectations for Cochrane Groups

As with all new initiatives, some Groups will be more enthusiastic about this KT framework, while others will find it less relevant. Several community members have already expressed their interest for active involvement in the working groups, but we are very conscious of the fact that not everybody has the time, resources, or capacity to contribute actively to KT implementation. However, while people may not be actively involved in developing the KT activities, these activities will still impact their work, and a certain level of engagement is needed. Table 2 provides an overview of the involvement we expect from Cochrane Groups during the first two years of KT implementation.

Table 2: Involvement of Cochrane Groups in KT implementation

Who?	What?	When?
CRGs	Respond to surveys or requests for interviews on current KT activities, products, and training resources.	Start 2018
	Participate in training on embedding prioritization and implementing a prioritization process.	At least once during 2018/2019
	For CRGs that have not yet developed a priority list of reviews: Conduct a prioritization exercise for the first time with individualized support from KT experts when needed, and within the context of the newly established Cochrane Review Networks.	During 2018/2019
	Check every review for KT dissemination opportunities and products (note: many Groups already do this) and discuss these with CET.	Ongoing
Centres and Fields (and other interested Groups, including CRGs)	Respond to surveys or requests for interviews on current KT activities, products, and training resources.	Start 2018
	Define the contribution of the individual Centre/Field towards KT, and the support that can be given to other Groups (i.e. to Affiliates or Associates). Contributions could include (but are not limited to): <ul style="list-style-type: none"> • Conduct a KT training workshop • Establish new partnerships and/ or agree processes for identifying and engaging with strategic partners • Participate in mentoring programme to build KT leadership (as a mentor or mentee) • Participate in train-the-trainer activities • Share KT products and support their use in other settings • Contribute to one of the KT working groups • Collaborate in prioritization processes 	Start 2018
	Based on the above, implement the defined KT activities, with guidance from the relevant KT working groups where needed and appropriate.	Ongoing
Translation teams	Consider commencing translation of KT products identified for scaling-up (or new KT products when available).	Once during project

5 Implementation plan for 2018-2019

Phase 1: Planning the work (September – December 2017)

- Finalize establishment of working groups, and designate members of the Advisory Group and CET staff to the Groups.
- Designate members of Advisory Group and CET staff to the Watching Brief WPs so that members of the community know who to engage with, and to facilitate monitoring of these WPs.
- Develop draft workplans for working groups (see examples Annex 1a and 1b), to be reviewed by KT Advisory Group and then reviewed, amended, and validated by the working groups.
- Review costs per WP and decide on budget allocation, as well as the possibility to have a KT funding call that groups could respond to.
- Create KT pages on the Cochrane Community website so that tools, resources, and examples of good practice can be shared with the community.

Phase 2: Implementing KT (January 2018 – December 2019)

- The agreed plans of work will help guide the working groups and allow the groups to monitor their progress during the two-year time frame. The KT Advisory Group member who is part of the working group will report on progress to the KT Advisory Group during its quarterly meetings. Ongoing monitoring will facilitate adjustments throughout the two years, and include new priority areas, completing areas early, or discontinuing activities that are not delivering as intended. Any substantial adjustment (defined as an output that was originally agreed upon but will no longer be met), will be discussed with and approved by the KT Advisory Group.
- Continuously engage the Cochrane community in the KT implementation work through:
 - regular communication from the working groups to the community through the community website and newsletters;
 - a coherent training programme covering the various KT themes, building on the expertise of the working groups, other community members and/or using external resource people;
 - KT activities during Cochrane Colloquia and regional meetings.
- A more detailed break down of specific activities for 2018-2019 will be prepared in the first quarter of 2018, based on the plans of work prepared by the working groups, and will be shared with the Governing Board during the Lisbon meeting.

Phase 3: Planning KT work after 2019 (July 2019-December 2019)

- The KT Advisory Group will review the KT Framework and evaluate progress made with the various WPs. They will review the delivered outputs, the investment that may be needed to maintain these outputs, and whether there is evidence that the outputs are starting to lead to the expected outcomes. The Advisory Group will also review Watching Brief WPs and the Cochrane Library dependent WPs, and advise on how to advance these WPs during the next KT implementation phase. The Advisory Group will consider any new developments within and outside Cochrane that may impact on the priorities to be pursued in this next phase.

6 What will success look like?

By the end of 2019, we believe that this KT implementation phase will bring about the following changes for Cochrane:

- More effective, and an increased number of, review prioritization processes demonstrating how we are engaging with our users to support their evidence informed decision-making.
- More robust implementation of appropriate dissemination practices and KT products to reach desired audiences, and that ensure our users receive and can act on our reviews and products, in particular for prioritized reviews.
- More efficient use of resources and sharing of KT best practices and learning across all Cochrane Groups and across languages.
- Qualitative feedback from partners and external stakeholders that comment on Cochrane evidence being easier to understand and access.
- An increased demand from partners for Cochrane's services, for example illustrated by: more partnership agreements being formalized by Cochrane Groups; an increased involvement of external partners in priority setting process driven by Cochrane Groups.
- Qualitative and quantitative feedback that shows how we are growing our users' capacity to find and use our reviews and evidence.
- An increased number of reviews consider KT from the start, illustrated by: stakeholder engagement from research question development phase onwards; a dissemination plan; and a plan for engagement with end users upon completion of the review.
- An increased awareness, recognition, capability and support of the need for KT across Cochrane Groups, demonstrated for example by: an increase in use of the KT community webpages; increased demand to the KT Advisory Group and the working groups for support in KT activities; participation in the training programme; and more reviews with specific KT plans.

A detailed list of outputs and expected outcomes for this first phase of KT implementation will be developed by the working groups, and will be shared with the Governing Board in Lisbon. After that we expect the above measures of success to be further refined. A formal monitoring and evaluation plan will also be developed for the Lisbon meeting.

In addition to the more detailed list of outputs and expected outcomes, we expect to have achieved the following by Lisbon:

- A fully functioning governance structure.
- Revamped KT pages on the community website.
- Implementation plan agreed and work underway.
- Co-ordination and collection of data re existing KT capacity and experience under way.
- At least two examples of KT great practice in the community identified and formal plans made to scale these up.

7 Risk management strategy

The aim of the KT Framework is to provide clarity around Cochrane's role in KT and what activities should be considered as priorities, both at Group and organization level. Recognizing the importance of context in effective KT, the Framework envisions KT as being embedded in and integrated throughout the organization, with a **distributed leadership model**, and with everyone having a role.

As a result, the KT implementation plan builds on community input and contributions through the working groups, and gives responsibility to the working groups to develop and implement a detailed, realistic, and manageable plan of work.

This strategy comes with several risks (not listed in order of priority):

- **Working group members are not able to dedicate the requested time:** Working group members will be encouraged to inform in a timely manner their fellow working group members if they cannot fulfil their commitment. The working group members can then redistribute tasks, and/or recruit additional members.
- **Working group members are not well enough aware of the expertise available within the Cochrane community in their specific area of work:** One of the first tasks for the working groups will be to review the priority activities and to reflect critically on the capacity available in the working groups and whether this is sufficient to address the priority areas. Working groups are encouraged to approach additional people (this could also be people from outside Cochrane) to fill the identified gaps.
- **CET staff cannot contribute the time requested:** We will continuously monitor the contribution needed by CET staff to advance the work of the working groups. Should this exceed one day a week (the estimated time CET staff will contribute to a working group) solutions will be found to reduce the workload (by reducing number of activities; redistributing staff time; other)
- **Cochrane Groups do not respond to the request for contributions:** We have indicated the contributions expected from Cochrane Groups (see Table 2), and consider these expectations manageable additional tasks for Groups. We will communicate these tasks to Groups and ensure that tasks remain actionable and manageable.

8 Budget

Most of the KT implementation work will be carried out by voluntary contributions from Cochrane community members and leveraged from existing activities, and by dedicated CET staff time.

Additional funding is requested for the WPs in the Coordination and Design and Implementation categories. We expect that funding of **GBP 120,000** per year, for two years, would be sufficient to implement these WPs successfully.

These additional resources will be fund activity by the Cochrane community. Example activities that could be supported by these funds include:

- Travel funds for experts in priority setting to facilitate priority setting processes by Cochrane Groups;
- Funds for developing training in a range of KT themes and for the delivery of this training across the Cochrane community;
- Funds for mentoring of Cochrane Groups in priority KT themes; or
- Funds for adapting KT products that have been proven successful to facilitate their scaling up.

A detailed breakdown of the KT budget will be provided before the 2018 budget is approved by the Board later in the year. It is not yet possible to provide this as the Work Package Groups have not yet had time to meet.

A transparent process will be set up to manage these funds and the way they can be accessed and used. The fund will be managed in consultation with the KT Advisory Group and fully reported.

Annex 1a –Embed prioritization draft plan of work

Work package 1: Embed prioritization processes as an essential part of Cochrane Review production

WP Category: Design and implementation; training

Note: this annex has been added as an example of what a plan of work for one of the WPs could look like, and can form the starting point for the discussion of the working group focusing on this WP. The working group will develop the final plan of work.

Goal:

Cochrane systematic reviews respond to national, regional, and global health thematic priorities.

Outcomes:

- Cochrane Groups (CRGs, Centres, and Fields) define their research agenda using a transparent and inclusive process.
- Partners engage with Cochrane priority setting processes.
- Priority setting processes stimulate co-production of reviews and knowledge translation activities.
- KT is enabled through prioritization of reviews aligned to the needs of our users.

Outputs:

- Tools and resources for priority setting processes.
- Tools and resources that facilitate partner engagement in priority setting.
- Training and mentoring of Cochrane Groups in priority setting.
- Identified and evaluated practice in priority setting.
- Rolled out best practice in the form of guidance for Cochrane Groups for priority setting.

Outcome	Output	Activities 2018-2019	Measure of success
Cochrane Groups define their research agenda using a transparent and inclusive process.	Tools and resources for priority setting processes	Identify and make available tools and resources for priority setting	Tools available and accessed from Cochrane community site
	Tools and resources for priority setting processes	Identify and make available tools that facilitate partnership engagement in priority setting	Tools available and accessed from Cochrane community site
	Identified practice in priority setting	Map and document existing priority setting processes conducted by Cochrane Groups	80% of Cochrane Groups have provided information re their current priority setting process
	Evaluated practice in priority setting	Review existing priority setting processes and evaluate their impact (i.e. have priority questions resulted in reviews? Has funding been obtained to address priority questions?)	Successful priority setting practices have been identified

	Rolled out best practice	Develop a guidance document to facilitate Cochrane priority setting processes	Guidance document developed; made available on the community site; and being used by Cochrane Groups
	Training and mentoring of Cochrane Groups in priority setting	Identify groups with successful priority setting processes willing to work with those seeking to implement better processes	Capacity (mentors) identified
	Training and mentoring of Cochrane Groups in priority setting	Develop and provide training on priority setting	Training provided and available online
	Training and mentoring of Cochrane Groups in priority setting	Work with Cochrane Groups to define their research agenda (mentoring service available upon request)	At a minimum 10 Cochrane Groups have defined (or updated) their research agenda using the guidance provided
	Sharing of best practice in priority setting	Document the experiences with priority setting and facilitate learning across Groups	At a minimum 10 Cochrane Groups have shared their experience
Partners engage with Cochrane priority setting processes	Tools and resources for priority setting processes	Stakeholder engagement is addressed in the tools and resources made available to Cochrane Groups	Stakeholder engagement is essential part of Cochrane priority setting tools and processes
	Tools and resources that facilitate partner engagement in priority setting	Develop mechanisms that partners can use to pro-actively approach Cochrane and Cochrane Groups for discussing priority topics	At a minimum 10 Cochrane Groups have a clear mechanism in place for partner engagement in priority setting
	Sharing of best practice in partnership development	Document and share examples from Cochrane Groups on how they engaged external partners in priority setting, how this influenced their research agenda, and how this influenced their further work with the involved partners	Stories of partnership engagement in priority setting
Priority setting processes stimulate co-production of reviews and knowledge translation activities		Use the priority setting process to identify reviews appropriate for co-production	More Cochrane Groups identify and communicate opportunities for co-production
		Use the priority setting process to define KT opportunities within the research agenda (KT to be included in the priority setting guidance document)	More Cochrane Groups identify and plan for KT from agenda setting stage onwards
		Document stories of Cochrane Groups including co-production and KT in their priority setting process	Stories of co-production and KT in priority setting

A detailed timeframe, including CET and working group responsibilities, as well as budgetary implications, still needs to be developed by the working group. The working group will also validate this workplan, and/or make amendments where necessary.

In the table above, the connection (and dependency) with other WPs (WP 1 and WP 4) has also been indicated. Members of the Priority Setting Methods Group will be involved in this WP.

Annex 1b –Strategic partnerships draft plan of work

Work package 9: Formalize strategic partnerships
WP Category: Design and implementation; Training

Note: this annex has been added as an example of what a plan of work for one of the WPs could look like, and can form the starting point for the discussion of the working group focusing on this WP. The working group will develop the final plan of work.

Goal:

Cochrane has strengthened mechanisms for effective dialogue with partners, and Cochrane evidence and expertise is used by external partners and contributes to improving health.

Outcomes:

- Cochrane Groups know the external partners most relevant to their area of focus, and connections have been established.
- Cochrane Groups are responsive to the priorities of external partners.
- External partners demand Cochrane evidence and expertise.
- External partners use Cochrane evidence and expertise to inform their work.

Outputs:

- Tools and resources that facilitate partnership mapping, development, and maintenance.
- Tools and resources that facilitate partnership engagement in priority setting.
- Training and mentoring of Cochrane Groups in partnership development.
- Identified and evaluated practice in partnership development.
- Sharing of best practice in partnership development.
- Cochrane products adapted to partners’ needs.

The table below lists the activities that need to be implemented to reach the outcomes and outputs. Measures of success have been listed too.

Outcome	Output	Activities in 2018-2019	Measure of success
Cochrane Groups know the external partners most relevant to their area of focus, and connections have been established	Tools and resources that facilitate partnership mapping, development and maintenance	Identify and make available tools that facilitate partnership mapping (and adjust to Cochrane requirements if needed)	Mapping tools available and accessed from Cochrane community site
	Tools and resources that facilitate partnership mapping, development and maintenance	Identify and make available tools that facilitate partnership development and maintenance (and adjust to Cochrane requirements if needed)	Tools available and accessed from Cochrane community site
		Mapping existing external partners of Cochrane Groups	80% of Cochrane Groups have provided information re their current external partners

	Training and mentoring in partnership development	Work with Cochrane Groups in identifying new partnerships that should be established	At a minimum 10 Cochrane Groups have identified new strategic partnerships to be developed
	Training and mentoring in partnership development	Develop new partnerships with Cochrane Groups (identify partner needs; joint purpose of a partnership; objectives; expected outputs etc)	At a minimum 10 Cochrane Groups have developed new strategic partnerships
	Training and mentoring in partnership development	Maintain new partnerships with Cochrane Groups	Support is provided to a minimum of 10 Cochrane Groups to maintain the strategic partnerships so that it starts delivering what it is intended to do
	Identified practice in partnership development	Document partnership development stories	At a minimum 10 Cochrane Groups have shared their experience (blogs, news items)
	Evaluated practice in partnership development	Evaluate the impact of engagement with external partners (i.e. influence on research agenda; funding; use of reviews), and identify success factors	Success factors in partnership development documented
Cochrane Groups are responsive to the priorities of external partners	Tools and resources that facilitate partnership engagement in priority setting	Work with the WP on embedding prioritization to ensure stakeholder engagement is addressed in the tools and resources made available to Cochrane Groups	Stakeholder engagement is an essential part of Cochrane priority setting tools and processes
	Sharing of best practice in partnership development	Document and share examples from Cochrane Groups on how they engaged external partners in priority setting, how this influenced their research agenda, and how this influenced their further work with the involved partners	Stories of partnership engagement in priority setting
External partners demand Cochrane evidence and expertise		Document requests from external partners to Cochrane Groups (could be through annual survey, or more continuous feedback mechanism - alerting CET to new request when received)	An increase in number of requests from external partners
	Tools and resources that facilitate partnership mapping, development and maintenance	Document response to the requests and use this to evolve and further develop tools, resources, and support provided to Groups	Tools, resources, and guidance to Groups adjusted or elaborated
External partners use Cochrane evidence and expertise to inform their work	Cochrane products adapted to partners' needs	Work with the WP on scaling up existing products and ensure these are relevant to external partner needs (as identified during the partnership development phase)	Needs of external partners are documented and influence activities of WP 4

	Sharing of best practice in partnership development	Work with Cochrane Groups to document the way in which their external partners use Cochrane evidence. This can be the use of SRs in guidelines, or more anecdotal evidence of use	At a minimum 10 Cochrane Groups document how (one of) their external partners uses Cochrane evidence or expertise
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A detailed timeframe, including CET and working group responsibilities, as well as budgetary implications, still needs to be developed by the working group. The working group will also validate this workplan, and/or make amendments where necessary.

Annex 2 - Acronyms

CET: Central Executive Team
CRG: Cochrane Review Group
KT: Knowledge Translation
SMT: Senior Management Team
WP: Work Package

Governing Board Paper

Agenda number:	3.3.2 [2017-CT-3.3.2-002]
Agenda item:	Selection of hosts for 2019 Governance meetings and 2020 Cochrane Colloquium
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Julie Wood Head of Communications and External Affairs (CEAD) and Jo Anthony, Senior Media and Communications Manager (CEAD)
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the hosting of the Colloquium 2020 in Toronto, Canada, by Cochrane Canada; and hosting of the Governance Meetings in April 2019 in Krakow, Poland by Cochrane Poland.
Executive summary:	To provide the Board with submissions and recommendations of potential hosts for Colloquium 2020 and Governance Meeting 2019.
Consultation with Cochrane Council:	No
Financial request:	None

1. Future Cochrane Colloquia and Governance Meetings

Cochrane Colloquia are the flagship scientific meetings of the organization and have been held annually since 1993 in different locations across the world. They bring opportunities for people to discuss, develop and promote scientific developments relevant to the work of Cochrane, provide training, and help shape Cochrane's future direction. The Colloquium is currently hosted by a Cochrane group.

Governance Meetings are Cochrane's annual business meetings, usually held in the first week of April, religious holidays permitting. 'Cochrane Governance Meetings' is the new name for the Cochrane Mid-Year Meeting; this name will be in use for the 2018 meeting in Lisbon onwards. They are an opportunity for Cochrane's Governing Board, Council, Executives and other Committees to meet and discuss the organization's *Strategy to 2020* and related targets, and how these are being developed and implemented.

It is important to note that the Board previously agreed that Cochrane Governance Meetings must be held in Europe or an easily accessible transport hub. At a minimum, the location should be within two hours' travelling time of an international airport.

Extensive promotions over the past few months were made to solicit applications from Cochrane Groups to host the Governance Meeting and the Colloquium. Other Groups did express an interest in applying, but we only received one application for hosting the Colloquium in 2020 and one application for hosting the Governance Meetings in 2019. These are fewer applications than usual and is a trend we will monitor closely.

2. Recommendation by The Central Executive Team

The Central Executive Team fully supports the attached submissions for the Colloquium 2020 and Cochrane Governance Meeting in 2019. Both Cochrane Canada and Cochrane Poland have submitted comprehensive and substantive proposals which meet the organization's requirements for hosting an annual Cochrane event. The two proposals are well supported by letters of recommendation by partners, funders and key stakeholders in their respective countries.

The CET's Communications and External Affairs Department has assisted the two Cochrane Centres during their application process; a series of operational meetings have taken place within the past three months to discuss and agree proposals for venue, accommodation and travel details, appropriate to the size and requirements of each event. Subsequent conversations have taken place which include recommendations and contributions from regional tourism offices in Toronto and Krakow. We are confident in the event management skills and resource commitments of the two local organizing teams; and their applications to host articulate how each event will assist their future sustainability and strategic objectives. We have received assurances from Cochrane Canada, that it will be able to host the Colloquium, regardless of the outcome of its 2017 funding application with CIHR.

3. Decisions needed by Cochrane Governing Board

- Decision on the hosting of the Cochrane Colloquium 2020 by Cochrane Canada in Toronto.
- Decision on the hosting of the 2019 Cochrane Governance Meetings by Cochrane Poland in Krakow.

For more details on the two events, please see:

[Cochrane Colloquium 2020 submission.](#)

[Cochrane Governance Meeting 2019 submission.](#)

Governing Board Paper

Agenda number:	4.1 [2017-CT-4.1-001]
Agenda item:	The Structure and Function of Cochrane Review Groups: Implementation of Networks and Editorial Board
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	S&F Project Team: Karla Soares-Weiser, Martin Burton, Jonathan Craig, Nicky Cullum
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the Structure and Function of Cochrane Review Groups and the implementation of the Networks and Editorial Board.
Executive summary:	To provide the Board with full details of the Structure and Function of Cochrane Review Groups and the implementation of the Networks and Editorial Board.
Consultation with Cochrane Council:	No
Financial request:	None

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 entirety¹.

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 papers²). 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;

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

² 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 CRGs³ 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.

³ 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

17th 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*
Acute Respiratory Infections	Chris Del Mar	Australia	152	19	35,508
Anaesthesia, Critical and Emergency Care	Ann Merete Møller Nathan Pace	Denmark	191	64	36,989
Bone, Joint and Muscle Trauma	Helen Handoll	UK	119	32	21,768
Injuries	Ian Roberts Emma Sydenham	UK	140	36	132,709
Total			602	151	226,974

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

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

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*
Cystic Fibrosis and Genetic Disorders	Alan Smyth	UK	159	27	8,766
Developmental, Psychosocial and Learning Problems	Geraldine Macdonald	UK	144	62	22,664
Gynaecology and Fertility^{§§}	Cindy Farquhar	New Zealand	289	54	29,529
Neonatal	Roger Soll	USA	343	102	54,576
Pregnancy and Childbirth	Zarko Alfirevic James Neilson	UK	548	86	22,566
Incontinence	Luke Vale	UK	81	15	10,105
Total			1,564	346	148,206

Circulation and Breathing Network

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

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.

^{§§} 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*
1	Hepato-Biliary	Christian Gluud	Denmark	183	137	196,851
	IBD	Brian Feagan Nilesh Chande	Canada	79	45	7,564
	Kidney and Transplant	Jonathan C Craig	Australia	168	54	23,125
	Metabolic and Endocrine Disorders	Bernd Richter	Germany	109	45	32,500
	Upper GI and Pancreatic Diseases	Grigorios Leontiadis Paul Moayyedi	Canada	81	62	26,736
	Total			620	343	286,776

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

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*
Consumers and Communication	Sophie Hill	Australia	61	19	11,248
Effective Practice and Organisation of Care	Simon Lewin Sasha Shepperd	UK	116	62	20,925
Infectious Diseases^{##}	Paul Garner	UK	244	59	30,684
Public Health	Rebecca Armstrong Hilary Thompson	Australia	17	37	6,709
STI	Hernando Gaitán Carlos Ardila	Colombia	15	10	3,972
Work	Jos Verbeek	Finland	26	23	1,857
Total			479	210	75,395

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.

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

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

October 2018 to September 2019

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

Governing Board Paper

Agenda number:	5.1 [2017-CT- 5.1-001]
Agenda item:	A Content Strategy for Cochrane: the future Systematic Review
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Chris Champion, Senior Programme Manager and David Tovey, Editor in Chief
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Information
Resolution for the minutes:	-
Executive summary:	<p>This paper outlines the work we are undertaking to develop the core content of Cochrane Reviews, which includes (1) the review types we produce; (2) the methods we use; (3) the data sources we use. Whilst there is always innovation ongoing in these areas we think it is important that we begin to set out priorities for development in the content of Cochrane Reviews for the coming years to guide decision making in product development (both Cochrane Library and our production tools) and to ensure that we align this with the human and technological capacity development throughout the organization.</p> <p>This is an essential area of work that has been singled out as one of the four key areas for 2018 in the <i>Strategy to 2020</i> targets planning document also submitted to the Governing Board, and it complements other work ongoing such as consideration of our future publishing arrangements, our open access strategy and implementation of the KT framework.</p> <p>We are sharing this with the Board to present an introduction to work that is underway to build a sustainable future for Cochrane and, as such, it is for information rather than for approval. We are aware of the need to engage with all relevant stakeholders throughout this process and welcome any feedback that Board members have at this early stage.</p>
Consultation with Cochrane Council:	We will consult with the Council in due course. The representational structure of the Council will provide an effective way for us to consult on implementation challenges and judging the feasibility of innovations from the Groups' perspective.
Financial request:	-

1 Background

The sustainability of Cochrane ultimately relies upon the value of the content we produce and, in particular, our systematic reviews. In a separate paper we have outlined the challenges that we face as an organisation as a result of our open access strategy and how our success in maintaining subscription income in the short to medium term will rely on the value of the subscriber-only content. The value of the reviews we produce, measured through quality and relevance, are also a key factor for our funders, who want usable outputs from their investment that meet the needs of their healthcare systems. Fundamentally, creating valued content requires us to put the user at the centre of our decision-making, as outlined in our stated objective in *Strategy to 2020* that we want to put the user at the heart of what we do. It is absolutely essential that we do this with regard to review content if we are both to meet our mission and be financially viable.

1.1 Cochrane Library strategy

When making choices, or identifying priorities we need a framework for decision-making based on an agreed Cochrane Library strategy. This provides an objective way to assess ideas or developments to ensure they fit with the overall vision for the Cochrane Library, the audiences we have prioritised and our core value propositions for the Library.

This strategy will not be the only criteria for assessing new developments, but it is a critical part of the process. Amongst other things, the strategy will need to cover:

- The vision for the Cochrane Library
- The core audiences (both current users and users we aspire to attract)
- Competitor analysis
- Primary value propositions for the Library

This process is essential because it provides us with a mechanism through which we can evaluate new ideas. So, whether it is a decision about integrating a new database or whether it is a structural change to the presentation of reviews, we can, and should, always be referring back to our Cochrane Library strategy to ensure that each decision we make is aligned with the overall direction of travel for the Cochrane Library.

The Cochrane Library strategy needs to be developed in conjunction with, and supported by the new Editorial Board, once it is established.

Whilst we stress the importance of this strategy, its content is not entirely new. Many elements of the Cochrane Library strategy already exist or may simply need revising (e.g. we already have identified personas from user research that can inform our audiences); the important point is the way we bring this work together to provide a mechanism for evaluating ideas.

In addition to the Cochrane Library Strategy, we need to plan for the four different areas of Library development. Below we describe these four areas in brief. The first of these areas is the core focus of this paper.



1.2 Cochrane Review Content Development

To meet our users' requirements our reviews must be high quality, relevant and usable. To ensure that is the case we need to develop the content of our reviews based on user research. In particular, we need to assess what types of reviews we produce, what data sources we use and what methods we employ in our reviews to ensure that we are set up appropriately to generate relevant reviews that our users will value.

This is the primary area addressed in the proposals section below.

1.3 Cochrane Review structure and presentation

Our content needs to be usable if it is to be useful. The Cochrane review format holds us back in many ways and some Groups have already made concrete suggestions for how we could change the format to improve usability and make review production more efficient. Here we provide here a few examples of the issues:

- The format is long and larger reviews can generate hundreds of tables which are hard to compare. The length and format of the review was identified as a key barrier to effective knowledge translation in the Cochrane Knowledge Translation Framework.
- Feedback from authors indicates that limitations of the review structure in RevMan are a barrier to review production and in some cases a disincentive to publish with Cochrane. This was further confirmed by feedback from the fast track pilot process which suggested that a major barrier for submission of articles from external authors producing high quality reviews was the need to prepare reviews in RevMan to the Cochrane structure.
- Following a successful pilot project that showed that targeted updates are valuable to our users, we are unable to publish them on the Library due to restrictions in our production and publishing structures.
- We know that the structure and format of reviews creates some of the problems with reporting that affect review quality, which is especially problematic in reviews with many studies.

We need to take action in this area and at a minimum add a degree of flexibility, both in our production tools and in our publishing platform. The completion of the new Cochrane Library platform at the end of 2017 and the release of RevMan Web are the first substantive steps in an ongoing program of work to tackle these issues.

This work is led by the product development team who work on the Cochrane Library, drawn from both the Cochrane Editorial Unit and IKMD. Whilst the initial launch of these two products is the primary focus of work currently, there is already work underway to plan post-launch developments of the new publishing platform and a more flexible RevMan structure. It is essential that this is planned and undertaken in a framework that involves all relevant internal stakeholders, so that as changes are made on the publishing side the relevant guidance, training or production tools are updated accordingly.

1.4 Other Databases that would add value to the Library

The Cochrane Library is a collection of databases and whilst the CDSR is the flagship database the other databases have value for our subscribers. We need a strategic approach to new content acquisition that is complementary to the CDSR and in line with our overall Cochrane Library vision and strategy.

We will introduce Epistemonikos¹ to our core suite of databases as a replacement for the discontinued DARE (database of systematic reviews abstracts) in the new Cochrane Library platform, and we have in principle agreement to integrate Health Systems Evidence². Once the new Cochrane Library platform is available we will have the capacity to include a federated search that can work across different database sources, which

¹ <https://www.epistemonikos.org>

² <https://www.healthsystemsevidence.org>

will open up considerable opportunities in this area. This area of the Cochrane Library is particularly important in working towards our objective to be the home of evidence.

1.5 Other products and services that would add value to the Library

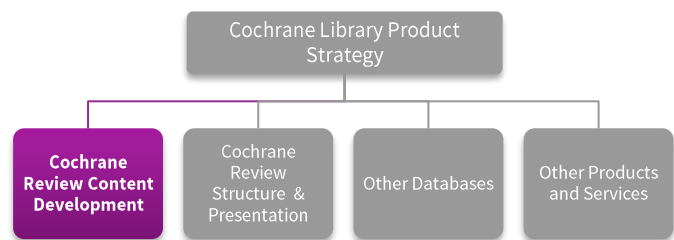
In addition to databases we can add value to the Library by integrating new products and services into the Library offering. An example of this is the incorporation of Cochrane Clinical Answers (CCAs) into the Library package. CCAs are explicitly targeted at one important user group – health professionals – in order to facilitate the use of evidence in everyday practice. As Cochrane Innovations develops the linked data offerings with IKMD it is possible that this technology could be one form of service enhancement for subscribers, e.g. PICO based searches.

The roll out of CCAs is a good example of an area of new content development as a new product on the Library and it highlights some of the challenges surrounding this, such as how is the content produced. We hope that in future we will be able to integrate the work of creating the content of such products into the new network structures.

Adding new products and services is part of the long-term strategy to increase the value proposition of the Library. It requires close collaboration with Cochrane Innovations where we have the skills and expertise to develop such ideas, but with an understanding that successful implementation may involve a broad range of internal stakeholders.

2 Proposal:

In the context of the background above, this proposal outlines what we are planning to do in relation to developing the substance of Cochrane Reviews to better meet user needs.



The world of evidence synthesis is constantly changing and developing, just as the needs of decision makers are becoming more complex and sophisticated. Furthermore, research over the past few years has consistently highlighted the risks to validity of conducting systematic reviews of interventions based on the published reports of randomised controlled trials, particularly in respect of selective outcome reporting bias. This represents a key challenge to Cochrane. In this project, we will consider how the content of Cochrane reviews might change in order to meet the needs of end users more effectively.

Cochrane currently produces five separate review types:

1. Intervention reviews
2. Diagnostic Test Accuracy Reviews
3. Overviews of Reviews
4. Qualitative reviews linked to intervention reviews
5. Methodology reviews

It has recently committed to produce prognosis reviews also.

To maintain its dominant position as the world's largest producer of high quality systematic reviews that guide decision making, Cochrane needs to ensure that the reviews it produces utilise current best practice in research synthesis, and that they address the known priorities of decision makers. To achieve this, Cochrane needs to evaluate methodological enhancements as they arise – and many originate with individuals and groups affiliated to Cochrane and Cochrane Methods Groups – and to make choices about which amongst these to assimilate into its reviews.

The Cochrane Scientific Committee has now been established to determine those methods that should or could be incorporated into Cochrane, but there is also a need to ensure that methods selected address the needs of decision makers and can be implemented consistently, efficiently and reliably. The focus of the current paper is around making the strategic decisions on priorities and ensuring robust implementation takes place. Where appropriate we will use the expertise of the Methods Groups and the framework of the Scientific Committee for any decision-making around the suitability of methods or to resolve any outstanding methodological issues that may be a barrier to implementation.

Much is already known about methodological challenges and enhancements on our horizon that would add value to our reviews. This paper seeks to provide a framework for evaluating them, based on methodological excellence and impact on healthcare decision making, and incorporating them into the Cochrane community and Cochrane Library.

2.1 Different forms of enhancement

These can be divided into several distinct changes:

1. Different sources of evidence to be included within existing reviews
2. Methods developments within existing review types
3. New review types addressing different kinds of questions

2.2 Different sources of evidence within existing reviews

Empirical research has demonstrated that published reports of RCTs are limited and sometimes misleading, due to selective outcome reporting bias. This has led to activities that seek to identify more reliable sources of data from RCTs such as:

1. Summary data included within
 - a. Clinical Study Reports
 - b. Data provided to regulatory agencies
 - c. Data held on trials repositories
2. Individual Patient Data

In addition, it is increasingly common for policy making bodies to request or expect data from non-randomised studies to be included in standard intervention reviews. This might be focussed on the need to evaluate specific harms that are unlikely to be detected by RCTs, but in some cases the request is broader and less specific and the request might be to include data from non-randomised studies for both benefits and harms, especially where the RCT data is sparse or flawed.

Looking further ahead, as the awareness and availability of 'big' or 'diverse data' increases, Cochrane will need to consider what influence this should have on its reviews. Currently the 'evidence' and 'data' worlds are acting separately, which must be confusing for the end users. It is therefore desirable for the two worlds to converge and potentially align. This has substantial ramifications for Cochrane and therefore is the focus of a

linked but distinct project, led by Julian Elliott. It seems likely that any solutions will be built on Cochrane developing partnerships in these areas, rather than seeking to work independently.

When should these sources be used in Cochrane?

Currently it is not clear when it is appropriate to include these additional sources of evidence into Cochrane intervention reviews. There is a Methods Innovation Fund project that seeks to throw some light onto this issue, but its report is not yet available. The decisions should also be considered at two levels: some sources may in time become standard sources for all Cochrane reviews, whereas others may only be appropriate for the specific context of a single review.

A decision framework would be very useful for CRGs and review authors. This is consistent with the Chalmers and Glasziou paper on research waste, which argued that a key element of measures to avoid waste was to ensure ‘appropriate’ methodological approaches. This may be taken to mean measures that are least likely to introduce bias, and therefore a driver for more rigorous approaches, but this may not be consistent with decision makers needs for rapid answers, or be cost effective. Put simply, some questions may not be worth the investment of a comprehensive analysis of clinical study reports e.g. where the review of summary data is clearly conclusive (whether for benefit or harm), or where the intervention is unlikely to achieve substantial positive or negative health impact e.g. aromatherapy. One essential aspect of this decision tree should be to consider the likely impact on the end user of the evidence.

In addition to the need for such a decision framework, there are some situations where it is not clear that there is agreement on the most appropriate methods to be used. In such cases the Scientific Committee should be involved in determining those methodological approaches that are appropriate.

What are the implementation challenges?

For the new data sources there are important training, guidance and technological challenges that need to be addressed if Cochrane plans to scale up activities from its current baseline, which tends to be driven by individual research teams. These apply to both review production, and our editorial and publication processes.

The proposed CRG networks may provide one means of focussing activities around groups that have a specific interest and need to acquire the skills, knowledge and capacity required to introduce the changes. In some cases, there might need to be initiatives that are explicitly cross-network.

2.3 Methods development within existing reviews

Incremental changes

Methods are continually developing, and many of these can be considered as incremental changes, such as currently proposed updates to Cochrane’s statistical methods for estimating heterogeneity in meta-analysis. Cochrane’s Methods Groups are the key driver for such incremental developments, and the Scientific Committee will be the body that determines the suitability of a given methodological enhancement.

Implementation challenges that should be addressed, including:

- Communication of required changes
- Determination of whether the change described should be compulsory or conditional
- Changes to guidance e.g. MECIR standards, Handbook, RevMan help files
- Changes to technology e.g. RevMan, Covidence

- Changes to learning programmes or introduction of new programmes, considering both authors and editorial teams.
- Determination of whether changes to publication processes (such as data structures) are required.

Network meta-analysis

Some changes to methods within existing reviews are qualitatively more substantial and novel, and their implementation has widespread implications, including for learning programmes, capacity development and our technology. A good example is network meta-analysis. As a method, this has developed rapidly over the past 10 years and it has gained credibility and visibility within both research and end user communities, because it enables the comparison of multiple intervention options, provides the potential to rank interventions in order, and enables the use of both direct and indirect comparisons. Currently, Cochrane produces a small number of network meta-analyses (NMAs), but there are strong arguments that it would be appropriate to scale this up dramatically, such that NMAs became increasingly commonplace.

Most of the challenges of scaling up would be implementation related, but before that there are questions about priority (when is a network meta-analysis adding sufficient value to be worth the investment?) and the need to reach consensus about the preferred methods to be recommended, which should be addressed by the Cochrane Scientific Committee.

Once these questions are satisfactorily addressed, the questions will relate to implementation and scaling up, and will be similar to those described in the previous section, relating to communications, guidance, standards, technology and learning.

Economic and qualitative evidence within an intervention review

Economic and qualitative evidence are each already approved for use in Cochrane intervention reviews. Each of these may add useful information and context for decision makers to complement the evidence on effectiveness or harm. As with the above, they require additional investment of time, resource and skills above that required for a standard review, so that there should be an explicit decision that this investment adds value sufficient to be warranted.

There may also be questions relating to appropriate methodological approaches. The relevant chapters in the Cochrane Handbook for Systematic Reviews of Interventions are currently in the process of being updated, led by the relevant Methods Groups. Should substantive changes in guidance be recommended the Scientific Committee may be asked to make a decision.

To date, only a minority of reviews include either economic or qualitative evidence and it is not clear whether there is substantial appetite, outside some specific advocates, to scale this up. However, some of the ongoing work amongst user groups may provide evidence that such interventions are underused currently. If so, a broader decision may be needed to use these methods more routinely in Cochrane reviews, with similar implications for implementation to the wider uptake of methods such as network meta-analysis above.

2.4 New review types addressing different kinds of questions

There are many different options in this area, including reviews of prognosis, rapid reviews, living systematic reviews, and different forms of qualitative reviews, including realist synthesis and so on.

Prognosis Reviews

Cochrane's Steering Group gave the go ahead several years ago to begin preparatory work on exemplar reviews and guidance for the publication of prognosis reviews, and has provided substantial funding under the Methods Innovation Fund and the Strategic Methods Fund to move this work forward. Substantive

development of methods and tools, along with a programme of guidance and training, is in progress. There is strong support across the Cochrane community, and in particular from Cochrane Cancer, for reviews of risk as a core element of moves towards ‘personalised’ or ‘precision’ medicine.

Rapid Reviews

Rapid reviews are also becoming increasingly popular and are widely discussed, as speed to publication is seen by policy makers as being a major barrier to incorporation of synthesised evidence in policy decisions. There are uncertainties on the nature of the methodological differences employed in rapid reviews and the risk of introducing bias, and also on whether ‘rapid’ methodologies are indeed heterogeneous depending on the purpose of the review e.g. scoping reviews that are intended to map out the presence or absence of evidence but not necessarily to provide robust evidence of benefits or harms.

Qualitative Reviews

Many systematic reviews conducted and published outside Cochrane include analyses of qualitative research and data. These reviews are heterogeneous in their purpose and methods. Cochrane has not currently explored in significant detail whether such reviews could be incorporated into its work, or whether it would be most efficient to do so through partnerships with key stakeholders.

3 Recommendation:

The Cochrane Review of 2025 seems likely to be very different from its counterpart in 2017, from the selections of review questions, through its production and the use of emerging technologies, through conduct, to its presentation and delivery to end users.

While a great deal is known about the methodological issues likely to be on the horizon, and this paper outlines an indicative list, this project is a timely opportunity for us to assess the above areas of development in order to produce a clear blueprint for the content of the Cochrane review of the future so that it meets the needs of end users more effectively, and so that our resources can be most effectively directed.

We will identify priorities from each of the three avenues to be explored:

1. Different sources of evidence within existing reviews
2. Methods development in existing reviews
3. Different types of review types addressing different types of questions

These priorities will be established based on user research and consultation and will take account of factors such as:

- The extent to which the change or development addresses priorities of end users
- Whether the methodological approaches are agreed and backed by empirical evidence
- Who the audience is and whether that is a priority audience for Cochrane
- What additional skills and resources would be needed and whether that will be realistic as a standard Cochrane offering or whether it will necessarily be a specialist area.

Based on such assessments, we expect to be able to identify a core list of developments for Cochrane Reviews which can be graded as mainstream or specialist areas.

For those ideas that are prioritised and are expected to have a mainstream impact in Cochrane we will undertake comprehensive implementation planning to identify what would be required to implement this across Cochrane and how much it would cost. Amongst other things, this would involve consideration of:

- The methodological challenges and how these can be addressed in order to scale up production appropriately
- The editorial process implications
- The impact on training and learning programmes needed to scale up appropriately
- The impact on technology and in particular on Cochrane’s content management systems and its publishing platform
- The impact on guidance materials for the community, including the Handbooks and MECIR (and other) standards
- The likely costs of implementation

For those areas we consider important, but highly specialised, e.g. Cochrane Reviews based on clinical study reports, we will undertake a slightly different implementation planning exercise, as we would not expect to scale up capacity across all Groups. Instead we would be focussing on removing barriers by creating flexibility in our production tools and publishing platform and establishing criteria for assessing when such an approach is relevant and what expertise is required to undertake such a review given that there wouldn’t be a comprehensive support infrastructure in place.

We already have a strong indication that some of the areas identified in this paper are important priorities, in particular Prognosis Reviews and Rapid Reviews as new review types; IPD and CSR as data sources; and Network Meta-analysis as a method enhancement. Some of these we have already invested in, e.g. prognosis reviews, and so we must ensure that there is a robust implementation plan. Other areas will need to be prioritised against one another in order to allow us to prioritise our effort and investment in this project. It is also almost inevitable that issues and proposals not envisaged here will be identified through the process and will need to be fully considered and evaluated.

It is important to stress that this will be an iterative process, building on empirical evidence and our shared experience to date. We already have information on priorities from existing user research and strategic investment decisions to enable us to identify some of the early priorities, and we will take those forward in the short term rather than waiting for a complete blueprint before moving anything forward to implementation.

Conclusion

As we establish the Editorial Board to provide editorial leadership integrated within the CRG community we have a perfect opportunity to tackle this area of the content of Cochrane Reviews. Under the leadership of the Editor-in-Chief and the new Editorial Board we are confident that now is the right time not only to be setting out this blueprint for the future, but also it allows us to implement these innovations in ways that were previously not feasible.

To be successful we will need to build on our wide community, and the insights and experience that it brings. If strategy is about making choices, then Cochrane’s success will depend on its ability to engage relevant communities in the discussions that need to take place so that we make the right choices about our future Cochrane Review content.

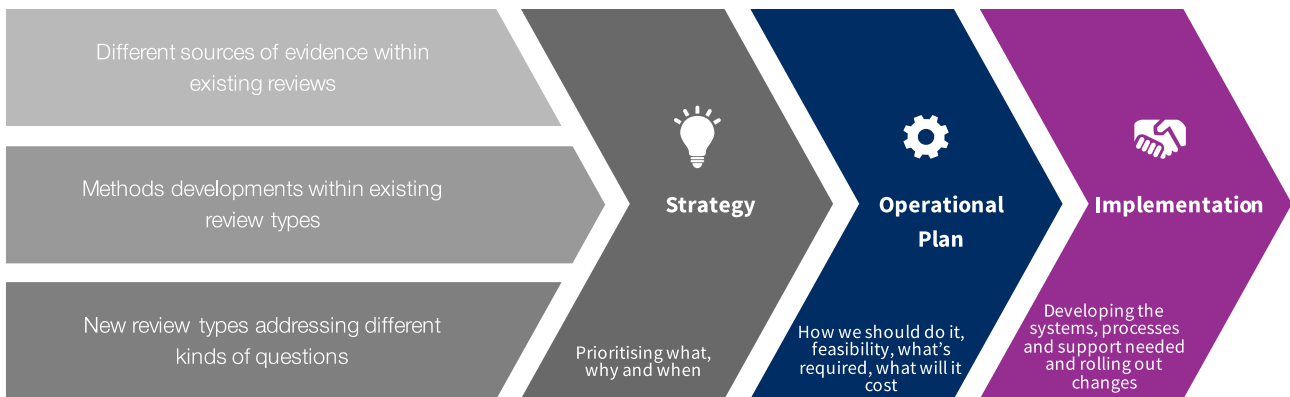
The 2018 target planning outline includes content strategy and related product development processes as one of the four key areas of focus for the coming year, so we hope that this paper has given the Board a clear idea of what we will be doing in this area and we hope that this supports the other strategic discussions that the Board will be having in Cape Town. We would welcome feedback from the Board on what we are proposing here.

4 Appendix

A suggested approach to undertake this work

A three-phase approach

- Phase one: strategic choices (What, Why, When)
- Phase two: operational planning (How)
- Phase three: implementation



Phase one: strategic choices

Task:	To establish which of the new data sources, methods and review types are appropriate for Cochrane and meet our stakeholder needs and under what circumstances they should be utilised.
Key Deliverables:	<ul style="list-style-type: none"> • A hierarchy of review types that should be: a) supported; b) partially supported; c) not supported • A prioritised list of new methods that should be implemented • A prioritised list of new data sources that we should use in Cochrane reviews • A decision framework for how we decide what review type, methods and data sources are appropriate to best answer a given question
Timelines:	Next 6 months

Phase two: operational planning

Task:	To establish a costed implementation plan for each innovation area
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Key Deliverables:	<ul style="list-style-type: none"> • An implementation plan for each area of change we plan to introduce, which covers: <ul style="list-style-type: none"> ○ Resource implications; ○ Plans for any necessary additional methodological research to be completed; ○ Plans for how methodological support will be provided; ○ Defined requirements for learning programmes, technology infrastructure and how the publishing infrastructure must change to support new area of work; ○ An editorial implementation plan; and ○ An engagement plan for how we scale up developments across the Cochrane community as required
Timelines:	The implementation planning stage will vary in timescale depending on complexity of the innovation.

Phase three: implementation

Task:	To put into action the implementation plan defined for the innovation, including building the required technical and human infrastructure needed and working with Groups, authors and other stakeholders to roll out the change.
Key Deliverables (will vary depending on innovation):	<ul style="list-style-type: none"> • Build technological infrastructure required • Build publishing infrastructure required • Create training resources • Produce documentation, guidance and policies • Put into practice the change management plan and support Groups in the transition
Timelines:	TBC

Governing Board Paper

Agenda number:	5.2 [2017-CT-5.2-002]
Agenda item:	Diverse Data Update
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Julian Elliott, CEO Covidence and Chris Champion, Senior Programme Manager
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Information
Resolution for the minutes:	-
Executive summary:	This is an update on the activities of the diverse data project.
Consultation with Cochrane Council:	Not required at this point in time.
Financial request:	There is no specific financial request linked with this update paper.

1 Introduction

At its meeting in Seoul the Cochrane Steering Group requested the Central Executive Team to develop a strategy to help Cochrane navigate the opportunities and threats presented by the set of changes in the health data and evidence landscape known as ‘diverse data’ (also known as ‘big data’).

This paper presents a brief update on activities to date.

2 Working Groups

2.1 Individual Participant Data (IPD)

A strong group has been formed, led by Lesley Stewart and involving several individuals from the relevant methods groups.

The group is tasked with making recommendations regarding the use of IPD, including the strategic importance of IPD, when IPD should be included in a review, how to do so, and the support that Cochrane should provide, including methods support, training, editorial capacity and technological requirements.

2.2 Regulatory data, including Clinical Study Reports (CSRs)

Clinical study reports, and regulatory data in general, can be important sources of data for the understanding of the effects of health interventions. However, it takes expertise and resource to be able to grapple with the quantity and complexity of the data.

Similar to the work on IPD, we would like to understand the strategic importance of using CSRs, and the when and how of doing so.

A Methods Innovation Fund project is exploring these issues and is due to complete in January 2018. This project will provide guidance on when to include CSRs, and a glossary of the many unfamiliar terms in CSRs. The next phase, as yet not funded, will provide guidance on search and how to include CSRs and other regulatory information in Cochrane Reviews.

2.3 Large observational datasets

There are increasing opportunities to access and use large observational datasets to inform decision-making. This includes protocol-driven, prospective observational studies, e.g. large cohort collaborations; and routinely collected data, e.g., administrative data and data pooled from electronic medical records.

Cochrane already has substantial work underway to better support the use of aggregate data from these datasets, including the work developing and implementing ROBINS-I.

This group will look beyond to the use of individual level data and the combination of individual and aggregate data, for questions concerning prognosis, diagnosis and the effects of health interventions.

This work is probably the core of what the diverse data project is grappling with. It represents not just new sources of data, but the potential intersection of the data sources and methods of the data science community with Cochrane.

3 Global Evidence Summit

A diverse data special session will be held at the GES. This will provide an important opportunity to engage the broader Cochrane community and others in key issues.

For further details see: <https://www.globalevidencesummit.org/surfing-drowning-or-wiped-out-big-data-which-way-evidence-synthesis>.

4 Future directions

The IPD group will provide strategy and guidance for the use of IPD by Cochrane, and we are confident that concrete recommendations will be forthcoming.

The work on CSRs is being led by those with experience and should inform Cochrane strategy in this area. Once initial outputs are available we will assess the need for additional strategy development.

The work on large observational databases will likely be the main focus of work going forward. This area most directly connects with big data opportunities and challenges. The key priorities for this work are currently under discussion by this working group.

5 Relationship with the content strategy

We have recently started work on a content and product strategy for Cochrane that includes identifying what core reviews should be in the short to medium term. This is an important piece of work but is not intending to look beyond the medium term, so is complementary to the longer-term vision of the diverse data work.

6 Challenges

As flagged in Geneva, this work has not moved as quickly as we hoped due to competing priorities for most of the central team involved.

This will continue to be a challenge, as substantial work is needed to ensure careful coordination and mobilisation of the busy members of the Cochrane community.