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**Minutes of teleconference of the  
 Cochrane Collaboration Steering Group (CCSG)  
 on 12 December 2013**  
*(Approved on 16 January 2014)*

<p>Agenda item</p>	<p><b>Present:</b> Lisa Bero (Co-Chair), Jeremy Grimshaw (Co-Chair and meeting Chair), Sally Bell-Syer, Michelle Fiander, Holger Schünemann (Items 1, 2, 3, 3.1 and 3.3), Mona Nasser, Anne Lyddiatt and Mingming Zhang.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor to the CEO), Lorna McAlley (Executive PA , Minutes).</p>
<p>1.</p>	<p><b>Welcomes, apologies, declarations of interest, and approval of the agenda</b></p> <p>Jeremy welcomed everyone to the teleconference. Apologies had been received from Denise, Marina, Mary Ellen, Rachel and Steve. Jeremy expressed concern at the number of apologies received, noting that there would be no representation from Fields, Co-ordinating Editors and Centres at the meeting. Mark confirmed that enough members were present to constitute a quorum for decision making purposes, in accordance with the Collaboration's Articles of Association. Lisa identified a declaration of interest regarding Item 8.2 (Update on Co-Chair reimbursement) and would leave the teleconference for this item. Jeremy proposed that Item 6 (Consumer definition) and Item 3.3 (Updating Cochrane Reviews proposal) be moved up the agenda to allow Anne and Holger, respectively, to discuss the items as both would leave the teleconference early. The agenda was approved.</p>
<p>2.</p>	<p><b>CEO report</b></p> <p>Mark gave a brief overview of his report, highlighting the significant recent work carried out on the Job Evaluation Scheme, <i>Strategy to 2020</i> and the Translations strategy, and invited questions from CCSG members.</p> <p>Clarification was sought on the initiatives for the 'Game Changers' project, as referred to in the final paragraph of Mark's report. Mark explained that work on the Translations initiative and Author Support tools had identified them as potential Game Changer projects but that neither had been confirmed to be proposed as Game Changers at this stage.</p> <p>Mark clarified that the Central Executive (CE) meeting to be held in Oxford in February 2014 had been scheduled to reduce the need for CE staff to attend the Mid-year meeting in Panama.</p> <p>Mark was requested to thank Suki Kenth for the comprehensive work on the Job Evaluation Scheme. The full report had been included in the papers for this meeting at the Co-Chairs' request to ensure that the CCSG were aware of the extensive, transparent and fair process employed.</p>

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	<p><b>ACTION:</b> Mark to thank Suki Kenth for her work on the Job Evaluation Scheme.</p>
<p>2.1</p>	<p><b>Update on <i>Strategy to 2020</i> targets</b>        Mark requested that discussion of this item focus on any areas of concern or further clarification needed. Jeremy asked members to submit any further specific recommendations on the targets by email.</p> <p>Lucie provided an overview of feedback received and explained that all feedback received on the first stage of the strategy process would be available on cochrane.org by Friday 20 December.</p> <p>The 2014 Targets Consultation Document had been sent to all Cochrane Groups, including the 'All Authors' mailing list. The feedback had been overwhelmingly supportive and no significant criticisms of the targets had been received. Specific feedback received included much interest in the prioritisation of systematic reviews and review topics, with suggestions that Cochrane should be looking at WHO priorities and at the global burden of disease. Interest in the author support tool was also noteworthy; Mark, David, Chris Mavergames, Steve McDonald and other CCSG members have been giving this much thought and would update the CCSG in due course.</p> <p>Overall, the feedback highlighted the importance of ensuring that Cochrane Groups and contributors feel enfranchised in the strategy, and of communicating that proposed workloads versus funding to achieve the targets would not be conflicting, and that the targets had been designed to make work efficiencies, ultimately reductions in workloads and an increase in impact for them. Another important message to be communicated would be that the current Structure and Function review of all Cochrane Groups was unlikely to lead to reduced staff numbers but may result in changes to the ways in which people contribute or work for the organisation.</p> <p>There had been much interest expressed in Goal 2 (Making Our Evidence Accessible), with comments suggesting that this key element of the strategy had been missing from Cochrane's focus previously.</p> <p>In-depth feedback had been received in relation to Goal 3 (Advocating for Evidence) which emphasised the importance of Cochrane Fields and suggested clarification of the role of Cochrane Fields and Networks, and their roles in building Cochrane's profile, and in building the link between evidence and decision making.</p> <p>Emphasis on the importance of ensuring that Cochrane's evidence is used to inform the Primary Research Agenda was also expressed, as it had been at the beginning of the strategy development process.</p> <p>Feedback on Goal 4 (Building an Effective &amp; Sustainable Organisation) focussed on</p>

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interest in the establishment and implementation of the Cochrane membership scheme.

The Training and Professional Development strategy had been very well supported

Lucie informed the CCSG members of the next steps after the deadline for feedback on Friday 13 December, which would be to revise the targets on the basis of feedback (if this was deemed necessary), and then present the targets to the CCSG for approval in early January. Helen Morton and the External Affairs department would produce an external document for publication in January 2014 onwards.

Jeremy thanked Mark and Lucie and commended the wide reaching and engaged nature of the consultation process. He asked the CCSG for any high level comments on the portfolio of SMART targets to date and any urgent comments on specific targets.

Some CCSG members stressed that the prioritization process in Goal 1 would need careful handling and clear communication on why the final priorities had been selected.

Sally reported that she had received a great deal of individual feedback from MEs regarding the mechanisms for achieving the targets, workload balance, funding and timing. Sally would collate the feedback and send to Mark and Lucie.

Lucie explained that the targets were those for the whole Collaboration and all contributors were expected to help deliver them, but the Central Executive would lead the organisation in their delivery. 2014 would be a year of preparation, putting many sub strategies in place and that the achievement of many of the 2014 targets would put Cochrane Groups in a better position to work on the strategy in the future. Jeremy agreed that a level of practical detail needs to be provided through 2014 so that Cochrane Groups have an increased understanding of what needs to be done to achieve the objectives in future. Lucie explained that there would be several stages before a detailed workplan could be produced and that the Senior Management Team (SMT) is currently allocating the targets to departments within the Central Executive, who would then be responsible for them. Development of work plans would follow on from this and these details would inform how the targets would be achieved. Only then would details be established in terms of individuals being assigned to work on particular targets, and what work would be carried out by Cochrane Groups, contributors and the Central Executive.

David stated that the Central Executive would provide support and help to deliver on these targets but emphasised the need for acceptance within the Cochrane Groups of their involvement in this process, which would be critical in achieving the targets.

Mark concluded that the Senior Management Team (SMT) would look carefully through the feedback received to identify the additional communication that would be made in the document but reiterated that a detailed workplan would not be available by January. Further emphasis would be given to provide clarity on how the targets would be met by

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	<p>the organisation as a whole. It was acknowledged that these were collective challenges involving every part of the Collaboration, not just the Central Executive; and that the Central Executive would not have its detailed plans in place by the middle of January, but that some indication of 'how' the targets were to be accomplished would be useful.</p> <p>Jeremy thought that all of the individual targets were excellent but was concerned that the target portfolio as a whole may be overly ambitious and wondered whether they are achievable.</p> <p>Mark appreciated – and in part shared this concern - but explained that the SMT had wanted to identify the critical areas that needed change immediately; and that the SMT would provide the CCSG with progress updates on a quarterly basis. He recognized the likelihood that not all the targets for 2014 would be reached but he thought that the organisation should not be afraid to stretch itself, be bold and 'see how things go'. He thought that this approach was preferable to being too conservative. Nevertheless, the CCSG meeting in January would be an opportunity to look at the targets holistically and confirm a reasonable level of confidence that the targets would be achievable.</p>
	<p><b>ACTION:</b> CCSG members to send any additional specific recommendation on the targets to Mark and Lucie by 17 December.</p>
3.	<p><b>EiC report</b></p> <p>David invited any comments or questions arising from his report. Jeremy requested feedback on the impact on the CEU workload of the pre publication review screening process, which had been undertaken with no additional resources. David reported that the process had been demanding, but very worthwhile and instructive, with the team finding more problems than anticipated. He explained that each problem review takes approximately one further day of work to resolve. Screening takes 1-2 days to turnaround and this had been putting the team under considerable pressure. Approximately 100 reviews had been screened to date. David noted that the CEU would benefit from the input of a statistician to aid with the screening processes. Feedback received from CRGs had been extremely positive. David and Toby Lasserson would work on producing a document to provide examples of good practice and a summary of findings, in early 2014.</p>
	<p><b>ACTION:</b> David and Toby Lasserson to work on good practice/summary of findings document resulting from the screening process.</p>
3.1	<p><b>Copy Edit Support</b></p> <p>David provided some background to the paper, explaining that Copy Edit Support (CES) usage had increased and this increased demands on CES staff. The CCSG were asked to</p>

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	<p>consider the following recommendations:</p> <ol style="list-style-type: none"> <li>1. <i>The CES team moves from being part of the Wiley team to part of the CEU team.</i></li> <li>2. <i>We increase the pay of the CES copy-editors as indicated (the "proposed rate") to move towards the rate recommended by the SfEP (Society for Editors and Proofreaders).</i></li> <li>3. <i>The CES Manager position becomes a full-time and salaried position (by current CES Manager, or a job-share) within the CEU.</i></li> <li>4. <i>The scope of the CES Manager's remit expands to enable the CEU enhance and extend its quality-improvement work.</i></li> <li>5. <i>The quality-improvement budget that Wiley allocates to the CEU is transferred to the CES budget to support this initiative.</i></li> <li>6. <i>Cochrane approves the three-year budget for the CES work; this will be no more than an additional £36,000 per year, assuming that the "quality improvement grant" made annually to Cochrane under the terms of the revised publishing contract is re-allocated to support the CES team.</i></li> </ol> <p>The CCSG discussed the recommendations and expressed unanimous support for the CES function to move to the CEU. The CES Manager's job specification was discussed and some concern raised over the possibility of the role becoming a jobshare. David commented that the increase in hours for the position would be justified with increased CES work in areas such as the Translations initiative (including the simplified English agenda), as well as current essential development work which is not currently being addressed.</p>
	<p><b>DECISION:</b> The CCSG approved the recommendations 1-5.</p> <p><b>DECISION:</b> The CCSG recognised that additional resources may be required and gave in principle approval for funding of up to £36k if this was found to be necessary and that David and Mark would work out the implications for integration in the 2014-15 budget.</p>
3.2	<p><b>Commercial Sponsorship</b></p> <p>Lisa spoke to this item, explaining that the Commercial Sponsorship Policy had been under revision for over two years. She provided some background on the issue, explaining that the review of the existing policy had been requested due to a number of issues the Funding Arbiter Panel had faced implementing it. The policy had been revised to make it more clear and consistent, and had been reviewed several times, following discussions held with the Co-ordinating Editors at both the Oxford Mid-year Meeting and the Québec Colloquium in 2013. These discussions had resulted in the final draft of the policy document prepared by the Funding Arbiter Panel.</p>

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	<p>Lisa guided the CCSG members through the document, drawing attention in particular to clause 2, which had proven to be contentious and would be the area requiring the most discussion and consideration from the CCSG. The clause explains the circumstances under which a minority of authors with conflicts of interest would be permitted to author Cochrane Reviews. Lisa acknowledged that this had been a carefully constructed compromise between polarized opinions within the Collaboration. Lisa welcomed comments from the CCSG.</p> <p>David reported he had received a question from a Co-ordinating Editor on what would happen to existing reviews which breached the policy, as well as seeking clarification on the relationship of the magnitude of the conflict of interest. David had not yet received a response to these comments from the Co-ordinating Editors representatives on the CCSG.</p> <p>The draft Commercial Sponsorship Policy was unanimously supported for approval by the attending CCSG members. However, Jeremy expressed concern over making a decision on the policy at this meeting due to the lack of Centres' and Co-ordinating Editors' representation, as these groups would be affected by the decision, and therefore it was agreed that the item would be deferred to the CCSG meeting on 16 January 2014, to enable the formal inclusion of the whole CCSG for the final vote and approval. Mark noted that Steve McDonald had provided feedback in advance and supported the revised policy. Sally noted that she would pass along feedback from the MEs regarding implementation issues. It was agreed that a request would be made to those who were not attending this meeting to inform CCSG members as soon as possible if they had any comments or concerns about the policy, along with specific suggested amendments. Discussion of the policy during the January meeting would be limited to any specific points raised ahead of time by CCSG members who did not attend the meeting of 12th December, and would then proceed to a formal vote.</p>
	<p><b>ACTION:</b> Co-Chairs to write to the CCSG requesting any comments or concerns regarding the Commercial Sponsorship draft policy ahead of the teleconference on 16 January, when a formal vote would be held.</p>
3.3	<p><b>Updating Cochrane Reviews proposal</b></p> <p>Holger spoke to the paper, which had been produced by Jackie Chandler and Sally Hopewell with input from the Methods Exec, explaining that the proposal would be to hold a workshop in North America to address how to develop a strategy for appropriately updating Cochrane Reviews. The output would be a strategy for the Collaboration in terms of how to set priorities and the appropriate methods for updating Cochrane Reviews.</p>

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	<p>It was noted that representation from review groups was lacking from the proposal and the CCSG requested that the TSCs and MEs should be involved in the workshop. David agreed that a balanced representation of methods groups and CRGs would be required. It was suggested that the balanced representation could be 'made through the executives'. It was also suggested that there should be representation from individuals involved in the Linked Data project.</p> <p>Jeremy noted that the paper mentioned the Complex Interventions and Non-Randomised Studies workshops as exemplars of the benefits of this approach but that those workshops had been largely supported through external funding and had received little to no Cochrane funding. He gave support for the proposal but suggested that a 'funding envelope' for methods support and development should be established, to avoid future one off funding requests of this nature being brought to the CCSG.</p> <p>The possibility of holding the workshop during a face-to-face meeting (Mid-year or Colloquium) had been considered by the Methods Executive with the conclusion that as a full day would be required for the workshop this would not be possible given the already full timetables of these meetings and that a separate event would be more appropriate to ensure the required level of focus on the task.</p>
	<p><b>DECISION:</b> The CCSG approved the proposal.</p>
	<p><b>ACTION:</b> Holger and David to thank Jackie and Sally for the paper and inform them of the CCSG's decision.</p>
3.4	<p><b>Access to Trials Data - draft statements</b>        This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
4.	<p><b>Mid-year Meetings</b>        This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
4.1	<p><b>Subject of Strategic Session</b>        This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
5.	<p><b>Recommendation for South Korea to host the 2016 Colloquium</b></p>

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	<p>This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
6.	<p><b>Consumer definition</b></p> <p>Anne spoke to Silvana Simi's paper, explaining that the Cochrane Consumers' Network Executive had concerns that the current definition does not accurately reflect 'true' consumers (those whose primary role is that of a consumer). Furthermore, the current system allows any person who has joined the CCNET mailing list to vote on elections for positions on CCNet Executive and the Consumer representatives on the CCSG. However, many individuals on the CCNet mailing list are healthcare practitioners and not 'true' consumers. The paper proposes a new definition of Consumers which the CCNet Executive believes more accurately defines the group and also proposes that only 'true' Consumers should have voting rights. Anne suggested a self nomination process could be implemented within the application form for joining the CCNet mailing list, in which individuals could state whether they would consider themselves to be (primarily) consumers or, alternatively, if they would be joining the mailing list for information only. Mingming added that the recommendations aimed to clarify the difference between healthcare professionals and Consumers and to change the ways in which Consumers vote, but that this should not discourage health care professionals from joining CCNet for the purpose of receiving information.</p> <p>Lisa acknowledged the importance of the issues raised and recent e-mail discussions across the Collaboration highlighted the range of views on even the name of 'Consumers' within the organisation. She highlighted the wider issues around Consumer voting and governance processes, adding that Cochrane needs to identify the barriers that Consumers face in putting themselves forward for elected positions, such as financial barriers or lack of experience within the organisation, to encourage wider representation of Consumers within nominees for elected roles.</p> <p>Jeremy noted the need to consider procedural issues associated with the recommendations, as the full ramifications and practicalities were unclear. He suggested additional engagement and discussion between CCNet and the Central Executive would be required, and that voting to adopt the proposed new definition and its implications in terms of membership to CCNet and voting rights, would be premature at this point. Mark agreed, saying that the issues raised by CCNet would better be integrated within the Governance Review and the new membership scheme, both of which would be developed and implemented before the end of 2015. This conclusion was approved by other CCSG members. The CCSG therefore thanked Silvana Simi and CCNet for raising these issues recognising their complexity and that they would need to be integrated into the</p>

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	Governance review and establishment of a membership scheme, both of which will take place over the coming two years.
	<b>ACTION:</b> Anne to thank Silvana Simi and inform of the CCSG's discussion.
7.	<b>Matters arising from the minutes of CCSG meeting on 18 &amp; 24 September not appearing elsewhere on this agenda</b> Due to time restraints this item was deferred.

# Teleconference of the Cochrane Collaboration Steering Group Thursday 12<sup>th</sup> December 2013 Agenda

1. Welcomes, apologies, declarations of interest, and approval of the agenda.
2. CEO report [RESTRICTED ACCESS]
  - 2.1 Update on *Strategy to 2020* targets [OPEN ACCESS]
3. EiC report [OPEN ACCESS]
  - 3.1 Copy Edit Support [RESTRICTED ACCESS]
  - 3.2 Commercial Sponsorship [OPEN ACCESS]
  - 3.3 Updating Cochrane Reviews proposal [OPEN ACCESS]
  - 3.4 Access to Trials Data – draft statement [OPEN ACCESS]
4. Mid-year Meetings [OPEN ACCESS]
  - 4.1 Subject of Strategy Session
5. Recommendation for South Korea to host the 2016 Colloquium [OPEN ACCESS]
6. Consumer definition [OPEN ACCESS]
7. Matters arising from minutes of CCSG meeting on 18 & 24 September 2013 not appearing elsewhere on this agenda [OPEN ACCESS]
8. Any other business
  - 8.1 CCSG teleconferences [OPEN ACCESS]
  - 8.2 Update on Co-Chair reimbursement mechanism

# STRATEGY TO 2020



*2014 Targets Consultation Document*

*[29<sup>th</sup> November 2013]*

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Trusted evidence. Informed decisions. Better health.

## Introduction

This Consultation Document is for *internal* use only. It presents the proposed 2014 targets for consultation with Cochrane's groups and contributors with the aim of ensuring that everyone in the organisation has the opportunity to provide feedback and is familiar with the organisation-wide activities planned for the coming years.

The 2014 targets have been developed by the Central Executive's Senior Management Team and provisionally approved by the Steering Group (Board of Trustees) following the adoption of the *Strategy to 2020* by the organisation's members at the 2013 Annual General Meeting, on 21<sup>st</sup> September, in Québec City, Canada. Their purpose is to enable the organisation as a whole – its groups, contributors and Central Executive – to work effectively, efficiently and coherently towards meeting its mission, goals and objectives.

Following the consultation process, the targets will be refined where appropriate on the basis of the feedback received and a final version prepared for the Steering Group's sign-off in early January 2014. A specially formulated set of documents designed for external communication will be released following completion of the target setting process. These documents will be translated into a variety of languages and will be used to promote Cochrane's work to new and existing partners, funders, contributors and other stakeholders.

Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence

Provide your feedback on the 2014 targets by email to [strategy@cochrane.org](mailto:strategy@cochrane.org) on or before 13<sup>th</sup> December 2013

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## A reminder of the structure of the *Strategy to 2020*

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organisations.

The *Strategy to 2020* has been developed with the following structure:

**Vision > Mission > Goals > Objectives > Targets > Workplans:**

- **Vision:** Outlines what the organisation wants the world in which it operates to be.
- **Mission:** Defines the fundamental purpose of the organisation, describing why it exists and what it does to achieve its vision.
- **Goals:** Establish the desired endpoints for achieving the mission.
- **Objectives:** Describe the ways in which goals will be operationalised and achieved.
- **Targets:** Represent the tangible stepping stones on the path towards the achievement of an objective. An objective may have one or many targets that must be fulfilled to achieve it.
- **Workplans:** Set out how the targets will be achieved.

The objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets – of which the 2014 are set out in this document - and accompanying workplans will be developed and reviewed on an annual basis to achieve these objectives. Some of the targets will be annual, some will be for a two-year period and a few may be for longer. All targets will be approved by the Steering Group and will establish the priority tasks the organisation is setting itself for a given time period. Progress against the targets and the wider objectives and goals will be reported on regularly.

## The 2014 targets

The purpose of the 2014 targets is to enable the organisation as a whole to work effectively, efficiently and coherently towards meeting its mission, goals and objectives. Although primary responsibility for driving the implementation of these targets will sit with the Central Executive team, they represent organisation-wide priorities that will require the commitment and work of all groups and contributors to ensure their success.

They have been developed to be individually and collectively ambitious, and also to prepare Cochrane to achieve its goals by 2020. They are specifically designed to lay the groundwork and establish the processes that are currently missing in the organisation: 2014 will, in many ways, be

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the 'year of preparation' in the delivery of our longer-term ambitions. There are 20 targets spread across the four Goals of the new *Strategy*, and collectively they represent a substantial but realistic body of work.

Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence

Any target setting process obviously involves prioritisation to create an achievable balance between ambition and realistic workloads. The targets set out here represent what the Central Executive and Steering Group consider to be organisational priorities in the first one year of the *Strategy* period, to lay the foundations for all objectives to be achieved by 2020. They do not denote a de-prioritisation of any other objectives, which will be addressed in future targets.

Moreover, because they represent top level organisational aims they do not drill down to the level of individual workplans for the Central Executive or Cochrane groups. For example, in the Central Executive workplan for achieving target 3.1.(to create a coherent Cochrane brand across all content), the revision of the group website builder will be included as an activity. So although this activity represents a 'target' for the coming year it does not feature in these organisation-wide 2014 targets.

The development of workplans for 2014 by the Central Executive departments is currently underway for completion early in the New Year. As part of driving the implementation of the targets, the departments will be working with Cochrane groups to establish the targets within their workplans as well. This is going to be a learning curve for everyone as we seek to adhere to one unified strategy and set of prioritised activities in many respects for the first time in Cochrane's history. However, it is vital to enabling the success of the *Strategy to 2020*. The aim is not to increase workloads overall – in fact, the successful implementation of many of these targets will potentially reduce unrealistic workloads for groups and contributors – but to ensure the work that we do undertake as an organisation is optimally aligned to our vision, mission and objectives. Of course, the targets do not represent all of the things that will be achieved next year by the organisation; only those that the organisation has chosen to prioritise and measure as indicators of its progress in implementing the *Strategy to 2020*.

Mark Wilson, Chief Executive Officer  
 David Tovey, Editor in Chief  
 Lucie Binder, Senior Advisor  
 Chris Mavergames, Head of Informatics & Knowledge Management  
 Helen Morton, Head of Communications & External Advocacy  
 Hugh Sutherland, Head of Finance & Core Services

*Cochrane Central Executive Senior Management Team*  
 29<sup>th</sup> November 2013

## GOAL 1: PRODUCING EVIDENCE

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Goal 1 recognises and reflects Cochrane's primary endeavour: to produce evidence. Specifically this goal seeks to enable Cochrane to continue and enhance its production of high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Whilst continuing to support the production of evidence across a broad range of health questions, 2014 will see us begin to prioritise the questions we answer more systematically. We will enhance our commitment to meeting quality standards across all Cochrane Systematic Reviews and will make this easier for production teams to achieve by implementing an online author support tool. By the end of the year we will have a plan in place to significantly reduce review production time and will have established a framework for expanding our offering beyond standard intervention reviews to support health decision-making.

### Our Targets in 2014

*To achieve our objectives, in 2014 Cochrane will:*

	Target	Indicators of success	Timing
1.1	<p><b>RELEVANT AND UP-TO-DATE</b></p> <p>Develop a list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct production priorities; and establish a decision-making framework to update it at regular intervals.</p>	<ul style="list-style-type: none"> <li>Cochrane groups and the Central Executive team have engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them.</li> <li>A list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct</li> </ul>	<ul style="list-style-type: none"> <li>List and decision-making framework completed by end of December 2014.</li> <li>Registration of 100 new reviews from the list completed by July 2015.</li> </ul>

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		<p>organisation-wide production priorities for 2015 onwards has been developed.</p> <ul style="list-style-type: none"> <li>· 100 new reviews from the list have been registered (review teams identified and titles registered).</li> <li>· A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.</li> </ul>	
1.2	<p><b>HIGH-QUALITY</b> Create a prioritised sub-set of the existing MECIR (<i>Methodological Expectations of Cochrane Intervention Reviews</i>) standards and achieve 95% compliance with them for new Cochrane Systematic Reviews.</p>	<ul style="list-style-type: none"> <li>· 95% compliance with prioritised MECIR standards for Cochrane Systematic Reviews published in 2014 has been achieved.</li> </ul>	By end of December 2014.
1.3	<p><b>EFFICIENT PRODUCTION</b> Improve production processes by: i) implementing an author support tool; ii) establishing a strategy for reducing review production time by 30%.</p>	<ul style="list-style-type: none"> <li>· An author support tool has been implemented.</li> <li>· A strategy for production time reduction is in place and ready to be implemented.</li> </ul>	By end of December 2014.
1.4	<p><b>PIONEERING METHODS</b> Establish a framework to inform decision-making and target setting for non-standard intervention Cochrane Systematic Reviews and other products and services.</p>	<ul style="list-style-type: none"> <li>· A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.</li> <li>· Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.</li> </ul>	By end of April 2014.

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## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

Goal 2 may possibly prove our most challenging but has enormous potential for achieving our mission. We have now made the commitment for Cochrane evidence to be accessible and useful to everybody, everywhere in the world. To deliver this will require that we put the needs of our users at the heart of our content design and delivery, provide open access to Cochrane Systematic Reviews, and develop a more accessible and multi-lingual offering.

Given the scale of the changes we need to make, 2014 will primarily be a year of preparation. By the end of the year we will have established a framework for ongoing assessment of user experience, a comprehensive translation strategy, an open access roadmap, and have piloted an approach to improve production teams' ability to disseminate their reviews to target users. We will have begun work on an accessible language initiative and delivered the first phase of planned technology improvements that will fundamentally change the way Cochrane's data and content are structured, stored and used. In addition, we will have taken concrete action to introduce multi-lingual portals in different languages.

### Our Targets in 2014

*To achieve our objectives, in 2014 Cochrane will:*

	Target	Indicators of success	Timing
2.1	<b>USER-CENTRED DESIGN AND DELIVERY</b> Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing reassessment.	<ul style="list-style-type: none"> <li>· A mapping, data gathering and analytical project has been undertaken and completed, providing a better understanding of how to make our content more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.</li> <li>· A framework for ongoing reassessment and evaluation is in place.</li> </ul>	By end of December 2014.

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- |                            |  |  |                          |
|----------------------------|--|--|--------------------------|
| 2.2                        | Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users. | <ul style="list-style-type: none"> <li>· A dissemination checklist has been created and is being piloted with volunteer Cochrane groups.</li> </ul>  | By end of December 2014  |
| 2.3                        | Complete the first phase of the Cochrane 'linked data' project to create structures and linkages between our content to make it more accessible and useful.  | <ul style="list-style-type: none"> <li>· Linkages and structures have been built into Cochrane's technology systems, connecting the <i>Cochrane Register of Studies</i>, Archie, and the new Linked Data Triple Store.</li> <li>· An 'ontology' for linking data and annotating Cochrane content has been completed.</li> <li>· A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first instance to enable the faster and more efficient creation of Cochrane Clinical Answers.</li> </ul> | By end of September 2014 |
| <b>OPEN ACCESS</b>         |  |  |                          |
| 2.4                        | Develop a Roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.                                     | <ul style="list-style-type: none"> <li>· A Roadmap has been established in collaboration with John Wiley &amp; Sons, Ltd, and is ready to be implemented, setting out our plan – including an income replacement strategy – for achieving universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and later the archive of existing published reviews.</li> </ul>  | By end of December 2014  |
| <b>ACCESSIBLE LANGUAGE</b> |  |  |                          |
| 2.5                        | Establish an initiative to simplify and standardise the language used across our content to improve readability and reduce ambiguity.                        | <ul style="list-style-type: none"> <li>· Standards and guidelines for simplified and standardised language across content have been implemented.</li> <li>· An audit for plain language summaries against the new standards has been undertaken.</li> </ul>  | By end of December 2016  |

**MULTI-LINGUAL**

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2.6 Finalise Cochrane's translation strategy, establish a translation management system to integrate all existing workflows, and introduce key digital content and multi-lingual portals in French, Spanish and three other languages.

- Cochrane's translation strategy and business plan has been completed and ready to be implemented.
- A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).
- Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages.
- Translation strategy and business plan completed by end of April 2014.
- Translation management system and key content available by end of December 2014.

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## GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Goal Three introduces an ambitious new area of focus for Cochrane: advocating for evidence. Harnessing our radical heritage, this goal seeks to establish Cochrane as the 'home of evidence' to inform health decision-making, build greater recognition of our work and develop our profile as a leading advocate for evidence-informed healthcare. Goal Three, with its focus on influence and impact, though an expanded area of work for Cochrane, is just as central as the production and dissemination of our evidence in delivering our mission.

Prioritising objectives that will add value from the very start of the *Strategy to 2020*, 2014 activity will focus on: executing a full organisational rebrand – presenting Cochrane as credible, current and coherent; securing strategic partnerships with institutions and individuals at the heart of health decision-making; and establishing a clear and compelling advocacy agenda for Cochrane. To underpin these objectives, we will also develop a Cochrane narrative – improving the ways in which we capture and communicate our impact and tell our story.

### Our Targets in 2014

*To achieve our objectives, in 2014 Cochrane will:*

	Target	Indicators of success	Timing
3.1	<b>GLOBAL PROFILE</b> Create a coherent Cochrane brand across all content.	<ul style="list-style-type: none"> <li>A new end-user focused 'cochrane.org' website is launched that is consistently branded with <i>The Cochrane Library</i> and all other digital and offline products.</li> </ul>	<ul style="list-style-type: none"> <li>Re-brand preview at the Hyderabad Colloquium, September 2014.</li> <li>Full launch completed by end of January 2015.</li> </ul>

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3.2	<p><b>GLOBAL PARTNER</b></p> <p>Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making.</p>	<ul style="list-style-type: none"> <li>• Three to five partnership agreements have been secured.</li> <li>• A 'Case for Support' document to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas has been created.</li> </ul>	By end of December 2014.
3.3	<p><b>GLOBAL ADVOCATE AND GLOBAL INFLUENCE</b></p> <p>Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector.</p>	<ul style="list-style-type: none"> <li>• A formal policy development and sign-off process has been developed and adopted.</li> <li>• Cochrane's initial advocacy agenda has been developed.</li> <li>• Opportunities have been secured for Cochrane to publically present and offer comment on key health evidence issues in-person and online.</li> <li>• Higher quality and quantity media coverage is being generated.</li> </ul>	<ul style="list-style-type: none"> <li>• Formal policy development and sign-off process adopted by end of September 2014.</li> <li>• Initial advocacy agenda completed by March 2015.</li> <li>• Platforms secured by end of December 2014.</li> <li>• Higher quality and quantity media coverage generated by end of December 2014.</li> </ul>
3.4	<p><b>GLOBAL INFLUENCE</b></p> <p>Capture and communicate Cochrane's impact on policy and practice, introducing online metrics and stories of impact.</p>	<ul style="list-style-type: none"> <li>• A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.</li> <li>• A prominently displayed, regularly updated, record of where Cochrane evidence is being utilised has been established.</li> </ul>	By end of December 2014.

## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Goal 4 provides the foundation for achieving our mission and will see us becoming a more diverse, inclusive and transparent organisation. It will require that we are guided by our principles, governed accountably, managed efficiently and make optimal use of our resources.

To enable us to harness more effectively the enthusiasm and skills of our contributors we will introduce a Cochrane membership scheme by the 2015 Colloquium. Allied to this, we will have developed and be implementing a training and professional development strategy for our group staff and contributors by the end of 2014. With a more ambitious strategy than ever before we will begin to re-assess and change how our organisation is governed, structured and operates in order to fulfil our key functions and achieve our mission. We will have overhauled our financial and business processes to enable us to monitor and manage our activities more effectively.

### Our Targets in 2014

*To achieve our objectives, in 2014 Cochrane will:*

Target	Indicators of success	Timing	
4.1	<p><b>INCLUSIVE AND OPEN</b></p> <p>Introduce a Cochrane membership scheme.</p>	<ul style="list-style-type: none"> <li>A membership scheme is in place that attracts new contributors to Cochrane with useful skills and experience.</li> </ul>	By the Vienna Colloquium, October 2015.
4.2	<p><b>INVESTING IN PEOPLE</b></p> <p>Develop, and begin implementation of, a training</p>	<ul style="list-style-type: none"> <li>A training and professional development strategy has</li> </ul>	By end of December 2014.

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and professional development strategy.

#### 4.3 TRANSPARENTLY GOVERNED

Conduct a review of Cochrane's governance structure and processes.

been completed and is in roll-out phase.

A review of Cochrane's Board of Trustees and other management committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively.

Review completed by end of December 2014.  
Implementation of recommendations in 2015.

#### 4.4 EFFICIENTLY RUN

Review and adjust the structure and functions of the global network of Cochrane groups.

Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our *Strategy to 2020* goals.

Review of Cochrane Review Groups completed by end of December 2014.  
Review of other groups completed by end of July 2015  
Implementation of recommendations for all groups completed by end of December 2016.

#### 4.5 FINANCIALLY STRONG

Deliver Cochrane Clinical Answers and Cochrane Learning to market.

The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with *Cochrane Innovations* and John Wiley & Sons, Ltd.

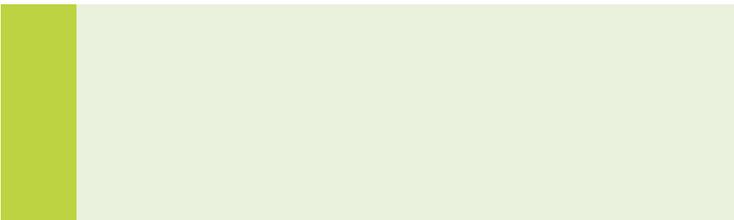
By end of December 2014

4.6 Establish improved financial and business monitoring and reporting processes.

A 'Dashboard' and wider set of editorial and business metrics to monitor and report on implementation progress of the *Strategy 2020* have been established.  
An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring & Registration Committee

Dashboard and wider set of editorial and business metrics completed by end of April 2014.  
Expanded, integrated monitoring and reporting

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framework) ready for the 2015 annual reporting cycle.

- Cochrane's chart of accounts has been amended to reflect more accurately the organisation's activities and management accountabilities; and its Central Executive financial systems have been updated and improved.

systems completed by December 2014.

- Chart of accounts and Central Executive financial systems improvements completed by December 2014.

# CEU report for CCSG teleconference

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December 2013

Prepared by: David Tovey and CEU team

Given the pressure on time for the CCSG teleconferences, I have tried, in this paper to keep the reporting very brief, and to highlight only areas that are giving rise to concern.

There are no major concerns in any of the CEU projects. We will provide detailed reports to the face to face meeting in Panama City, in April 2014. The following is a list of the most important active projects:

## **Cochrane Clinical Answers:**

We are currently advertising for new editor, reporting to Sera Tort. By the time of the call we will have completed 250 CCAs and are aiming for 275 by the end of 2013.

## **Cochrane Learning:**

Members of the CEU team have been involved in the recent Cochrane Learning launch meeting in London and will take part in the follow up meeting on 6th December.

## **Cochrane Register of Studies:**

There have been some changes to CRS governance, with Chris Mavergames taking over the Chair of the Project Board. David Tovey continues to be responsible for the content side CRS development, and the work of the CRS user support team (UST). The CRS Blog was launched in November 2013 and the team continues to deliver training webinars. Metaxis are continuing to provide technical support, carry out bug fixes and undertake minor developments. A proposal for more substantial development work will be drafted in the coming weeks.

## **CRG Monitoring Report:**

This was circulated on 21st November and is available at: <http://www.editorial-unit.cochrane.org/crg-monitoring>.

## **CRG Structure and Function:**

We have now completed the first round of 17 interviews and 5 internal advisory groups. These have allowed us to hear the perspective of people from all entity types within Cochrane. David Tovey is preparing an initial paper based on the findings with support from our Consultant, Ray Flux.

## **Editorials and Special Collections**

24 [Editorials](#) have been published so far in 2013. In support of the relief effort in the aftermath of the Typhoon Haiyan we are currently highlighting all four [Evidence Aid](#) Collections.

## **Methods:**

A proposal for a launch 'workshop' for a cross cutting Methods work group or Methods Group developing strategies for managing the challenge of updating Cochrane Reviews is submitted for consideration.

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The evaluation of the Methods Innovation Fund process is completed and we anticipate that a report will be submitted to the CCSG.

### Open access:

The CEU team has contributed to the completion of work on the revised licence to publication forms that will accompany the introduction of the technological changes needed in Archie and by Wiley to enable authors to select gold access open before publication; see the Technology Roadmap.

### Review screening:

The CEU has screened just over 90 reviews since the beginning of September. Most reviews that have been screened require only minor changes which have been well-received by the CRGs. Many reviews not only meet the key criteria, but provide some useful examples of good practice. Around 10% Cochrane Reviews require more substantive changes before they can be either copyedited or published. These problems include errors in the analysis of data, incoherent and highly selective reporting of results or conclusions, and multiple inconsistencies.

### The Cochrane Library Technology Roadmap:

Charles Hammer has been replaced by Sophia Joyce, Digital Product Management team, Wiley. There is now a [Cochrane Library Technology roadmap](#) site available on the Cochrane community platform. From December, we will start to see changes to The Cochrane Library as the roadmap projects start to deliver changes regularly. These changes include the roll-out of Altmetrics across all Cochrane Reviews, updates to search functionality, and the implementation of the gold open access policy.

### Training:

Strategy project: A Project Board and Working Groups have been established and will meet soon.

None of the other CEU projects are causing any serious concerns currently.

For more detailed reports relating to CEU activities, please see the recent issues of the CEU Bulletin:

<http://www.editorial-unit.cochrane.org/ceu-bulletin>

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# Commercial sponsorship of Cochrane Reviews

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**Prepared by:** Cindy Farquhar, Sophie Hill, Lisa Bero, David Tovey with input from the members of Funding Panel (Joaquin Barnoya, Lisa Bero, Andreas Lundh), and Peter Gøtzsche and Steve McDonald

**Date:** 15th November

**Purpose:**

To finalise clarifications and revisions to The Cochrane Collaboration's policy on commercial funding of reviews produced and published by the Collaboration and also Cochrane groups

**Urgency:** High

**Access:** Open

**Background:**

The aim of The Cochrane Collaboration is to ensure that up-to-date, accurate information about the effects of healthcare interventions is readily available worldwide.

One of its 10 principles is to minimise bias 'through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest'.

In 2004 the Collaboration introduced a policy of limiting or prohibiting commercial sponsorship of reviews, entities or activities. Since then the policy has been revised in response to experience with implementing it.

The policy is being reviewed in 2012-13 because of the need to ensure that the principles and practice around restricting or prohibiting commercial sponsorship are upheld and can be applied. A recent Cochrane Review demonstrated that drug studies or reviews that are sponsored by drug companies are more likely to have results and conclusions favouring the sponsors' products, even when controlling for other risks of bias. (Lundh et al 2013) It is therefore important that Cochrane Reviews reflect best practice in order to ensure validity and transparency.

The Funding Panel has prepared this final version after a draft was discussed in both Co-ordinating Editors meeting in Oxford March 2013 and Quebec City September 2013.

If the policy document is approved, the CEU team will work with others to ensure that these are reflected consistently and accurately in the Editorial and Publishing Policy Resource, Cochrane Handbook and the Organisational Policy Manual.

**Summary of recommendations:**

Please see [document](#) below.

**Resource implications:** None

**Impact statement:**

There is substantial reputational risk if Cochrane is seen to have a policy that is no longer fit for purpose. We believe that this revised document will represent a transparent and clear policy that reflects Cochrane's value

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and mission. It will be a guide for users and funders of Cochrane and will also be useful for editorial teams and contributors.

**Decision required of the Steering Committee:**

To approve the revised policy

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# Cochrane Collaboration policy on the limits of commercial sponsorship of Cochrane reviews and Cochrane groups

2013 revision, v.6, 15th November 2013

Prepared by: Cindy Farquhar, Sophie Hill, Lisa Bero, David Tovey with input from the members of Funding Panel (Joaquin Barnoya, Lisa Bero, Andreas Lundh), and Peter Gøtzsche and Steve McDonald

Date: 15th November

## Principles informing this policy

Whilst the Cochrane Collaboration has adopted the uniform requirements for declaration of conflicts of interests framework produced by the International Committee of Medical Journal Editors, the Collaboration and the CDSR differ from many journals in 2 ways: 1) certain types of sponsorship are forbidden and 2) we ask for disclosure of COI at the beginning of a review process (title registration) and either manage within the group processes or refer to the funding arbiter for discussion and decision making.

*Independence:* Cochrane reviews must be independent of conflicts of interest associated with commercial-should be conducted by people or organisations that are free of such bias

*Free from interference:* The process for conducting Cochrane Reviews and the Cochrane groups and contributors responsible from producing Cochrane Reviews should operate free from interference.

*Assurance:* Users of Cochrane Reviews should be assured that Cochrane reviews are produced in an independent manner.

## Definitions

*'Commercial sponsor or source':* any for-profit manufacturer or any other for-profit source with a real or potential vested interest the findings of a specific review.

This definition is not intended to include government departments, not-for-profit medical insurance companies and health management organisations, although clauses 6-8 are relevant for all funders. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).

*Appropriate 'Funder' of a Cochrane review:* a body which provides a grant, contract, gift or other form of financial support for one, several or all authors of a review (or the funding may go to their institution(s)) where the funder has no commercial or vested interest in the finding of the review.

*Conflict of Interest of a Cochrane author or editor:* Conflict of interest is defined as "a set of conditions in which professional judgement concerning a primary interest (such as patients' welfare or the validity of research) may be unduly influenced by a secondary interest (such as financial gain) or may be perceived to be influenced by a secondary interest."

## Policy affecting Cochrane Reviews and Groups

### Scope of policy:

This policy affects the people who conduct Cochrane reviews ('authors'), referees and editors, and all Cochrane groups (Steering Group, centres, review groups, fields, methods groups, consumer network, and central functional entities including the Operational Unit, Editorial Unit, IMS and web teams).

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### Commercial funding of reviews or authors

The intent of clauses 1-2 is to ensure the independence of Cochrane reviews by ensuring there is no bias associated with commercial conflicts of interest in the conduct of Cochrane reviews.

1. Cochrane reviews cannot be funded or conducted by commercial sponsors or commercial sources with a real or potential vested interest in the findings of a specific review.
2. Cochrane reviews cannot be conducted by authors who in the last 3 years have received financial support from commercial sponsors or sources who have a real or potential vested interest in the findings of the review (for example through receiving remuneration from employment by a commercial sponsor (as defined above), consultancy, grants, fees, fellowships, support for sabbaticals, patents, royalties, stocks from pharmaceutical companies, advisory board membership or otherwise).
  - a. This guidance should apply to the majority of authors, and the contact author of a Cochrane review e.g. if there are five authors, at least three of them should have no COI relevant to the review and this should include the contact author. If there is an even number of authors, the same rule applies, e.g. of eight authors, at least five must not have conflicts, including the contact author. Teams of two cannot have any member with a conflict.
  - b. Editors with conflicts of interest with a given product/drug/intervention should not undertake peer review or be a contact editor, or provide sign-off on a review that involves that product, drug or similar drugs. Co-ordinating Editors with conflicts of interest should assign the relevant review to another editor within their group.
  - c. Peer reviewers should be asked to declare COI using the ICMJE framework.

### Disclosure of commercial conflicts of interest

The intent of clauses 3-4 is to ensure that all links between Cochrane authors and commercial sponsorship or sources are disclosed, so that Cochrane users have confidence in the process for the disclosure and management of potential commercial conflicts of interest.

3. At title registration stage, Cochrane authors should declare their conflicts of interest according to the relevant ICMJE criteria.

Commercial interests that should be declared include, but are not limited to: income from private clinical practice (if relevant to the topic), ownership of stocks related to industry, legal advice related to the topic, consultancies, honoraria, fellowships, speaker's fees, involvement in primary research in the subject area of their review, funding for primary research in the subject area of the review, and any other interests that others may judge relevant. Employment in a speciality relevant to the review should be declared, in the interests of transparency, but this does not prevent an individual from being a review author, editor or peer reviewer.

4. On receipt, the relevant Cochrane Review Group (CRG) will assess whether an author has a conflict of interest that would prohibit them from participating in the review team. In making this assessment, it is important to consider how the reader would perceive the potential for conflict of interest.

If the COIs are unclear, or there is no agreement between the parties, the matter will be referred to the Funding Panel who will assess the potential conflict of interest and make a recommendation.

The Funding Panel is nominated by the Steering Group and contains 3-4 Cochrane collaborators and one person external to the Collaboration. In making an assessment, the Funding Panel will consider the principles outlined above.

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At each stage of the review – title registration, protocol publication, review publication, and updating the COI should be updated and considered by the Managing Editor and Co-ordinating Editor.

### **Cochrane authors who are also the authors of included studies**

The intent of clause 5 is to ensure transparency of Cochrane authors who are authors of primary studies.

5. Cochrane authors who include primary studies (which they had conducted) in their review should declare this in the review in the Declarations of Interest section. The Review Group should ensure that an editor checks the included data and interpretation against the study report and any available study registration details or protocol.

### **Funders of Cochrane reviews**

Cochrane reviews are commonly funded by granting bodies. The intent of clauses 6-8 is to ensure that granting bodies do not interfere in the design and release of reviews and that funding is transparently declared.

6. Funders of Cochrane reviews cannot interfere with the design or conduct of reviews.
7. Funders cannot delay or prevent the publication of a review or its update.
8. Funding for the review should be declared in the 'Sources of support' section of the review, which should include reference to the role of any sponsors .

### **Removal of reviews not meeting policy**

The intent of clauses 9 is to enforce the policy.

9. Cochrane reviews (whether new or updates) or protocols that do not meet the above requirements (1-8) from the inception of this policy will be withdrawn after consultation with the Funding Arbitrator Panel and Editor in Chief.

### **Commercial sponsorship of Cochrane review groups and Cochrane entities**

The intent of clauses 10 is to ensure the independence of Cochrane entities and their activities.

10. No Cochrane groups are permitted to accept funds from commercial sponsors or commercial sources.

Cochrane entities which violate this policy by accepting commercial funding may be de-registered, following an investigation by the appropriate body e.g. Executive Group, COU or CEU.

### **Derivative products**

The development of derivative products from Cochrane reviews is the responsibility of Cochrane Trading Company , supported by the Editor in Chief, the and the Steering Group.

11. In developing derivative products, these bodies will adhere to the items above.

### **Royalties**

12. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that

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royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue.

### Audit

13. There will be an audit of compliance with the policy within six months and the policy will be revisited in two years.

### Reference

- Lundh A, Sismondo S, Lexchin J, et al. Industry sponsorship and research outcome. *Cochrane Database Syst Rev* 2012;12:MR000033.

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### Existing policy

#### 2.3 Commercial sponsorship policy

##### Introduction

The [Steering Group](#) of The Cochrane Collaboration has undertaken a process of consultation on commercial sponsorship. The debate was stimulated by a letter from several members of The Cochrane Collaboration who felt that existing policy ought to be more restrictive - to provide still greater reassurance that the conclusions of Cochrane reviews were not biased through the influence of funding by commercial [entities](#) that stood to benefit financially from the results of reviews.

Commercial sponsorship of health-related research is, of course, not an issue of concern uniquely to The Cochrane Collaboration. Many members of The Cochrane Collaboration have pointed out that external perception is also important. Any perception that for-profit commercial organisations, notably but not exclusively, the pharmaceutical industry and medical device manufacturers, were influencing the conclusions of Cochrane reviews would damage a carefully nourished reputation for impartiality and scientific rigour.

This issue was discussed at length at the 11<sup>th</sup> annual Cochrane Colloquium in Barcelona in October 2003. A consultation document was disseminated during December 2003 with a request for views by 31 January 2004; 156 individuals or groups responded. Most were active members of The Cochrane Collaboration. The Steering Group met in Bergamo, Italy, from 29 February to 2 March 2004 and considered at length the very extensive and detailed documentation. An agreed policy document was disseminated on 6 April 2004. At that time, there was, for some questions, very clear consensus; for others, there was not. The Steering Group discussed unresolved issues at their meetings in Ottawa, Canada, on 1 and 4 October 2004, and in Providence, US, on 2 to 4 April 2005. They were also discussed at the annual general meeting during the 12<sup>th</sup> Cochrane Colloquium in Ottawa on 3 October 2004. Following these discussions, the policy document was amended in April 2005.

##### Background

Since the decisions taken by The Cochrane Collaboration are also of interest to others it may be helpful to describe, briefly, the structure of The Cochrane Collaboration. It is a highly devolved organisation that involves more than 10,000 people, in different capacities, worldwide. Most do not receive any payment for the work they do within The Collaboration. They are drawn to The Collaboration through a wish to commit, either as a professional or as a consumer, to a movement to provide more sound evidence on which healthcare decisions can be made. The formal structure of The Collaboration comprises Cochrane Review Groups (which produce systematic reviews), Centres (with responsibilities that include support for Cochrane Review Groups within their area of geographical responsibility), Methods Groups, Fields, a Consumer Network, an elected Steering Group, and a small [Secretariat](#). The Secretariat, Steering Group and Advisory Group meetings, and key generic developments (e.g. software for information management, production of the *Cochrane Handbook for Systematic Reviews of Interventions*, and development of The Collaboration's website) are all funded, in part or in whole, through royalties on sales of [The Cochrane Library](#). Everything else (including support of Cochrane Review Groups and Centres) is funded through applications to other sources (often government agencies), and these sources are almost all in the country in which the entity is located.

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There is substantial variation internationally in the amount of funding for support of Cochrane activity and, in some parts of the world, it is extremely difficult to access government or charitable funds. In some areas, there has recently been an important decrease in financial support for Review Groups and Centres. Therefore, an alternative option, of seeking funding from commercial sources, could be attractive to, say, Co-ordinating Editors of Review Groups, or Centre Directors, who otherwise face the prospect of curtailing productivity and/or making skilled and experienced staff redundant. Setting policy on issues as sensitive and important as sources of funding in as complex an organisation as The Cochrane Collaboration is never an easy matter, and may be even more difficult at this time.

### Definitions

- By 'commercial source' we [mean](#) any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review. Whilst government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).
- By 'sponsorship' of a review, we mean a sum of money given to an author or group of authors to prepare, or update, a Cochrane review. Such sponsorship could include not only commissioning of specific systematic reviews, but also, for example, funding of a sabbatical period to work on a Cochrane review.
- We used the term 'firewall' in the consultation document. By this, we mean, figuratively, a fireproof wall put in place to ensure that, if a fire occurs, it is confined to one area. We used the term to indicate a clear barrier or separation between a source of funding and the use to which that funding is put, so as to prevent any influence by the funding source on the [outcome](#) of, say, a Cochrane review.

### Conclusions

1. There was overwhelming consensus that there should be a clear barrier between the production of Cochrane reviews and any funding from commercial sources with financial interests in the conclusions of Cochrane reviews.
2. Thus, sponsorship of a Cochrane review by any commercial source or sources (as defined above) is prohibited.
3. Other sponsorship is allowed, but:
  - A sponsor should not be allowed to delay or prevent publication of a Cochrane review.
  - A sponsor should not be able to interfere with the independence of the authors of reviews in regard to the conduct of their reviews.
  - The [protocol](#) for a Cochrane review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.
4. These rules also apply to 'derivative products' (containing Cochrane reviews) so that commercial sponsors could not prevent or influence what would be included in such products.
5. To ensure the integrity (real and perceived) of the 'firewall', it is also prohibited for a commercial source or sources (as defined above) to sponsor Cochrane entities that produce Cochrane reviews, that is, Cochrane Review Groups.
6. It was agreed that these same restrictions should apply to Fields and to the Consumer Network because of the close proximity of these entities to review production.
7. The position on commercial funding of Methods Groups' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Khon Kaen in April 2006. It was agreed that funding from a commercial source (as defined above) for the activities of Methods

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Groups, or of their members, in producing Cochrane reviews of healthcare interventions or tests, or supporting individual review groups, including [peer review](#), is not permitted. Methodologists who have personally received remuneration or research funds from a commercial source in the previous five years should ensure that they have no involvement in reviews of interventions or tests in which the commercial source has a vested interest. The receipt and use of commercial funds by Methods Groups for other purposes must be declared in Methods Groups' modules

8. The situation with regard to Cochrane Centres is more complex than for other Cochrane entities. For example, Centres can be both close to review production (like Fields and the Consumer Network) but can also engage in methodological work (like Methods Groups). The position on commercial funding of Cochrane Centres' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Providence in April 2005. As a principle, there should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Direct funding currently in place can continue, but should be phased out over the next five years. Therefore, from April 2010, any direct funding of Cochrane Centres from commercial sources is prohibited. Non-direct funding of non-core activities (such as translation) would, however, be permitted after 2010 from a central fund – see 17 below.
9. Some entities may find themselves in financial difficulty because of the need to shed current commercial funding. Therefore, although this policy is mandatory now in relation to any new funding, it will become mandatory in relation to existing sources of funding two years after the date of adoption, to allow time for entities to seek alternative sources of funding. If any entity has contractual obligations that mean that they cannot shed current commercial funding within the next two years, they should discuss this urgently with the [Funding Arbiter](#).
10. The position of Funding Arbiter has been established, analogous to the [Publication Arbiter](#). The Funding Arbiter is a Steering Group member and convenes a standing panel of four to give guidance on difficult cases.
11. The responsible Cochrane Review Group should refer any existing Cochrane reviews that have been produced by a process that would no longer be permissible to the Funding Arbiter. A decision will be taken within the first twelve months of the implementation of this policy to consider what should happen to these Cochrane reviews (e.g. whether they should be withdrawn from *The Cochrane Library*).
12. Authors of reviews should declare financial support for the review, private clinical practice (if relevant), stocks, legal advice, consultancies, involvement in primary research in the subject area of their review, and any other 'competing interests' that they judge relevant.
13. Such declarations will be described in the review. The declarations will not be published outside of the review itself, for example with the [abstract](#) or plain language summary.
14. If an author has been actively involved in a study/studies that was/were eligible for their review, they should have, as a co-author, someone who was not involved in the study/studies. The co-author would not necessarily be the contact author for the review, but could act as a 'guarantor'.
15. If a review has been done, or is proposed, by people who are employed by a pharmaceutical or medical devices company that relates to the products of that company, it will be referred to the Funding Arbiter. In such circumstances, The Cochrane Collaboration will insist on a multi-disciplinary review team with a majority of the team of authors not being employed by the relevant company.
16. People with a direct financial interest in a particular intervention should not be involved in a review of that intervention, either as authors, editors or peer reviewers.
17. It was agreed to establish a central fund into which unrestricted donations could be made. It was further agreed that there should not be a prohibition on donations from any single

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company or type of industry but that all funding of activity in The Cochrane Collaboration should be in keeping with the principles of The Cochrane Collaboration.

18. There is an existing Collaboration policy on sponsorship of Colloquia. The Colloquium Policy Advisory Committee have been asked to reconsider this in light of changes to the policy on commercial sponsorship, and to bring any recommendations for changes to this policy to the Steering Group.
19. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue. When a central fund is established, the possibility that such income should go into it will be discussed.
20. John Wiley and Sons Limited should continue to be encouraged to make bulk sales of *The Cochrane Library* and derivative products to commercial sources.
21. All Cochrane Collaboration policies are kept under continual review, but these decisions will be formally reviewed after three years.

6 April 2004

### Amendments made in April 2005

1. The position on commercial funding of Methods Groups' activities is being reviewed and will be reconsidered at the Steering Group mid-year meeting in April 2006.
2. As a principle, there should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Direct funding currently in place can continue, but should be phased out over the next five years. Therefore, from April 2010, any direct funding of Cochrane Centres from commercial sources is prohibited. Non-direct funding of non-core activities (such as translation) would, however, be permitted after 2010 from a central fund – see 17 above.

### Amendments made in April 2006

The position on commercial funding of Methods Groups' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Khon Kaen in April 2006. It was agreed that funding from a commercial source (as defined in this policy) for activities of Methods Groups, or of their members, in producing Cochrane reviews of healthcare interventions or tests, or supporting individual review groups, including peer review, is not permitted. Methodologists who have personally received remuneration or research funds from a commercial source in the previous five years should ensure that they have no involvement in reviews of interventions or tests in which the commercial source has a vested interest. The receipt and use of commercial funds by Methods Groups for other purposes must be declared in Methods Groups' modules.

This information is available to the public at <http://www.cochrane.org/about-us/commercial-sponsorship>.

## Updating Cochrane Reviews: methods, guidance and implementation

### *Proposal for a launch forum for developing methods and policy to update reviews*

Jackie Chandler and Sally Hopewell on behalf of the Methods Executive

David Tovey, Editor in Chief, Cochrane Editorial Unit

20<sup>th</sup> November 2013

**Purpose:** Proposal for a cross cutting Methods work group or Methods Group developing strategies for managing the challenge of updating Cochrane Reviews

**Urgency:** High

**Access:** Open

## Proposal

### Introduction

Updating is important to ensure the ongoing relevance of a review, and is a cornerstone of the Cochrane method and value proposition. The ongoing production of new Cochrane Reviews and their maintenance has become an increasing challenge with Cochrane falling ever further behind. Just over 30% of active reviews were up to date within the defined Cochrane policy period of 2 years in 2012<sup>1</sup>.

Cochrane has made a clear commitment in the *Cochrane Strategy to 2020* to continue with this key policy under goal 1: producing evidence *“To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.”* Additionally as a key objective, *“We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.”* This highlights the need to develop the tools with which our authors and editorial bases can meet these targets. Furthermore, the strategy states that we will *“continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.”* Additionally, the field of primary research continues to expand making further demands on new reviews and their updates<sup>2</sup>.

The traditional "one-size-fits-all" 2-year strategy is unachievable and does not represent the most effective use of resources. At the 2012 Strategic Session in Paris, Cochrane signalled a move towards a "needs based approach" and therefore evaluation and development of new strategies are required to identify those reviews for which updating is likely to be most important from the perspective of the reader, and to facilitate effective updating of these reviews. Cochrane is committed to maintain reviews through the identification and incorporation of new evidence. We are also committed *“to*

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<sup>1</sup> The Cochrane Library Oversight Committee. Measuring the performance of The Cochrane Library [editorial]. *Cochrane Database of Systematic Reviews* 2012 Nov 14; (11):ED000048 <http://www.thecochranelibrary.com/details/editorial/3620281/Measuring-the-performance-of-The-Cochrane-Library.html> (13th August 2013).

<sup>2</sup> Mallett S, Clarke M: How many Cochrane Reviews are needed to cover existing evidence on the effects of healthcare interventions? [EBM Note]. *J Evid Based Med* 2003, 1:101–102. Bastian H, Glasziou P, Chalmers I: Seventy-five trials and eleven systematic Reviews a day: how will we ever keep up? *PLoS Med* 2010, 7(9):e1000326. doi:10.1371/journal.pmed.1000326.

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*bring efficiencies and improvements to our processes and methods, allowing us to deliver our evidence to users more quickly and effectively without compromising on quality*". This requires that we investigate and ascertain a range of approaches (methods) that are pragmatic, efficient, timely as well as applicable to the high standard set by the Cochrane Review model.

Up-dating reviews require a two-step process. The first step identifies strategies for decision-making and prioritisation of reviews, including horizon scanning for new studies, and the second includes changes to the methodological approaches for updating the review. These are both emerging fields of great interest and there are opportunities to develop and improve Cochrane's processes. (please see bibliography at appendix A).

The establishment of task based "launch fora" to develop methods and guidance has shown itself to be an effective way of accelerating the process of methods development, and as such has become increasingly common within Cochrane. Successful meetings such as those held on subjects such as complex interventions and inclusion of non-randomised studies have resulted in further work, publications and the move towards the development of guidance and implementation.

The proposal is to arrange a launch 'workshop' involving invited participants who have already been involved in updating methodology, and representatives across the Methods Groups, Cochrane Review Groups (CRGs) and the Cochrane Editorial Unit. There is potential, due to the location of the venue, to engage with colleagues in other review production organisations (ARHQ – Evidence Practice Centers) in the US. This 'workshop' would identify current strategies in development, gaps requiring additional research activity and methodological development. The initial workshop would set an agenda for a smaller working group or Methods Group to progress the workshop recommendations. The key outputs would be to develop guidance and pragmatic tools including adding to a new chapter on updating in the *Cochrane Handbook of Systematic Reviews of Interventions*.

The importance and priority to ascertain a satisfactory approach to one of the cornerstones of the Cochrane model, the updating of its reviews, would be a 'game changer' within the sphere of research evidence synthesis, both for Cochrane and beyond.

## Proposal details

### *Set up and run workshop on methods for updating Cochrane Reviews*

Objectives are to:

- ascertain what we already know about updating methodology;
- specify current methods and approaches for consideration;
- identify methodological gaps for further investigation;
- identify other relevant initiatives or proposals;
- review the updating policy;
- consider implementation issues and pragmatic approaches; and
- produce recommendations for The Cochrane Collaboration for ongoing work via a working group or Methods Group.

### Participants

Representatives from appropriate Methods Groups (e.g. Agenda and Priority setting, Information Retrieval, Bias, Statistics, Applicability and Recommendations), Cochrane Review Group editorial

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teams and Cochrane Editorial Unit representatives with a particular interest in updating, and other specific individuals with an expertise or knowledge of updating methods. We expect to limit numbers to under 30. The event will be by invitation only to ensure that we are able to include people with expertise and experience in evaluating and testing updating methods, alongside those responsible for maintaining their portfolio of reviews.

### Workshop structure

The format will be:

- Short presentations by invited individuals of known methods and approaches;
- Task focussed small multi-professional group activity; and
- Large group discussions and debate will agree a priority agenda for the proposed working group or Methods Group and other activity or platforms for dissemination, such as updating workshops at the Hyderabad Colloquium.

Venue: Holger Schünemann has offered to host this event at McMaster University, Hamilton, Canada. There will therefore be no room hire costs.

### Timing

May/June next year is optimal to allow for organisation and set up. It also avoids other key Cochrane events. The actual event will run over 2-3 days to allow for flexible travel arrangements. It will include some form of dial in or online group discussion for those unable to attend in person.

### *Updating methods working group*

The intention from this initial workshop is that a working group is formed supported by key relevant Methods Groups and interested representatives from CRGs.

### Objectives

- To scope out a programme of work based on recommendations from the workshop.
- To develop guidance including the *Handbook*.
- To develop an implementation plan (including quality assurance and audit).
- To identify priority research recommendations for potential future funding.

### Members

We will identify a sub set of the participants during the workshop meeting to initiate a working group. To ensure the equal addressing of methods and policy developments review of future membership will be undertaken. We hope that other members of the workshop meeting would act in an advisory capacity to the working group and will consider including others outside the invited participants as appropriate.

### Status within Cochrane

Methods Groups and CRGs will support the proposed working group under the auspice of MARS AC. It will initially be a working group until it has scoped its work programme before taking on any formal status.

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**Methods Group**

The workshop may provide a strong platform of committed and enthusiastic individuals willing to act as potential convenors to form and register a Methods Group. This group will overlap with other Methods Groups in terms of relevance.

**Summary of recommendation**

We hope that the CCSG will provide funding support for this initiative as described above to take updating methods forward because it is a priority area for Cochrane.

**Resource implications**

Similar meetings (e.g. RevMan Advisory Committee, Complex interventions meeting in Montebello) have received funding for this type of event. Funding would seek to cover catering, accommodation and travel costs for up to a maximum of 30 people. Costs are minimized as there will be no venue cost. Other costs will involve travel and two night's accommodation for up to 30 participants as well as catering for lunches across 2 days and one evening meal. A budget in the region of £ 31,310 is proposed.

**Estimated Costs for 30 people**

Cost items	Assumptions	Estimates for 30 people (GBP)
Return travel from Europe, US, Canada and Australasia + transfer Toronto Airport to McMaster University	30% (10) North America, 10% (3) Australasia, 60% (17) Europe. Return transfers by taxi (£117 return)	18,000 3510
Accommodation per night	2 nights per person £90 per night (mid range of 5 local options)	5,400
Evening meal	2 evening meals £40 per person (Inc. Taxes, gratuities and drinks)	2,400
Remote participation	Use of Gotomeeting software available at McMaster. Call in cost by participant	N/A
Catering costs per day	Lunch x 2 + 5 refreshment breaks	1400
Contingency		600
<b>Total estimated cost</b>		<b>31,310</b>

**Impact statement**

Financial if funded. Positive impact of providing a forum to address updating methods, a key priority, mitigates this one off cost.

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Failure to develop more effective and efficient ways to identify reviews in need of updating, and appropriate methods to ensure timely and methodologically valid updating represents a high reputational risk for Cochrane.

**Decision required by CCSG**

To support this proposal in full and allocate funding as requested.

**Additional material**

Appendix A: List of key papers and reports

Appendix B: Provisional programme outline

## Appendix A

### Barrowman 2003

Barrowman N, Fang M, Sampson M, Moher D. Identifying null meta-analyses that are ripe for updating. *BMC Medical Research Methodology* 2003;3:13.

### Chalmers 1994

Chalmers I, Haynes B. Reporting, updating, and correcting systematic reviews of the effects of health care. *BMJ* 1994; 309: 862-865.

### Chapman 2002

Chapman A, Middleton P, Maddern G. Early updates of systematic reviews - a waster of resources? *Pushing the Boundaries: Fourth Symposium on Systematic Reviews*, Oxford, 2002.

### Clarke 2010

Clarke M. Systematic reviews in all areas of health services research: design, reporting and implementation [poster]. Oral and poster presentation at Working Conference Health Services Research in Europe: where research and policy meet; 2010 Apr 8–9; The Hague, The Netherlands:107–8.  
[http://ukcc.cochrane.org/sites/ukcc.cochrane.org/files/uploads/HSR%20poster%20\(2010%20April\)%20PDF.pdf](http://ukcc.cochrane.org/sites/ukcc.cochrane.org/files/uploads/HSR%20poster%20(2010%20April)%20PDF.pdf)

### French 2005

French SD, McDonald S, McKenzie JE, Green SE. Investing in updating: how do conclusions change when Cochrane systematic reviews are updated? *BMC Medical Research Methodology* 2005;5:33.

### Garritty 2010

Garritty C, Tsertsvadze A, Tricco AC, Sampson M, Moher D. Updating systematic reviews: an international survey. *PLoS One* 2010;5(4):e9914.

### Hopewell 2007

Hopewell S, Clarke MJ, Stewart L, Tierney J. Time to publication for results of clinical trials. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: MR000011. DOI: 10.1002/14651858.MR000011.pub2.

### Jaidee 2010

Jaidee W, Moher D, Laopaiboon. Time to update and quantitative changes in the results of Cochrane pregnancy and childbirth reviews. *PLoS One* 2010; 5(7):e11553.

### Loudon 2008

Loudon K, Hopewell S, Clarke M, Moher D, French S, Scholten R, et al. Development of a decision tool for updating Cochrane reviews. 16<sup>th</sup> Cochrane Colloquium 2008; 102 (Suppl VI): 24–5.

### Middleton 2004

Middleton PF. Life cycle of Cochrane reviews. *Chinese Journal of Evidence-Based Medicine* 2004; 4:488–92.

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**Moher 2006**

Moher D, Tsertsvadze A. Systematic reviews: when is an update an update? *The Lancet* 2006; 367: 881-883.

**Moher 2007**

Moher D, Tsertsvadze A, Tricco AC, Eccles M, Grimshaw J, Sampson M, Barrowman N. A systematic review identified few methods and strategies describing when and how to update systematic reviews. *Journal of Clinical Epidemiology* 2007; 60: 1095-1104.

**Moher 2008**

Moher D, Tsertsvadze A, Tricco AC, Eccles M, Grimshaw J, Sampson M, Barrowman N. When and how to update systematic reviews. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art No: MR000023.

**Moher 2008**

Moher D, Tsertsvadze A, Tricco A, Eccles M, Grimshaw J, Sampson M, Barrowman N: When and how to update systematic Reviews. *Cochrane Database Syst Rev* 2008, (1):MR000023. doi:10.1002/14651858.MR000023.pub3.28.

**Pattanittum 2012**

Pattanittum P, Laopaiboon M, Moher D, Lumbiganon P, Ngamjarus C: A comparison of statistical methods for identifying out-of-date systematic Reviews. *PLoS One* 2012, 7(11):e48894.

**Sampson 2009**

Sampson M, McGowan J, Cogo E, Grimshaw J, Moher D, Lefebvre C. An evidence-based practice guideline for the peer review of electronic search strategies. *Journal of Clinical Epidemiology* 2009;62:944–52.

**Sampson 2008**

Sampson M, Shojania KG, McGowan J, Daniel R, Rader T, Iansavichene AE, et al. Surveillance search techniques identified the need to update systematic reviews. *Journal of Clinical Epidemiology* 2008;61:755–62.

**Shea 2006**

Shea B, Boers M, Grimshaw JM, Hamel C, Bouter LM. Does updating improve the methodological and reporting quality of systematic reviews? *BMC Medical Research Methodology* 2006; 6: 27.

**Shekelle 2001**

Shekelle PG, Ortiz E, Rhodes S, Morton SC, Eccles MP, Grimshaw JM, et al. Validity of the Agency for Healthcare Research and Quality clinical practice guidelines: how quickly do guidelines become outdated? *The Journal of the American Medical Association* 2001;286(12):1461–7.

**Shojania 2007a**

Shojania KG, Sampson M, Ansari MT, Ji J, Doucette S, Moher D. How quickly do systematic reviews go out of date? A survival analysis. *Annals of Internal Medicine* 2007; 147: 224-233.

**Shojania 2007b**

Shojania KG, Sampson M, Ansari MT, Ji J, Garritty C, Rader T, Moher D. *Updating Systematic Reviews. Technical Review No 16 (Prepared by the University of Ottawa Evidence-based Practice Center under Contract No 290-02-0017)*. Rockville (MD): Agency for Healthcare Research and Quality, 2007.

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**Sutton 2009**

Sutton AJ, Donegan S, Takwoingi Y, Garner P, Gamble C, Donald A. An encouraging assessment of methods to inform priorities for updating systematic reviews. *Journal of Clinical Epidemiology* 2009;62:241–51.

**Takwoingi 2013**

Takwoingi Y, Hopewell S, Tovey D, Sutton. A multi-component decision tool for prioritising updating of systematic reviews. *BMJ* (In press).

**Takwoingi 2008**

Takwoingi Y, Sutton AJ, Donegan S, Garner P, Gamble C, Donald A. Prioritising the updating of systematic reviews. 16<sup>th</sup> Cochrane Colloquium 2008; 102 (Suppl VI): 93.

**Tovey 2011**

Tovey D, Marshall R, Bazian Ltd, Hopewell S, Rader T. *Fit for purpose: Centralised updating support for high priority Cochrane Reviews*. July 2011 Cochrane-National Health Service Engagement Award Scheme. NIHR Evaluation Trials Studies Co-ordinating Centre.

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## Appendix B Outline of Programme

### Topic areas to be covered:

#### **SPECIFIC ASPECTS**

- Identification of reviews requiring updating
- Prioritisation tools, methods and strategies for updating
- Search strategy methods for updating
- Updating methodological aspects of reviews (e.g. risk of bias, GRADE) )
- Inclusion of new studies and new data (e.g. inclusion of previously unpublished data)

#### **TECHNOLOGICAL ASPECTS**

- Use of technology to semi automate the updating process (e.g. automated data extraction, data repositories)

#### **GENERAL ASPECTS**

- Review of Cochrane policy on updating: moving away from the 2 year rule
- Development and updating of guidance (MECIR, Handbook)
- Implementation of updating guidance (editorial support),
- Presentation and publication of updates
- The future – pragmatic approaches to updates (rapid approaches) to updates

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# 1 The Cochrane Collaboration Supports Access to Data from All Trials

2

3 The Cochrane Collaboration is committed globally to providing policy-makers, clinicians, patients and  
4 their caregivers with up-to-date and accurate information about the effectiveness and safety of  
5 healthcare interventions. It publishes systematic reviews in *The Cochrane Library* and updates these  
6 regularly.

7

8 Cochrane systematic reviews draw heavily on the results from randomised and non-randomised  
9 controlled trials. Because trial results are often selectively reported, the benefits of interventions can  
10 be exaggerated and the harms underestimated. To be able to summarize the effectiveness and  
11 safety of healthcare interventions, we need to know what trials were done, how they were  
12 conducted and what their findings were.<sup>1</sup> The public sharing of information about trial results will  
13 allow them to be assessed both individually and in the context of systematic reviews.

14

15 To ensure that data from all trials evaluating the effects of healthcare interventions become publicly  
16 available, without undue delay, The Cochrane Collaboration calls for:

17

- 18 · All trials to be registered before recruitment of the first participant on a publicly accessible  
19 database (see the Cochrane statement on this [here](#));
- 20  
21 · Full trial protocols to become publicly available free of charge and in easily accessible electronic  
22 formats, preferably at inception, but certainly within 12 months after completion of planned  
23 collection of trial data. Any changes to the protocol should be clearly documented and dated;
- 24  
25 · Summary results for all protocol-specified outcomes, with analyses based on all participants, to  
26 become publicly available free of charge and in easily accessible electronic formats within 12  
27 months after completion of planned collection of trial data;
- 28  
29 · Raw, anonymised, individual participant data to be made available free of charge; with  
30 appropriate safeguards to ensure ethical and scientific integrity and standards, and to protect  
31 participant privacy (for example through a central repository, and accompanied by suitably  
32 detailed explanation);
- 33  
34  
35 · Government agencies to recognise collective responsibility for trial data, including sponsors,  
36 investigators, research ethics committees, trial participants and the wider public, and therefore  
37 to ensure that adequate mechanisms, resources and infrastructure are provided to facilitate  
38 access to the data, protocols and results;

39

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40 • Government agencies to consider introducing legislation that makes it a requirement to provide  
41 the results from all trials to the public;

42 Calls for data sharing have also come from a variety of international organisations, research funders,  
43 and others, including the Organisation for Economic Co-operation and Development (OECD),<sup>2,3</sup> the  
44 World Health Organization (WHO), the US National Institutes of Health (NIH), the Bill and Melinda  
45 Gates Foundation and the Hewlett Foundation,<sup>4</sup> the US Congress,<sup>5</sup> the European Commission,<sup>6,7</sup> the  
46 European Ombudsman,<sup>8,9</sup> journal editors,<sup>10,11,12,13,14</sup> the UK Medical Research Council (MRC),<sup>15</sup> and  
47 the Wellcome Trust.<sup>16</sup> Such calls have mostly been restricted to publicly-funded research, but the  
48 distinction between publicly-funded research and industry-funded research is an artificial one, as the  
49 interests of the patients and the wider public should override commercial interests.<sup>8,9</sup>

50 The Cochrane Collaboration is a partner of the [AllTrials campaign](#) which has brought together  
51 individuals and organisations from across the world in support of promoting full disclosure of  
52 summary results from trials. The Cochrane Collaboration supports the use of individual participant  
53 data in systematic reviews and contributes to the ongoing debate around how such data should be  
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55

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## Cochrane Collaboration Mid-Year Meeting Timetable

Saturday 29th March	Sunday 30th March	Monday 31st March	Tuesday 1st April	Wednesday 2nd April	Thursday 3rd April	
Central Executive Team meeting 9AM-5PM Followed by dinner	Steering Group Meeting Part 1 9AM-6PM followed by dinner	Co-Eds Exec 8:00 - 10:30AM	Centre Directors Board 9:00AM-11:00AM	Methods Application & Review Standards Advisory Committee 7:30AM-8:45AM	Cochrane Innovations 09.00AM - 5.00PM	
		Morning Refreshments 10:30AM & Lunch 12:30PM	Morning Refreshments 10:30AM & Lunch 12:30PM	Steering Group Meeting 9:00AM-1:00PM		
		Centre Directors Exec 8:30-10:00AM	Co-Eds Board 8:00AM-11:00AM			
		TSCs Exec 9:00AM-5:00PM	Consumers Exec 9:00AM-2:00PM			
		Consumers Exec 9:00AM-5:00PM	TSCs Exec 9:00AM-11:00AM			
		Fields Exec 9:00AM-6:00PM	Fields Exec 9:00AM-1:00PM		Morning Refreshments 10:30AM & Lunch 12:30PM	
		MEs Exec 10AM - 5PM	MEs Exec 9:00-11:00AM		Senior Management Team 2:00-4:00PM	
		Co-Eds Board 11:00AM-5:00PM	Centre Directors Exec 11:00AM - 1:00PM			
		Centre Directors Board 11:00AM-5:00PM	Joint Meeting of CRGs & Methods Execs 11:00AM - 2:00PM			
		Methods Exec 11:00AM-5:00PM	Strategic Session 2:00PM - 5:30PM with break out rooms			
		Afternoon Refreshments 3:30PM				
		Methods Application & Review Standards Advisory Committee 5:30 - 7:00 PM				
				Students of Medicine Symposium and IberoAmerican meeting 9AM - 5PM	Cochrane symposium and workshops 9AM - 5PM	Cochrane Symposium and workshops 9AM - 5PM

	Centrally Funded Staff Meeting
	Centre Directors Meetings
	Co-Eds Meetings
	Consumers Exec Meetings
	Symposium
	Fields Exec Meetings
	Joint Meeting of CRGs & Methods Execs
	MEs Meetings
	Methods Meetings
	Steering Group Meetings
	Strategic Session
	TSCs Meetings

Date	Meeting	No. of people	Table layout	Audio Visual / technical	Internet connection (wifi)
29-Mar	Central Executive Team	30 TBC	Boardroom style	Projection equipment for PPT presentations	Yes
30-Mar	Steering Group	22	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	TSC Executive	8	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	Co-ordinating Editors' Executive	14	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	Centre Directors Executive	6	Same room as Centre Directors Board	Projection equipment for PPT presentations	Yes
31-Mar	Consumers Executive	6	Round table	Projection equipment for PPT presentations	Yes
31-Mar	Fields Executive	8 TBC			
31-Mar	MEs Executive	8	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	Co-ordinating Editors' Board	35 TBC	open U shaped	Projection equipment for PPT presentations	Yes
31-Mar	Centre Directors Board	20	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	Methods Executive	9	Boardroom style	Projection equipment for PPT presentations	Yes
31-Mar	MARS Advisory Committee	15	Boardroom style	Projection equipment for PPT presentations	Yes
01-Apr	MARS Advisory Committee	15	Boardroom style	Projection equipment for PPT presentations	Yes
01-Apr	Centre Directors Board	20	Boardroom style	Projection equipment for PPT presentations	Yes
01-Apr	Co-ordinating Editors Board	35 TBC	open U shaped	Projection equipment for PPT presentations	Yes
01-Apr	Consumers Executive	6	Round table	Projection equipment for PPT presentations	Yes
01-Apr	TSC Executive	8	Boardroom style	Projection equipment for PPT presentations	Yes
01-Apr	Fields Executive	8 TBC			
01-Apr	MEs Executive	8	Boardroom style	Projection equipment for PPT presentations	Yes
01-Apr	Centre Directors Executive	6	Same room as Centre Directors Board		
01-Apr	CRGs & Methods Executives	40 TBC	open U shaped	Projection equipment for PPT presentations	Yes
01-Apr	Strategic Session	100 TBC	Theatre style	Projection equipment for PPT presentations	Yes
02-Apr	MARS Advisory Committee	15	Boardroom style	Projection equipment for PPT presentations	Yes
02-Apr	Steering Group	22	Square/Rectangle - Boardroom	Projection equipment for PPT presentations	Yes
02-Apr	Senior Management Team	8	Square/Rectangle - Boardroom	Projection equipment for PPT presentations	Yes
03-Apr	Cochrane Innovations	12	Square/Rectangle - Boardroom	Projection equipment for PPT presentations	Yes

#### NOTES

- 1 Water should be provided in all rooms
- 2 TBC = To be confirmed
- 3 2/3 additional chairs in every room for guests
- 4 Please provide a variety of vegetarian and non-vegetarian food on each lunch menu
- 5 Final numbers will be provided closer to the time of the meeting

Teleconference facilities	Other	Special diets	Contact person
No		TBC	Claire Allen
No		1 x no seafood	Claire Allen
NO		None	Vicki Pennick
YES		Breakfast required	Vicki Pennick
No		TBC	Steve McDonald
Yes		None	Catherine McIlwain
		TBC	Denise Thomson
<b>NO</b>		2 x vegetarian	Vicki Pennick
YES		TBC	Vicki Pennick
No		TBC	Steve McDonald
YES		TBC	Jackie Chandler
YES			
YES		Breakfast required	
No		TBC	Steve McDonald
no		Breakfast required	Vicki Pennick
Yes		None	Catherine McIlwain
No		None	Vicki Pennick
		TBC	Denise Thomson
<b>NO</b>		2 x vegetarian	Vicki Pennick
		TBC	Steve McDonald
no		TBC	Jackie Chandler/Vicki Pennick
No	8 break out rooms	TBC	Claire Allen
TBC		Breakfast required	Jackie Chandler
No		1 x no seafood	Claire Allen
No		To be confirmed	Claire Allen
No		TBC	Juliane Ried

## Report of the Colloquium Policy Advisory Committee (CPAC)

*Paper prepared by Jordi Pardo Pardo and Juliane Ried, CPAC Co-convenors, 26 November 2013*

### Purpose

1. To present the CPAC's response to the proposal from the Korean Branch of the Australasian Cochrane Centre to host the Colloquium in 2016 (Decision required).
2. To provide an update on CPAC activities.

### Urgency

High (in relation to the Korean proposal).

### Access

Open.

### 1. Proposal to host the Cochrane Colloquium in Seoul, South Korea, in 2016

The call for proposals for the 2016 Colloquium was distributed in August 2013, with a deadline for proposals in mid-October. We had already informed the Steering Group in Québec about a firm offer from the Korean Branch of the Australasian Cochrane to host the 2016 Colloquium, and Steve McDonald, former Co-convenor of CPAC, met with the Korean team in Québec to discuss related details. The Korean team also participated in the debriefing meeting following the Colloquium. In response to our call for proposals the Korean Branch submitted an official offer. We didn't receive any other formal submissions.

The CPAC members were delighted about the possibility to hold the Colloquium in Seoul and very supportive of the proposed location. This would be the third Colloquium in Asia after Singapore in 2009 and Hyderabad in 2014, and the first one in East Asia. If Seoul is chosen, it would affirm Cochrane's ambition and willingness to enhance capacity in this part of the world and address local and regional issues. With the Colloquium in Madrid in 2011, Auckland in 2012, Québec in 2013 and Vienna in 2015, it would be appropriate to return to a non-Western location in 2016.

Seoul as a location has several advantages:

- Seoul is a modern, safe and environment-engaged city.
- As a metropolis where modernity and Korean tradition coexist and melt, and surrounded by nature, Seoul is an attractive place for visitors.
- Seoul is very well connected with two international airports and an extensive airport-to-city transportation network.
- Its public transport is well served and easy to navigate; sign-posts and announcements are in English and Korean.
- Close to Seoul are several countries with little to moderate Cochrane activity and presence, where there is room to grow: China, Japan, Taiwan, Vietnam, Philippines, Thailand, Malaysia or Indonesia could all benefit from a Colloquium which would only be 2-6 hours on the plane away.

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The CPAC members shared some concern and requested further details after receipt of the initial proposal, mainly in relation to the choice of venue and the proposed dates. We therefore asked for clarification and additional information. The appended revised proposal addressed all of our comments.

*Venue*

The Korean Branch has identified two potential venues, both of which are modern conference centres regularly hosting international events:

Sejong Convention Centre	COEX
Appropriately sized and laid out for a Colloquium	Larger than needed
Very low number of hotel rooms in reasonable walking distance (88); the majority of participants will have to use public transport (2-3 metro stops, direct) or shuttles between hotels and venue	Insufficient number of hotel rooms in reasonable walking distance; many participants will have to walk long distances, or use public transport or shuttles between hotels and venue
Projected total cost taking into account venue, catering and professional conference organiser: <b>693,000 USD</b> Projected registration fee to cover cost: <b>min. 1000 USD</b>	Projected total cost taking into account venue, catering and professional conference organiser: <b>1,015,000 USD</b> Projected registration fee to cover cost: <b>min. 1300 USD</b>

The CPAC members considered sufficient accommodation in walking distance a very high priority criterion for the choice of the Colloquium venue. However, in view of the two available options and the difference in cost, the CPAC agreed that Sejong Convention Centre would be the preferred choice, provided the Korean team can make a number of provisions (see below) to facilitate travel between hotels and Sejong.

*Number of participants*

The anticipated number of participants (900) appears too high in comparison to previous Colloquia in this part of the world. While attraction of participants in this region may change in the next few years, we would still recommend that for budgeting purposes, the break-even target should be aligned with numbers of Melbourne, Singapore, Auckland and Hyderabad, so closer to 500-700 participants.

*Proposed dates*

The proposed dates are 14-18 October 2016, or later in October. These dates avoid clashes with major public and religious holidays, and take into account holidays relevant to countries in the region (see section 3 of the proposal). With Yom Kippur taking place on 11-12 October, a Colloquium start on 14 October is the earliest option thereafter leaving space for two pre-Colloquium days.

*Local organisers and sponsors*

The proposed members of the local organising team are from different organisations and institutions, with experience in organising meetings and conferences and in sourcing for local

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sponsorship. As a Branch of the Australasian Cochrane Centre (ACC), they will also be able to draw from the ACC's experience in organising Colloquia.

**For consideration by the Steering Group**

If the Korean proposal is accepted, the organising team should be informed of the planned strategic review of the Colloquium, the results of which may have little to substantial impact on the scope, format and logistics of Colloquia.

**Recommendation**

The CPAC recommends that the Steering Group approves the proposal from the Korean Branch of the Australasian Cochrane Centre to host the Cochrane Colloquium in Seoul in 2016, conditional on the Korean team taking into account the following comments:

- Opt for the cheaper venue (Sejong Convention Centre), as the cost difference to COEX is indeed substantial, and while the hotel situation around COEX is slightly better, it is not ideal either.
- Block the rooms that are available onsite at Sejong Convention Centre or nearby for people with limited mobility, stipend recipients, and people involved in the organisation (to be defined with CPAC and Colloquium Liaison).
- Assess available public transport options carefully, in particular for those with mobility issues, and complement with sufficient shuttle services as needed (frequency to be defined with CPAC and Colloquium Liaison). Provide participants with complimentary subway tickets as proposed. Ensure adequate information on transportation options is available when people book accommodation and register for the Colloquium, so they are aware of what they are signing up to.
- Consider a later start in the morning to allow for travel time between hotels and the venue.
- Check past Colloquium participant numbers when building the budget, as the indicated 900 participants may be too high. Melbourne, Singapore, Auckland and Hyderabad Colloquium data will likely provide the most realistic estimates.
- Key staff members of the local organisers and professional conference organisers should attend at least one Colloquium prior to 2016.

**Resource implications**

No additional resources required.

**Impact statement**

The Seoul Colloquium proposal is the only proposals for 2016. Acceptance of the proposal will ensure the continuity of the annual Colloquium and demonstrate Cochrane's commitment to global health and promoting wide participation across different regions and languages.

**Decision required**

Yes, to accept the proposal to hold the Cochrane Colloquium in Seoul in 2016.

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**2. Update on CPAC activities****a. Colloquium Standard Operating Procedures (SOPs)**

Claire Allen, Tom Cracknell and Juliane Ried have completed a substantial update of the Colloquium SOPs in consultation with CPAC members and Central Executive staff as required. The new version has been shared with the Hyderabad and Vienna organisers. The SOPs provide detailed guidance on all aspects of organising Colloquia (in addition to CPAC's stipends and sponsorship policies). We plan to establish processes that will ensure regular update by the Central Executive and CPAC (including past organisers) to incorporate additional recommendations and innovations as they occur. The SOPs are available at <http://cpac.cochrane.org/policies>.

**b. Updates on 2014 and 2015 Colloquia**

Claire Allen, Cochrane's Colloquium Liaison, is receiving monthly progress updates from the Hyderabad organisers. The organisation progresses timely and the website is scheduled to launch in December. Claire and other members of the Central Executive are also in sporadic or regular contact with the Hyderabad team to advise on different aspects of the planning.

The date for the Vienna Colloquium has been moved from Mid-September to 3-7 October 2015 in order to avoid a conflict with important Jewish holidays. Claire is currently liaising with the Vienna organisers to sign the Memorandum of Understanding. Juliane, who has been assigned as CPAC's mentor to the Vienna organisers, is in sporadic contact with the Vienna team to answer questions. The team appears to be very well prepared and is more than well on schedule with the planning.

**c. Colloquium strategic review**

Jordi and Juliane have had initial discussions and are currently working on scoping out the issues that will need to be addressed as part of a strategic review of the Colloquium, and potential approaches to conduct the review.

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## Proposal to host the Cochrane Colloquium in 2016

Host Cochrane Centre or Branch	Korean Branch of the Australasian Cochrane Centre
Location (city, country)	Seoul, Republic of Korea
Date (month, year)	October 2016
Contact person for this proposal	Hyeong Sik Ahn ( <a href="mailto:ahnhann@gmail.com">ahnhann@gmail.com</a> ) Sang Hyuk Lee ( <a href="mailto:cochranekorea@gmail.com">cochranekorea@gmail.com</a> )

### 1. Style and format of Colloquium

Briefly describe the style or format of Colloquium you propose to organise. (Please refer to 'Models for Cochrane Colloquia' at <http://cpac.cochrane.org/policies> for guidance.)

We propose to use the traditional colloquium model, duration of 5 days, targeting Cochrane contributors, newcomers (from Korea and East Asia region) to promote the Collaboration's work and the use of evidence in clinical practice.

The advantage of this model is scientific program designed to attract those more broadly involved in evidence based health care who would not normally attend Colloquia outside Korea/East Asia Region.

### 2. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to The Cochrane Collaboration of holding the Colloquium in this location? Do you have a particular theme in mind?

Although there has been a recent increase of systematic reviews, many topics relevant to the local situation remain under-produced. Also, the results of the systematic reviews is not widely recognized or used by many practicing professionals in East Asia region as well as Korea.

Cochrane Colloquium has not been held in the East-Asia before. With establishing Branches of the Australasian Cochrane Centre in Korea, Singapore, Thailand and Malaysia, some advances have been made on local involvement in The Cochrane Collaboration and encouraging people to become contributors.

By hosting Cochrane Colloquium in Korea, we expect several benefit or opportunities:

- 1) Providing training opportunities for authors of Cochrane reviews and other contributors to the Cochrane Collaboration based in East Asia region.
- 2) Engaging with partners at national and regional level, such as policy makers and guideline developers.
- 3) Promoting information about the Cochrane Collaboration in the country.
- 4) Enhancing role of Cochrane Branches in the East Asia region.
- 5) Producing more Cochrane reviews in East Asia region.

In scientific program, we will organize several sessions including plenary sessions on East Asia specific health care issues.

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## 3. Timing of Colloquium

Are there particular reasons for wanting to host the Colloquium in the year chosen? (If you propose to hold the Colloquium at a different time of year, i.e. not October, please explain why.)

We are proposing 14-18 October. This avoids many religious and national holidays at the beginning of October. Known holidays in September/October 2016:

15 Sep	Chinese Mid-Autumn Festival
14-18 Sep	Holiday in Korea
19 Sep	Holiday in Japan
22 Sep	Holiday in Japan
1 Oct	Chinese National Day (followed by week-long holiday)
2-4 Oct	Rosh Hashanah
3 Oct	Public Holiday in Korea
9 Oct	Public Holiday in Korea
10 Oct	Public Holiday in Japan
10 Oct	Canadian Thanksgiving
11-12 Oct	Yom Kippur

## 4. Travel and transport

How good are transport links, particularly access to international airports for overseas delegates?

## (1) Airport

Incheon International Airport was established in 2001 and is located approximately one hour from Seoul. The airport houses over 64 airline offices and manages over 450 inbound and outbound international and domestic flights every day. Seoul is one of the world's best-connected cities. With two international airports and an extensive airport-to-city transportation network, Seoul has the resources to welcome large numbers of visitors from all over the world.

## (2) Airport to Seoul

There are buses that take you directly from Incheon International Airport to major hotels. Taxis are another way to get to Seoul from the airports. Also, there is train called AREX (Incheon Airport Railroad Express) that is transportation connecting Incheon International Airport to Seoul Station in the heart of the city. There are two types of service: express trains and all-stop trains. The express trains go nonstop between Incheon International Airport and Seoul Station in 43 minutes, while the all-stop trains follow the same route but stop at all 10 stations in-between. Six out of the 10 stations are connected to Seoul Metro lines, helping you to travel conveniently to Incheon International Airport, Seoul and other surrounding area.

<b>Limousine Bus</b> (Incheon International Airport - Seoul Station)	13 USD	75 min (1h 15min)
<b>Taxi</b> (Incheon International Airport - Seoul Station)	60 USD	70 min (1h 10min)
<b>AREX (Commuter)</b> (Incheon International Airport - Seoul Station)	4 USD	53 min
<b>AREX (Express)</b> (Incheon International Airport - Seoul Station)	8 USD	43 min

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### (3) Transport to Venue

#### 1. Subway

Sejong Convention Center, the proposed venue for the 2016 Cochrane Colloquium, is connected by major subway lines and located next to the Children's Grand Park Subway Station on line 7. There is an elevator for people with mobility issues in Children Grand Park Station. The subway with eleven lines currently connecting various parts of Seoul is efficient way to get to Sejong Convention Center. Seoul metropolitan subway also provides announcements on the trains to indicate upcoming stations and possible line transfers in English. All stations display signs both in Korean and English. Trains run non-stop approximately from 5:30 am until midnight every day. The estimated travel time between subway stations is 2-3 minutes. Also, trains run every 2-5min and every 1-3min during peak hours. Subway fare is 1 USD – 2 USD depend on distance traveled. The subway operation hours are from 5:30 to approximately 24:00.

#### 2. Taxi

There are several taxis in front of Sejong Convention Center and Hotels, and one can easily catch taxis in 24 hours. Taxi call center services are available in English and they are available 24hours a day. Taxi fare is approximately 10USD from major hotels to Sejong Convention Center.

#### 3. Shuttle

We will operate shuttle bus from major hotels to the Venue

## 5. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent meetings. Are there suitable venues available?

We have chosen the Sejong Convention Center in Seoul for the Colloquium venue. A modern facility set in front of the forest of the Children's Grand Park, Sejong Convention Center is an international level facility designed to provide service for professional meetings. The Center was established in 2012, is conveniently located near Gangnam, heart of Seoul and Seoul's business district, and hosts a yearly average of 30 exhibitions and over 100 separate meetings and events.

Sejong Convention Center has a main banquet hall with a seating capacity of 1,500, 10 small- and medium-sized conference rooms, 20 class rooms, an exhibition hall, a concert hall and guest rooms in one place. Lunch and coffee break during the Colloquium will be prepared and provided by affiliated hotel staff. All participants will be able to use Wi-Fi in Sejong Convention Center.

We have considered another venue which is Coex Convention and Exhibition Center ("Coex") was established in 1979, and is located in Seoul. Coex hosts a yearly average of 200 exhibitions and over 2,000 separate meetings and events. Coex's meetings facilities consist of 4 main exhibition halls and 54 dividable meeting rooms. In Coex, the Grand Ballroom is a 1,817 m<sup>2</sup> pillar-free space that can be divided into five sections. Also, it is capacity of over 2,000 seats and dividing into 3-5 rooms as occasion demands. Lunch and coffee break during the Colloquium will be also prepared and provided by affiliated hotel staff. All participants will be able to use Wi-Fi in Coex.

## Comparison between Sejong and COEX

Although COEX has advantage in accessibility to hotels, the price of COEX is expensive. In the results, the registration fee increased by 300 USD per person

1. COEX's venue price is total 290,000 USD (160,000 USD and it's setup fees are 130,000 USD). However, Sejong's venue price is total 180,000 USD (only 100,000 USD and it's setup fees are only 80,000 USD) so this shows that COEX's prices are more expensive
2. For lunch and beverages, we must use the catering service company which is designated by COEX. The price of the designated food company is more expensive than Sejong and other company.
3. Also, most hosting organizations in COEX contract with PCO (Professional Convention Organizers) which belong to COEX. COEX-PCO is usually more expensive than other companies in the industry.
4. COES is only available 24th – 28th Oct while Sejong is more flexible.

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Table.1 The budget comparison between Sejong and COEX

	Sejong	COEX	Difference
<b>TOTAL</b>	<b>693,000 USD</b>	<b>1,015,000 USD</b>	<b>322,000 USD</b>
VENUE	100,000 USD	160,000 USD	60,000 USD
Setup Fee (Rental Equipment + Poster board, Microphone)	80,000 USD	130,000 USD	50,000 USD
Lunch + Beverage (5 lunch * 900 participants)	405,000 USD (90 USD / person)	585,000 USD (130 USD / person)	180,000 USD
PCO Fee (Professional Convention Organizers)	100,000 USD	140,000 USD	30,000 USD
Shuttle Bus	8,000 USD		8,000 USD
Estimate Registration Fee per person	(1,000 – 1,100 USD)	(1,300 – 1,400 USD)	350 USD

Table.2 Registration fee for past five years Colloquium

	2010	2011	2012	2013
	Colorado (USA)	Madrid (Spain)	Auckland (New Zealand)	Quebec (Canada)
Early Registration		910 USD	1030 USD	1015 USD
Regular Registration	999 USD	1100 USD	1150 USD	1265 USD

## 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues).

Seoul is the capital city of Korea and located roughly at the center of Korean peninsula. Seoul is a city that embraces the beauty of both tradition and modernity. With five ancient palaces and five World Heritage Sites designated by UNESCO, Seoul is living history of 600 years as the capital of the Choseon Dynasty. Seoul has a population of 10+ million individuals and 4+ million households. This represents a quarter of the population of Korea, despite the city accounting for less than 1 per cent of the country's area. Also, there are some 250,000 foreigners residing in Seoul, with the largest concentration of foreigners found in the city's Yongsan area.

Seoul is a city with a high level of safety and security and a low crime rate. The city operates the Seoul Global Center that provides various services, including a hotline, for visitors. Korean cuisine uses lots of fresh ingredients to create diverse flavours and nutritious, healthy meals and is well-received by foreigners. The food in Korea is relatively cheap but high in quality, and one can find restaurants running late into the night and even ones open 24-hours. Seoul's food does wonders in attracting people to the city.

Seoul is a modern metropolis surrounded by mountains and divided by the large river called Hangang. The city has several parks and trails, and pursues various policies to preserve the environment such as using eco-friendly fuel and vehicles, hosting green international conferences, and operating environment-friendly convention centers.

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## 7. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue? Briefly describe the available options.

There are 5 five-star hotels and 4 four-star hotels near the Sejong Convention Center as venue of Cochrane Colloquium. The majority of these rooms is located near conference venue within 20 minutes by car and offers a variety of options. We will make arrangements with suitable hotels near from the Colloquium venue. Also, shuttle bus operation can be considered to major hotels.

Map showing venues and hotels: <http://bit.ly/17ysB4x>

1. Hotels near from Sejong Convention Center  
(We will give subway tickets to participants)

- a. within walking distance

Hotel	Grade	Number of Room	Distance	Time by walk	Taxi	Subway
	Price					
Sejong University Guest House ( <a href="http://convention.sejong.ac.kr">http://convention.sejong.ac.kr</a> )	Guest House	18	In the Convention Center			
	80 USD					
Phil-House ( <a href="http://www.philhouse.co.kr/index.php?lengs=en">http://www.philhouse.co.kr/index.php?lengs=en</a> )	Guest House	35	1.5 km	15 min	5mins / 5 USD	7 min / 1 Stop / 1 USD
	80 USD					
The Classic 500 Pentaz Executive Residence ( <a href="http://www.theclassic500.com">http://www.theclassic500.com</a> )	Residence	35	1.5 km	15 min	5mins / 5 USD	7 min / 1 Stop / 1 USD
	250 USD					
Dong Seoul Hotel ( <a href="http://www.idshotel.co.kr/">http://www.idshotel.co.kr/</a> )	Four-Star	105	3 km	30 min	10 min / 7 USD	10 min / 2 stops / 1 USD (Shuttle bus will be operated)
	100 USD					

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- b. Accessible by Subway (Non Transfer, Number 7 line)  
(We will provide subway tickets and shuttle bus for major hotels.)

Hotel	Grade	Number of Room	Distance	Subway	Taxi	Shuttle (Venue – Hotel)
	Price					
Prima Seoul ( <a href="http://www.prima.co.kr">http://www.prima.co.kr</a> )	Four-Star	200	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
	110 USD					
Hotel Riviera ( <a href="http://www.hotelriviera.co.kr/">http://www.hotelriviera.co.kr/</a> )	Four-Star	319	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
	130 USD					
Ellui Hotel ( <a href="http://www.ellui.com/english/ain/main.asp">http://www.ellui.com/english/ain/main.asp</a> )	Four-Star	139	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
	130 USD					
Intercontinental Seoul Coex ( <a href="https://www.iccoex.com/kor/index.do">https://www.iccoex.com/kor/index.do</a> )	Five-Star	400	5.6 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 8 USD	Yes
	220 USD					
Ramada Seoul Hotel ( <a href="http://www.ramadaseoul.co.kr/eng/default.asp">http://www.ramadaseoul.co.kr/eng/default.asp</a> )	Four-Star	243	6.4 Km	4 Stops / 20 min / 1 USD	20 min / 10 USD	Yes
	150 USD					
JW Marriott Hotel ( <a href="http://www.jw-marriott.co.kr/">http://www.jw-marriott.co.kr/</a> )	Five-Star	497	6 Km	8 Stops / 17 min / 1.2 USD	20 min / 10 USD	
	200 USD					
Seoul Palace Hotel ( <a href="http://www.seoulpalace.co.kr/eng/">http://www.seoulpalace.co.kr/eng/</a> )	Five-Star	270	6 Km	8 Stops / 17 min / 1.2 USD	20 min / 10 USD	
	230 USD					

## 2. Hotels near from COEX

## a. Five-Star Hotel

Grand InterContinental Seoul Parnas (5mins by walk) (<http://www.seoul.intercontinental.com>)

InterContinental Seoul COEX (3min by walk) (<http://www.seoul.intercontinental.com>)

## b. Four-Star Hotel

Ramada Seoul Hotel (25min by walk) (<http://www.ramadaseoul.co.kr/eng/default.asp>)

Hotel Riviera (25mins by walk) (<http://www.hotelriviera.co.kr>)

## c. Three-Star Hotel

Ibis Seoul (25mins by walk) (<http://www.ambatel.com/ibis/english/indexmsie.php>)

Hotel La Mir (25mins by walk) ([www.hotellamir.co.kr](http://www.hotellamir.co.kr))

## d. Residence

Artnouveau City (Yeoksam) (20mins by car/bus) ([www.artnouveau-city.co.kr](http://www.artnouveau-city.co.kr))

Seoul Residence (10mins by car/bus) ([www.seoulresidence.kr](http://www.seoulresidence.kr))

CasaVille Samsung (15mins by walk) ([www.casaville.co.kr](http://www.casaville.co.kr))

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**8. Meeting costs**

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.?

Several organizations are regarded as potential sponsoring body for the Colloquium in Seoul. The potential sponsor are:

- (1) Korea University (<http://www.korea.edu/>)
- (2) National Evidence Collaborating Agency (<http://neca.re.kr/eng/>)
- (3) Seoul Metropolitan City (<http://www.seoul.go.kr/>)
- (4) Health Insurance Cooperation of Korea (<http://www.nhis.or.kr/>)
- (5) Korea Institute of Oriental Medicine (<http://www.kiom.re.kr/eng/>)

We will try to raise support from sponsorship. We will actively engage with supporting organizations in fundraising efforts. We expect over 40,000 USD\$ support for the sponsorship. In the past GIN conference in 2011 we were granted 30,000 USD\$ from above organization.

**9. Conference organisers**

Have you identified a reputable professional conference organiser(s) to assist you?

1) We have approached several PCOs that are a professional conference organizer focusing on convention planning, such as conference consultation, speaker liaison, convention management, accommodation and social/tour programs, and exhibition planning and management. We will make contract with a reputable PCO after hosting decision has been made.

2) The Korean Branch has hosted many conferences, workshops and symposiums for past several years. The major events are;

- (1) GIN Conferences (2011, 350 Participants)
- (2) International Cochrane Systematic Review Workshop & Conference (2009 ~ 2013, 200 Participants per each event)
- (3) Korean Academy of Health Policy and Management (2009~2010, 700~800 Participants per each event) (<http://www.kshpa.org>)
- (4) NHIC(National Health Insurance Service) Cooperation Symposium (2013, 200 Participants) (<http://www.nhis.or.kr>)

**10. Local organising committee**

Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

Hyeong Sik Ahn (Korean Branch of the Australasian Cochrane Centre)  
 Hyun Jung Kim (Korean Branch of the Australasian Cochrane Centre)  
 Byung Ju Park (Dean of Korea Institute of Drug Safety & Risk Management)  
 Tae Hwan Lim (Director of Academic Affairs, Korea Academy of Medicine College)  
 Kyoo Duck Lee (Health Insurance Review & Assessment Service)  
 Sooyung Kim (Hallym University Medical School)  
 Hee Chul Han (Dean of Korea University)

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Each members of Local Organising Committee has good ability of commanding English. Most of them have stay in English Speaking country. Most of them have published several papers in English journals

## Staff

Sang Hyuk Lee (Korean Branch of the Australasian Cochrane Centre)

He is fluent in English, and has a Bachelor's Degree in Health Sciences from United States. Also, he has lived in America for four years.

## 11. Any other information

Is there anything else you would like to mention in support of your proposal?

1) We are cooperating with experts from the Australasian Cochrane Centre (Including Steve McDonald, Co-director) for the preparing Colloquium in Seoul. We think this cooperation will be continued though the main Colloquium.

2) We will consider including a free afternoon in the program to allow overseas delegates to sample the attractions of Seoul (e.g. city tour, royal palaces). For those interested in visiting the DMZ (demilitarised zone) this is a full-day tour, and could either be offered before or after the Colloquium.

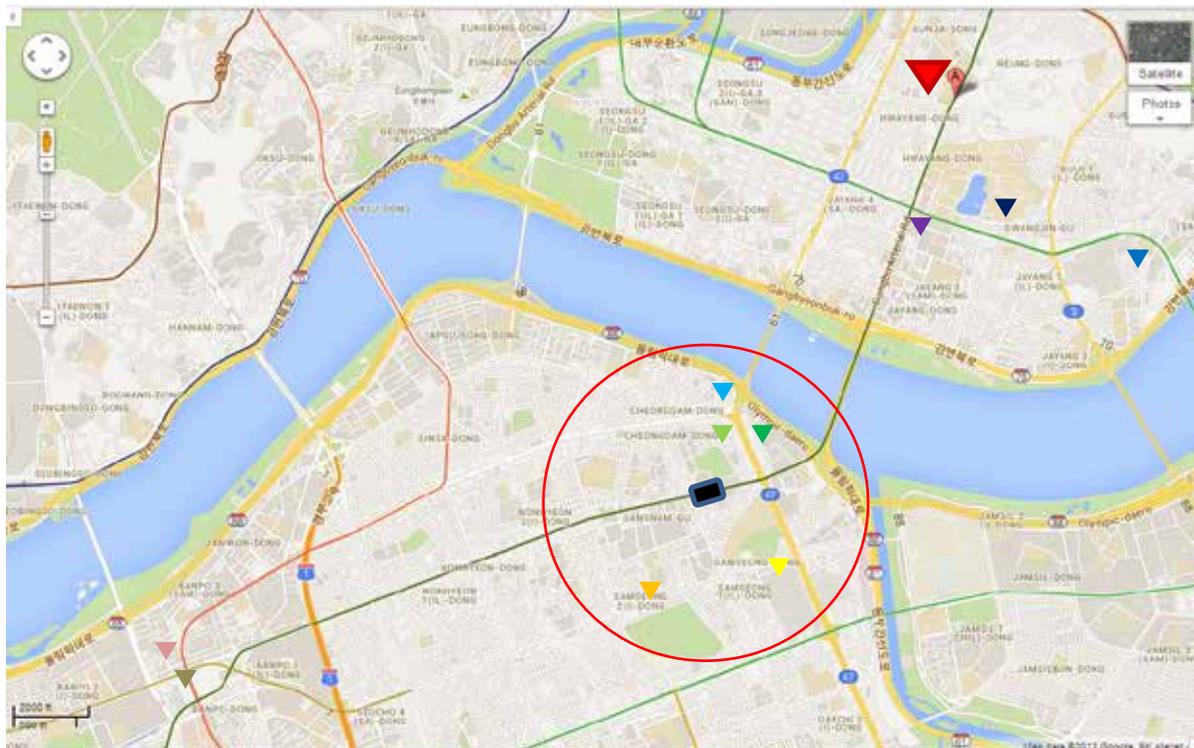
## Tentative Program

Time/Date		OCT 14 <sup>th</sup> (Fri)	OCT 15 <sup>th</sup> (Sat)	OCT 16 <sup>th</sup> (Sun)	OCT 17 <sup>th</sup> (Mon)	OCT 18 <sup>st</sup> (Tue)
Morning	07:15-08:30	Meetings	Meeting Registration/ Check-in Poster set-up	Meeting Poster set-up	Meeting Poster set-up	Meeting
	08:45-10:00		Opening ceremony and Plenary I	Plenary II	Plenary III	Concurrent Session F
	10:00-10:30		Break	Break	Break	Break
	10:30-12:00		Concurrent Session A	Concurrent Session C	Concurrent Session E	Concurrent Session G
Afternoon	12:00-13:30		Lunch	Lunch	Lunch	Lunch
	13:30-15:00		Poster Viewing	Concurrent Session D	Free Afternoon / Tour Day	Cochrane Lecture and Poster Viewing (13:30-16:00)
	15:00-15:30		Break	Break		Break (16:00-16:30)
	15:30-17:00		Concurrent Session B	Annual General Meeting		Closing Plenary (16:30-18:00)
	17:15-18:30		Meeting	Meeting		Farewell Dinner
Evening	Welcome Reception		Cocktails Dinner	Free evening		

I COEX is only available on 24<sup>th</sup> – 28<sup>th</sup> Oct

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Map showing venues and hotels

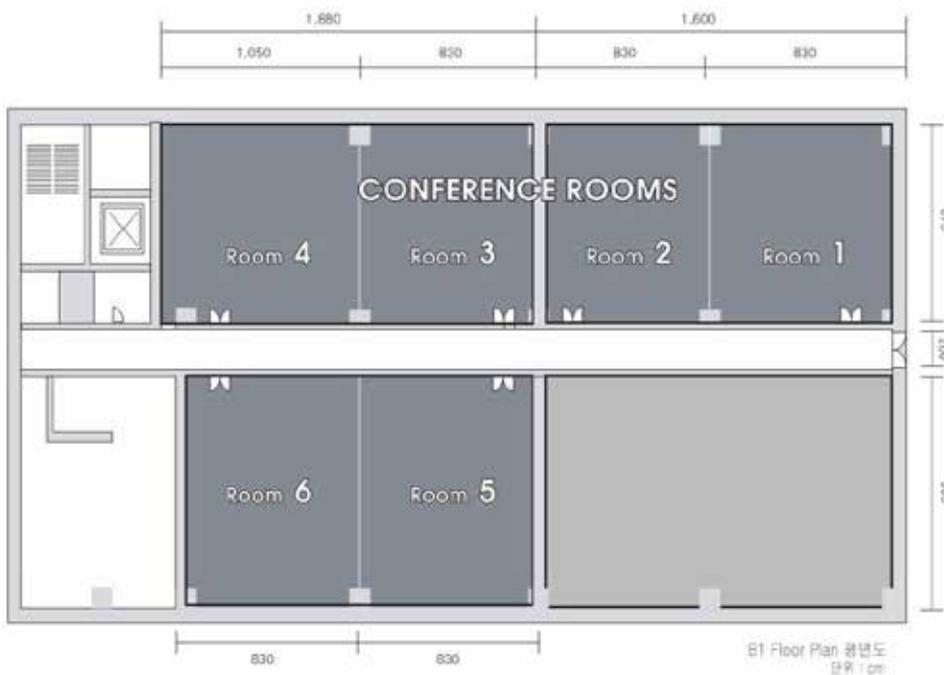
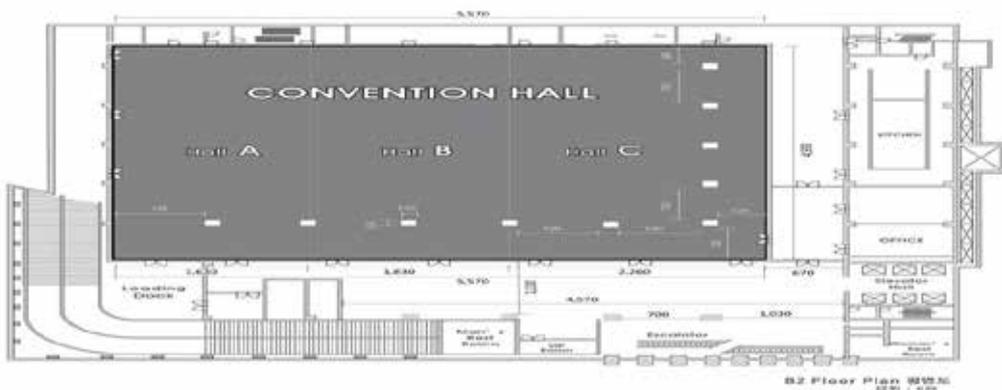


	Sejong Convention Center Sejong University Guest House	
	The Classic 500 Pentaz Executive Residence	
	Phil-House	
	Dong Seoul Hotel	Shuttle
	Ellui Hotel	Shuttle
	Hotel Riviera	
	Prima Seoul	
	Intercontinental Seoul COEX	
	Ramada Seoul Hotel	
	Seoul Palace Hotel	
	JW Marriott Hotel	
	Chung Dam Subway Station	
A	Children's Garden Subway Station	

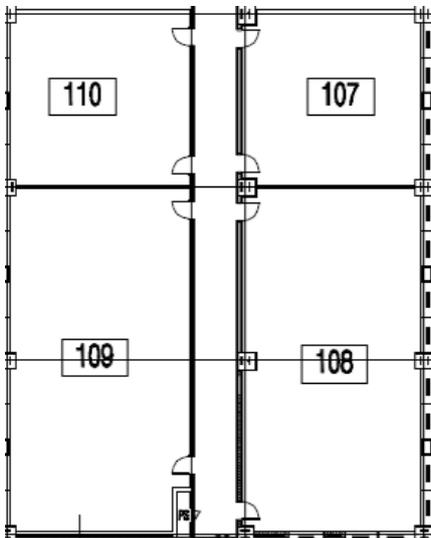
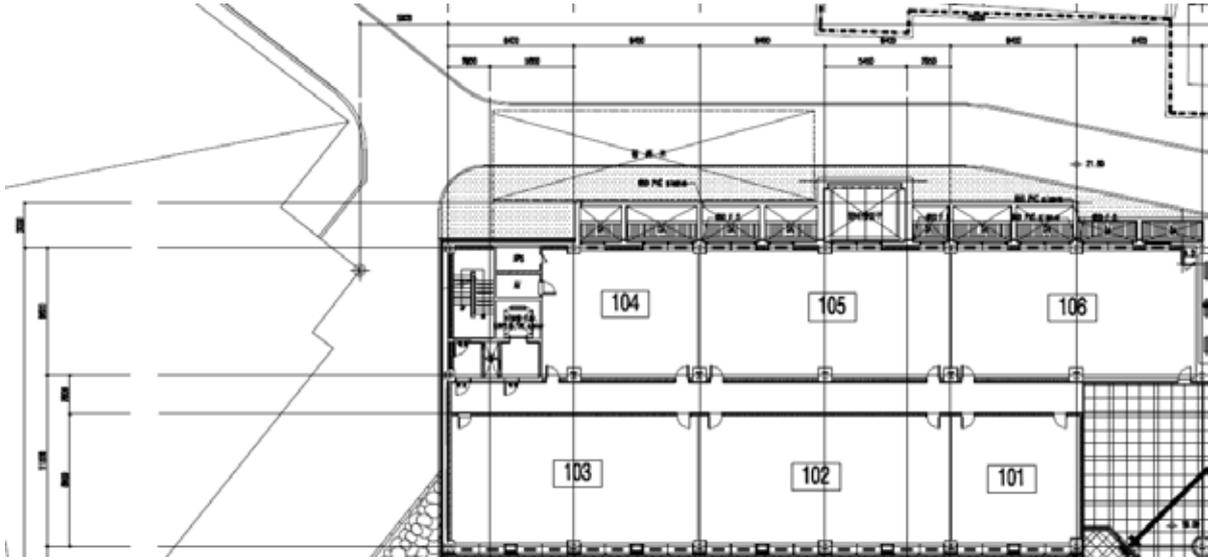
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# Sejong Convention Center [\(http://convention.sejong.ac.kr/\)](http://convention.sejong.ac.kr/)

○ 세경대학교 CONVENTION HALL - B2



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1<sup>st</sup> and 2<sup>nd</sup> Floor plan



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**Paper for consideration of the Cochrane Steering Group  
from CCNet Executive**

**Cochrane definition of “consumer”**

**Purpose:** To suggest a definition of “consumer “ better tailored to mirror consumers’ involvement in the CC and to meet consumers’ needs and preferences

**Background:** CCNet has always referred to its members as consumers. According to the definition on the CCNet website:

*A “consumer” is any patient, carer or family member with personal experience on a specific medical condition, although some cultures prefer other terms, such as user or receiver of health care, patient, client, a member of the public, user, citizen, carer/caregiver or lay person.*

As part of the Strategy 2020 process, Lucie Binder, Catherine McIlwain and David Tovey refined the definition for CCNet and consumers. This revised definition highlights the participation of many parties in patient-centered care:

*A healthcare consumer is any actual or potential recipient of health care. Healthcare consumers who use Cochrane evidence are generally patients, carers and family members, or people interested in remaining healthy who are seeking information about a health condition or treatment for personal use. CCNet, Cochrane’s consumer network, also includes members of patient advocacy groups and others with an interest in the organization of healthcare, such as practitioners seeking patient participation in health research.*

The CCNet Executive is concerned that the above definition does not provide consumers with adequate protection of their unique rights as patients, family members, care-givers, patient advocates (not health-professionals in general) participating within the Collaboration. Therefore, the Executive has developed a consumer definition that better focuses on consumers experience while avoid any risk of paternalism which defeats the ideal of shared care/decision making, a cornerstone of evidence-based medicine.

The Executive would like also to stress the peculiarity of the Consumer Network: the 15 year story of CCNet has illustrated the fact that consumers are definitely not like other groups within the Collaboration. Consumers are lay people who, together with health-professionals, researchers and policy markers strive for a healthcare to become more responsive to their needs over time.

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Consumers bring on the table also their being the only ones entitled to speak about their health and their right to speak up for themselves.

The CCNet Executive is also concerned that all members of CCNet could stand and vote in elections. The Executive would prefer that only consumers (according to the original definition) are eligible to stand and to vote for members on CCNet Executive and for the consumer positions on the Cochrane Steering Group, without excluding health professionals and researchers from the consumers mailing list, so ensuring their access to information, discussions and the whole CCNet resources

**The new definition:**

*A **healthcare consumer** is any actual or potential user of health care system. **Healthcare consumers who use Cochrane** evidence are generally patients, carers and family members, health advocates, members of patient groups, or citizens seeking high quality, unbiased information about a health condition or treatment.*

***Cochrane Consumer Network (CCNet) members** are healthcare consumers who provide a consumer perspective to improve Cochrane reviews. They also believe in the right of consumers to speak up for themselves, to actively participate in the whole process of decision making and to be equal partners in healthcare. **CCNet mailing list** also includes, as non-voting members, organizations or professionals (such as practitioners and researchers) who share the ethos of the Cochrane Collaboration and are interested in building patient empowerment and autonomy.*

**Decisions Required:**

1. The CCSG is requested to approve the new definition of healthcare consumers.
2. The CCSG is requested to approve the restricted definition of CCNet membership.
3. The CCSG is requested to approve our request to grant voting rights to healthcare consumers.

Silvana Simi on behalf of CCNet Executive

29 October 2013

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**Minutes of the  
Cochrane Collaboration Steering Group meeting  
in Québec, Canada, on  
18 and 24 September 2013**

***[These minutes were approved on 22 11 2013.]***

**Present:** Lisa Bero (Co-Chair, 24 September only), Jonathan Craig (Co-Chair, 18 September only), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Julian Higgins (18 September only), Steve McDonald, Anne Lyddiatt, Mona Nasser, Mary Ellen Schaafsma, Holger Schünemann (24 September only), Denise Thomson, Liz Whamond (on 18 September only) and Mingming Zhang.

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Jini Hetherington (Company Secretary 18 September only), Claire Allen (Manager, Governance and Membership Support), Lorna McAlley (Executive PA, minutes), Harriet MacLehose (item 4 only), Chris Mavergames (Head of Informatics and Knowledge Management, items 3, 6 and 8 only) Helen Morton (Head of Communications and External Affairs, items 3, 5-9 only) and Deborah Pentescio-Gilbert (item 6 only).

1. **Welcomes, apologies, declarations of interest, and approval of the agenda.**  
Jonathan Craig welcomed everyone to the meeting, especially Anne Lyddiatt (incoming Consumer representative). Apologies for absence had been received from Holger Schünemann for 18 September only. No declarations of interest were made. The agenda was approved with no additional items under 'Any Other Business'. It was noted that this would be the last CCSG meeting for Julian Higgins and Liz Whamond, as both were due to step down from their positions as Methods representative and Consumer representative, respectively. It was also noted that this would be Jini Hetherington's last CCSG meeting, due to her upcoming retirement. Jonathan thanked Julian, Liz and Jini for their valuable contributions.
2. **Co-Chairs' report.**  
Jeremy Grimshaw provided a brief summary of the work carried out in the previous 12 months, noting that it had been an extremely busy year and a period of huge transition. Highlights of the year included signing the new publishing contract with Wiley and the development of the new Cochrane-Wiley Management Team, the restructuring of staff to establish the new Central Executive, the development of *Strategy to 2020* and the exploration of reimbursement options for future Co-Chairs. Jeremy acknowledged the huge amount of work this has entailed and thanked all those involved for their efforts, with particular thanks given to Lucie Binder and Mark Wilson for their work on *Strategy to 2020*, and to Mark for the restructuring work and for the creation of the Central Executive Team.  
  
Jonathan, who was due to step down from his position of Co-Chair, reflected on his time as a member of the CCSG over the previous seven years. He noted how much the organisation had changed over this period and spoke encouragingly of the new *Strategy to 2020*. He added that although The Collaboration is becoming more innovative the organisation has 'merely scratched the surface of future challenges' and emphasised the need to increase its global impact. Jonathan also acknowledged the large investments recently made in the development of the Central Executive Team, adding his expectation that all entities would see the benefit of this investment in the next few years, in support of their work.
- 2.1 **Replacement of Co-Chair.**  
Jeremy provided the background on this item, in terms of the Collaboration's desire to potentially remunerate future Co-Chairs. He explained that the Charity Commission had very recently reversed its earlier decision and had now approved the proposed amendments to

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clauses 3.1. and 48-49 of The Collaboration's Memorandum and Articles of Association (M&As) to allow partial reimbursement to Co-Chairs appointed in the future. Jeremy explained that the CCSG was being asked for its approval for these changes (both related to the reimbursement of the Co-Chairs and the updating of the Articles of Association) and the new Articles would be put forward to the Annual General Meeting on 21 September 2013 for "in principle" support. Formal approval would be sought after the AGM electronically, in accordance with the legal requirement for 21 days notice of details for such a change. Mark provided further background on the Charity Commission's revised decision and outlined the key elements which had led to the reversed decision, the approval for which had been received on 17 September 2013.

Mark answered questions on the revised M&As, explaining that although the level of remuneration to be received by the Co-Chair's institution had not been specified within the document that it would aim to be equivalent to one day per week and would be capped at a maximum of two days per week, pro rata. This cap would be set by the Collaboration and reviewed annually. Queries over CCSG oversight of and accountability for the Co-Chair reimbursement were raised and discussed, and these would be finalised at a future date. Jeremy encouraged CCSG representatives to raise this issue at their entity meetings so that any questions arising could be answered at the Annual General Meeting. The CCSG approved the proposed amendments to the M&A, and to have them submitted to the AGM on 21 September.

**DECISION: The changes to the M&As were approved; and the new Articles of Association are to be submitted to the Collaboration AGM for "in principle" support.**

**ACTION: The changes to the M&As to be submitted to the AGM to request in principle support.**

#### 2.1.1 Co-Chair nomination

Jeremy explained that an application from Lisa Bero had been received for the position of Co-Chair, following a call for nominations. This application and its three nomination statements (from Holger Schünemann, Rachel Churchill and Kay Dickersin) had been circulated to the CCSG on 13 September 2013. Jeremy provided some background information, summarising Lisa's application and noting her extensive experience within the Collaboration. Rachel spoke in support of Lisa's application and the range of perspectives she would bring (e.g. CRG, Editorial, Author and Branch Director). The CCSG expressed unanimous approval in support of the appointment of Lisa Bero as Co-Chair. Mark explained that negotiations would need to take place between Lisa's current employer and The Collaboration related to her remuneration, and this would be discussed by the CCSG at a future date.

**DECISION: The CCSG appoints Lisa Bero as its new Co-Chair.**

**ACTION: Lisa's proposed appointment as Co-Chair to be put to the AGM on 21 September.**

**ACTION: Mark: To establish a sub-group of the CCSG on Co-Chair remuneration and to begin negotiations with the University of California, San Francisco on the level of reimbursement required.**

### 3. Chief Executive Officer's report.

In addition to his written report, Mark gave a presentation entitled 'The Big Picture' (attached). This began with background on the accomplishments of the previous year: the development of *Strategy to 2020*; management changes; clarifications of accountabilities; the strong relationships built between the CCSG and management as well as between the Editor in Chief and Chief Executive Officer; the expanded Central Executive and the financially robust position of the Collaboration aided by the new Wiley contract, which has delivered significantly improved funding. The remainder of the presentation focussed on the *Strategy to 2020* and the targets which would be met in 2014 in line with the strategic goals.

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Jonathan warmly welcomed this strategic 'big picture' analysis to the CCSG and in the following discussion the CCSG expressed its appreciation for the extensive progress made over the last year and the plans for the future.

Discussion arose from the report, and turned to the Global Evidence Synthesis Initiative (GESI - previously known as Building Global Capacity in Systematic Reviews). This discussion led to clarification of the distinction between the upcoming GESI meeting and the Funders meeting.

Jonathan summarised the CCSG's strong support for Mark to begin developing a sustainable funding strategy.

Mark was asked to inform the CCSG members about discussions held with potential funders, to ensure that these funders are not unknowingly approached repeatedly.

**ACTION: Mark to inform CCSG members of the outcomes of upcoming meetings with funders.**

In Mark's written report the CCSG were asked to consider the following recommendation: *That the Steering Group approves the appointment of Juliane Ried as CPAC co-convenor.*

The CCSG approved this recommendation, with the caveat that a future review of Colloquia – by CPAC and the Central Executive may require more far reaching changes in the near future.

**ACTION: Steve to inform Juliane of the CCSG's decision to appoint her as CPAC co-convenor.**

### 3.1 Discretionary Fund.

In his paper, which was produced following the CCSG's request to revisit the criteria and process for applications to the Discretionary fund, Mark proposed the following six recommendations:

1. *That members, units and departments within the Central Executive would not be eligible to apply to the Discretionary Fund.*
2. *That the first criterion for the Fund be amended to:*
  1. *Focus on Cochrane's strategic goals – The proposal should focus specifically on one or more of Cochrane's strategic goals and objectives, to ensure it is addressing organisational priorities and needs.'*
3. *That the CEO and Editor in Chief assess and analyse Discretionary Fund applications and make a recommendation to the CCSG in an e-mail, with a brief conclusion of the application's suitability against the Fund's criteria. The CCSG then approves the recommendation; or decides (by a majority vote) that it be considered by the whole of the Steering Group in order to make a final decision.*
4. *That the Fund establish two opportunities a year for applications to be considered: April 1<sup>st</sup> and October 1<sup>st</sup> with half of the Fund available at each point.*
5. *That the Discretionary Fund remains at the moment at £20,000 per year.*
6. *That the size and nature of the Discretionary Fund be re-assessed in two to three years' time (2015-16).*

**DECISION: All six recommendations were approved by the CCSG.**

**ACTION: Claire to add this information to the Organisational Policy Manual and announce the new Discretionary Fund criteria to the Collaboration.**

### 4. Editor in Chief's report.

David Tovey provided a summary of recent major activities at the CEU (see separate report). David then reported that he had also been working closely with lawyers who had been

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engaged in response to an editorial complaint. The CCSG would be informed of any developments within the case. David provided an update on the amicable cancellation of the contract to publish a social history of The Collaboration.

David updated the CCSG on the publishing developments since the contract with Wiley had been signed, reporting that progress had been slower than expected in a range of areas but discussions were taking place on a number of different levels including, but not restricted to, the more developed management of the contract, the move to open access, the “Cochrane Roadmap”, the Cochrane Content Publication and Delivery Programme and the Clinical Answers and Cochrane Learning projects. Mark added that with the establishment of the “Roadmap” that includes 25 projects due to be completed by 2014, the pace of progress will increase rapidly in terms of implementation. Both David and Mark stressed that they expected to be able to report extensive progress by the mid-year meetings in Panama in April 2014. David then drew the CCSG's attention to the papers within his report for discussion and decisions:

**(1) CLOC recommendations:**

David explained that the Cochrane Library Oversight Committee (CLOC) comprises people both internal and external to The Collaboration and that it is geographically and gender diverse. David has found their contribution to be very useful and was supportive of the committee continuing. It was clarified that the work of the CLOC would be in addition to the establishment of an external advisory board for the Collaboration. In his report Richard Smith requested the CCSG consider four recommendations:

1. *The strategy to move The Cochrane Library towards open access be continued, and that the Steering Group consider setting a deadline for when it should be fully open access.*
2. *Wiley should be encouraged to introduce article-level metrics.*
3. *The Steering Group should decide whether CLOC should continue.*
4. *If CLOC is to continue, new members should be sought through advertising via listservs and invitations to apply.*

**DECISION:** The CCSG noted recommendation 1; encouraged David to discuss recommendation 2 with Wiley; and accepted and endorsed recommendations 3 & 4.

**ACTION:** David to write to Richard Smith thanking the CLOC for their work and asking Richard to recruit new members. David to follow up with Wiley on introducing article-level metrics.

**(2) Methods Innovation Fund (MIF):**

David responded to questions regarding the MIF. It was noted that there were some concerns regarding the clarity of processes employed to award this fund in the past and members of the MARS who were present were asked to consider and suggest ways to facilitate this process better in the future. Jonathan explained that a paper would be provided to make these processes explicit. In her paper, Jackie Chandler requested that the CCSG consider two recommendations:

1. *Cochrane agrees in principle to continue its commitment to fund an ongoing research programme (Methods Innovation Fund) of evidence synthesis methods beyond 2014.*

**DECISION:** The CCSG approved this recommendation.

2. *Cochrane agrees in principle and subject to identification of an agenda of high quality, high priority research, to fund this programme in line with its previous commitment to maintain the investment for a further three years from January 2015 to December 2018 in the suggested region of £325-375,000.*

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**DECISION:** The CCSG approved this recommendation, noting that the figure for investment had increased by £25k from the previous funding request and that the figure was indicative and would be capped. Two further papers would be prepared on this subject: one to describe the process and one related to the final funding proposal.

**ACTION:** Rachel to consult on better ways to facilitate the MIF process and provide a paper to a future CCSG meeting. David to inform Jackie of the CCSG's approval of the above recommendations.

**(3) Methods Applications and Review Standards Advisory Committee (MARS).**

In their paper Julian Higgins, Rachel Churchill, Jackie Chandler and David Tovey requested that the CCSG consider the following proposal:

*We propose that the Methods Applications and Review Standards (MARS) Advisory Committee should replace the existing MARS Working Group and be a committee reporting to Steering Group.*

The CCSG agreed that the Methods Applications and Review Standards (MARS) Advisory Committee should replace the existing MARS Working Group. However, after some discussion it was decided that this committee would not report back to the CCSG but would continue to report directly to David.

**ACTION:** David to inform the Chair of MARS.

**(4) Roadmap for development of a Cochrane Training and Professional Development Strategy.**

The CCSG discussed this paper and it was broadly agreed that a small project board, with a larger working group, would best serve this project and that some level of remuneration should be considered for the convenors of the working group. Steve clarified that the scope of the development of training resources would lie in three areas: (1) internal training to support review production; (2) development of internal staff and (3) the external audience: training around using and producing reviews in general, and putting evidence into practice. In their paper, Miranda Cumpston, Steve McDonald and David Tovey requested that the CCSG consider three recommendations:

1. *Approve the proposed roadmap for development of a Cochrane Training & Professional Development Strategy.*

**DECISION:** The proposed roadmap was approved.

2. *Approve or provide feedback on the most appropriate scope of this project.*  
This was discussed and the CCSG provided suggestions on scope, including looking at the external market of people wishing to learn how to conduct systematic reviews.

3. *Approve the required resources.*

**DECISION:** The requested additional GBP 40k expenditure for the development of this strategy was approved.

Jeremy noted that Steve would be stepping down from his position on the Training Working Group and thanked Steve for his huge contribution in this area during his time in post.

**ACTION:** Steve to inform the Training Working Group of the Steering Group's decisions to approve the development of the strategy.

**(5) Identifying Cochrane contributors from low- and middle-income countries.**

David explained that this paper should be viewed for information and suggests a different way of using Archie to identify users within low- and middle-income countries. In their paper Harriet MacLehose, David Tovey, Mike Clarke, Claire Allen, Maria Burgess and Jessica Thomas asked the CCSG to consider six recommendations:

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1. *Replace the current and out-of-date Archie filter for “developing countries” with four new filters.*
2. *The first three filters will match the World Bank classifications for (1) low-income countries, (2) middle-income countries, and (3) high-income countries, and will be updated annually.*
3. *The fourth filter will match the free one-click access countries, and will be updated annually.*
4. *Use the combined World Bank “low-income and middle income” classifications to identify contributors from “developing countries” in Archie, and refer to these contributors as from “low- and middle-income countries”.<sup>1</sup>*
5. *Update the lists annually from 2014.*
6. *Include this as policy in the Cochrane Organisational Policy Resource.*

**DECISION: The CCSG approved all the recommendations.**

**ACTION: David to inform Harriet, Mike, Claire, Maria and Jessica of the decisions and to implement the changes.**

**5. Financial report.**

*Jeremy chaired this item on the afternoon of 18 September.*

Mark spoke to this item, summarising the highlights of the last financial year, which delivered a significant operating surplus. Projections given in January and February 2012 were very close to the actual figures. A large amount of deferred funds would also enter our accounts in the next few years because of the way in which the Wiley contract funds had been apportioned by the auditors. There were no issues to report from this financial year (April - July 2013). Mark presented, as promised, a newly revised budget, though it could not be exact at present due to the new Heads of Department having not yet started in post and therefore he had estimated their budgets for 2013-14. Future budget and chart of accounts presented to the CCSG would be more accurate. Mark also noted that the delay on the recruitment of the new Heads of Department had resulted in a substantial saving on the funds allocated for these positions. Mark reported that he is confident the Collaboration will generate a considerable operating surplus for this financial year. He also presented to the CCSG a projected budget for 2014-15 which showed a sizeable surplus.

Mary Ellen welcomed all the detailed work and clearer financial information. She also said that she would like to see forecasts for several years ahead. Mark agreed that this would be feasible once the new Head of Finance was appointed. Mark agreed to ask Rachel Sayers to investigate the £130k expenditure on the CRS and check what CCSG decisions had been made regarding this.

**DECISION: The CCSG approved the revised 2013-14 budget (see item 5.1).**

**ACTION: Mark to ask Rachel Sayers to investigate the £130k CRS expenditure.**

**6. Cochrane-Wiley Management Team Publishing Report.**

*Jonathan chaired this item on the morning of 18 September. Chris Mavergames, Helen Morton and Deborah Pentesco-Gilbert joined the meeting. Helen introduced herself and gave a description of her background and previous experience.*

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Mark explained that an important aspect of the final contract signed with Wiley was to establish a joint Cochrane-Wiley Management Team and that he was reporting back to the CCSG in his capacity as Chair of this team.

He explained that the Management Team will oversee the development of derivative products and all publishing-based output. There is an issue of overlap with Wiley's work for Cochrane Innovations, and the interaction between the two companies would be addressed by the end of 2013. Mark reported positively on the 5% increase in published reviews, and a 14% increase in updated reviews, the progress of the CCPDP process and the development of the "Roadmap", which is included within the paper for this item. Mark explained that the new "Roadmap" is organised along thematic lines which are primarily technological improvements around systematic reviews, searching and open access provisions. The scope and scale of the projects are mapped out, with 25 projects due for completion by 2014. Mark thanked David, Chris and Harriet and Lucie as well as Deborah Pentesco-Gilbert, the Wiley team and Charles Hammer, for their hard work.

Mark described the developments on technology and customer service standards, noting that revised tools and metrics to measure performance standards were now in place. Mark expanded on several items within this report, walking the CCSG through usage, signing of the Cochrane Learning contract and the impact factor. He explained that a new metrics project would be introduced in November 2013, allowing us to measure total usage and reach in a more sophisticated way. Deborah PG and Mark would be increasing the amount of time spent on developing joint strategies on sales and development; and two important upcoming meetings had been scheduled. In November 2013 the European Centre and Branch directors and the European Wiley sales team will meet to discuss strategies for development in Europe and the issues relating to publishing and access. A further meeting is anticipated to be held in the Middle East in early 2014.

Deborah PG commented that the biggest change had been the move to shared decision making via the Management Team and that this approach would be helpful in accelerating progress in implementing the contract, especially in terms of developing a shared strategy to develop the business model, products and the future of *The Cochrane Library*; and that the results would be evident in terms of growth, policy arrangements and the shaping up of the derivative products programme. Lucie added that the Management Team were working on a reporting schedule and the format of the written report provided annually for the CCSG.

The CCSG discussed derivative products and raised questions over the potential capacity for these products to generate reasonable revenue. Deborah PG explained that there are business plans for Cochrane Learning and Cochrane Clinical Answers and noted that products such as the Cochrane iPad app drive usage of *The Cochrane Library*. She also noted the demand for derivatives beyond creating new products, explaining that work needed to be carried out in terms of thinking of Cochrane content differently and how best to deliver this to the market, as approaches have been made to Wiley for commercial use of Cochrane content. The nature of technical support provided by Wiley was also discussed. Jonathan thanked Mark and Deborah for their reports and noted that an excellent start had been made but that there was still much to be done. There was further discussion of the potential to share data with funders to make it easier for CRGs and Centres to show their impact.

## 7. 'Game Changers'.

*This item was discussed on both 18 and 24 September*

Jeremy briefly summarised the background to the item, explaining that Mark had produced a paper on the process of moving the Game Changers project forward which comprised: (1) a general discussion of usage of the Collaboration's reserves; (2) suggestion of a cash injection into Cochrane Innovations; and (3) that the remaining reserve funds are used for Game Changers. Jeremy suggested that a further paper be produced on the subject of the proposed cash injection for Cochrane Innovations and requested that the CCSG discuss this element at a later date. This was agreed.

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Mark asked the CCSG to offer an opinion on whether the proportion of funds suggested for Game Changer projects was appropriate, given it would leave the reserves at £2.3m GBP. Mark explained that he had clarified that Game Changer projects must support key activities within *Strategy to 2020*. The paper includes suggestions in relation to the framework of the goals in the Strategy. Mark added that the CCSG would be responsible for making decisions on funding recommendations which would be made by a small group who would ensure due diligence and rigorously assess the bids. Mark suggested that this group would be chaired by a CCSG member (who was not conflicted).

Jeremy noted that the Game Changers project had already been approved in principle and asked the CCSG to comment on both the size of the proposed fund and on the process proposed in the paper.

The CCSG were in agreement to encourage the submission and subsequent funding of at least one Game Changer by the March 2014 CCSG meeting. They also agreed the projects should be managed closely due to the huge financial investments.

In his paper Mark requested the CCSG consider the following four recommendations:

- *The size of the Collaboration's remaining financial reserves; and therefore the amount of funding available for strategic 'game changing' investment [see document 7.0 for more details];*

**DECISION: The CCSG approved the recommendation to set the Collaboration's minimum level of financial reserves at £2-2.5m.**

- *Significant additional capital investment of £1m in Cochrane Innovations;*

**DECISION: This recommendation will be considered when a further supporting paper is submitted to the CCSG for discussion.**

- *A reiteration of the criteria for 'game changer' investments based on the priorities of Strategy to 2020;*

**DECISION: These were approved in principle but Mark was asked to develop more detailed criteria.**

- *A process and structure of decision-making with timelines for the first year of operation.*

**DECISION: The proposed timetable was considered too rushed and instead the timelines that were suggested should be revisited, but the CCSG would welcome at least one project being ready for consideration by the mid-year meeting in Panama.**

**ACTION: Mark to revisit the paper and provide follow up for the March 2014 CCSG meeting. A paper outlining the revised timelines and criteria should therefore be circulated before the end of 2013.**

## 8. **Linked Data Project.**

*Chris Mavergames joined the meeting for this item.*

Chris Mavergames gave a presentation on the Linked Data project proposal. He reiterated the aim would be to make our IT work harder for us to improve our production processes, the potential use of our products and data, and our position in the Knowledge market place. This would draw on our existing technology (Archie and CRS) and make connections between them in a more effective, less labour intensive way. Further discussion was held to clarify the parameters of the project and the Collaboration's role within it, Chris emphasised that this would not be an academic exercise but one which is driven by user needs, in response to real problems users have faced with accessing our content in its current form. David added that

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the project would, importantly, deliver content to users and that we need to be involved in these technological advances. Michelle spoke to the TSCs' positive response to Linked Data.

Steering Group members raised questions around the long-term deliverables of the project, and the potential financial implications in the long term. Some members were concerned about the opportunity cost of running this project; the right use of internal expertise and external consultants; and they discussed the respective dangers of early and late adopters of wide-ranging linked data approaches. There was an in depth discussion and the CCSG's decision was:

**DECISION: To approve the first year's investment of £123k with the understanding that Chris would develop the project's processes and report back to the CCSG regularly and that the project would be evaluated after one year.**

**9. Annual General Meeting:**

Jeremy confirmed that he would chair the Annual General Meeting on the 21 September 2013.

**9.1 2012-13 Report and Financial Statements.**

This item had already been discussed; see item 5 above.

**9.2 Proposers and Seconders of the various motions**

The AGM agenda was discussed and prepared.

**9.3 Changes to Memorandum and Articles of Association.**

The CCSG discussed the proposed changes to the Memorandum and Articles of Association (M&As) of The Cochrane Collaboration (see also item 2.1.1). It was noted that the proposed changes included the omission of the previous clause 60, which stated the requirement for the Collaboration to appoint a Treasurer. Mark explained that, although it was intended that the Collaboration would continue to appoint a Treasurer, the removal of this clause followed advice given by the Collaboration's lawyer to allow the organisation maximum flexibility.

**DECISION: The CCSG agreed that the draft Articles of Association for The Cochrane Collaboration Limited (the Company) in the form attached (see item 9.3) would be recommended for adoption at the AGM as the new Articles of Association of the Company. If approved in principle by members at the AGM the Articles would be formally adopted through an electronic vote after the Annual General Meeting on 21 September 2013.**

**DECISION: The role of Treasurer would be reviewed and clarified as part of the future governance review; but the CCSG strongly recommended that in future the Collaboration continued to have a Treasurer.**

**9.4 Cochrane's Strategy to 2020.**

The CCSG had already approved the Strategy to the members and it would be discussed at the Annual General Meeting.

**10. Declaration of Istanbul.**

*This item was chaired by Jeremy on the morning of 24 September.*

Jeremy provided background on this item (see item 10), which was briefly discussed during the previous teleconference on 30 July 2013. Jeremy explained the key issues raised during the teleconference: concerns that endorsing the declaration would set a precedent for future requests made to the Collaboration for endorsing statements; the Collaboration not knowing the evidential basis for some of the statements made within the declaration; policy issues surrounding how the Collaboration considers requests for endorsement of policy statements; and issues of implementation.

The paper asked the CCSG to consider the following two recommendations:

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*To endorse the Declaration of Istanbul on Organ Trafficking and Transplant Tourism ('Declaration of Istanbul').*

*To agree a process, in conjunction with the Head of Communication and External Affairs, for addressing the challenges associated with implementation of the Declaration within Cochrane, with the objective of developing a decision framework for Cochrane Review Groups and authors.*

**DECISION:** For clarity, it was agreed that the issue of endorsement and implementation should be considered separately. The CCSG endorsed the Declaration of Istanbul.

**DECISION:** It was agreed that a policy would be developed on endorsement requests of policy statements put to the Collaboration and that a separate implementation policy would also be developed.

**ACTION:** Mark to lead with the new Head of Communications and External Affairs, Helen Morton, the development of a policy and process for the consideration of policy statements.

## **11. Trading Companies:**

### **11.1 Collaboration Trading Company 2012-13 Report and Financial Statements.**

Financial statements had been provided for the Collaboration Trading Company which were noted by the CCSG. The Treasurer, Mary Ellen, confirmed she had signed off the accounts for both the Trading Company and the Charity.

### **11.2 Collaboration Trading Company.**

Donna Gillies had provided a report on behalf of herself and her co-directors (Rob Scholten and Lorne Becker). Rob Scholten would relinquish his role as Director at the Annual General meeting on 21 September 2013 and the CCSG was grateful for his input during his time in post. Mark Davies (a previous Co-Chair of the CCSG) had been selected after a nomination process as the best qualified candidate. This decision had been made just before the CCSG meeting and therefore Mark's CV had not yet been shared with CCSG members. Jeremy gave some information on Mark's background and experience and spoke in favour of his appointment to the role. Claire would circulate Mark Davies' CV to the CCSG for their consideration after this meeting.

**DECISION:** The CCSG approved the appointment of Mark Davies as Trading Company Director.

**ACTIONS:** Claire to circulate Mark Davies' CV to the CCSG and advise Companies House and the Charity Commission of Rob's resignation and Mark's appointment as Trading Company Director.

### **11.3 Cochrane Innovations.**

Jeremy gave background information on Cochrane Innovations. It was clarified that the Board of Directors had not asked for £1m GBP but that Mark had advocated that the CCSG in principle ring-fences this figure for potential allocation to Cochrane Innovations in future. It was agreed that a paper, detailing the development plan for Cochrane Innovations for the next five years, would be put forward at a future CCSG meeting by the new Cochrane Innovations CEO (yet to be appointed). Mark elaborated on the nature of Cochrane Innovations, its commercial orientation and the necessity to appoint a CEO with a commercial mindset and appropriate background. The CCSG had already approved the move for Cochrane Innovations to employ a CEO, but the recruitment process had not yet begun. The Board of Directors would drive the recruitment process in the next few months. Mark mentioned some of the achievements to date; including negotiation of the Cochrane Learning contract with Wiley and greatly expanded work on Cochrane Clinical Answers and Dr Cochrane content, but acknowledged that the pace of this progress had been slow.

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Discussion continued regarding establishing business models for Cochrane Innovations and its projects. It was agreed that increasing awareness of Cochrane Innovations within the Collaboration would be important for individuals to be able to put ideas forward. Denise thanked everyone for their comments and would take back the comments to the Board of Directors.

**ACTION: Cochrane Innovations Board members to begin the recruitment process for the appointment of a Cochrane Innovations CEO.**

**11.4 Adoption of new Articles of Association for Cochrane Innovations.**

Mark described how the new Articles of Association for Cochrane Innovations, put forward for the CCSG's consideration and approval, provide a very clear framework for governance and decision making, with adequate control for the Collaboration now being in place through a two-tier decision making framework involving the requirement of the two CCSG representatives to approve certain decisions; and the requirement of the CCSG to consider the most important Innovations' decisions. He recommended CCSG approval of the new Articles.

**DECISION: The CCSG approved the new Articles.**

**ACTION: Claire to file the new Articles with Companies House.**

**12. Entity Executives' reports (not requiring a CCSG decision, i.e. for information only):**

*Lisa Bero chaired the remaining items of the meeting.*

**12.1 Fields' Executive:** In addition to her written report (see item 12.1), Denise reported that Fields meetings during the Colloquium had gone well and that the role of Fields within the last 20 years had been highlighted in both the Meadow Analysis publication and in a workshop. Denise fed back on proposals received for two new fields (a Nanotechnology Field, and an Insurance Medicine Field) as well as a request for new scope to be considered for the Health Care of Older People Field. The proposal for a Nanotechnology Field will not move forward at the moment, as it was deemed that the timing was premature given the newness of this area of medicine. The proposal for an Insurance Medicine Field had been received favourably. Both David and Denise remarked that the application for this field was extremely compelling and well thought out. The CCSG discussed whether this area of care would be appropriate for a Field. Lisa noted that discussions were currently in the early explorative stages.

The Fields' Executive had also agreed with Mark to propose that a review of the function, form and structure of Fields would be undertaken in parallel to the review of CRGs (see above). There was a general welcome to this suggestion from CCSG members and a formal proposal would be submitted to the CCSG by Denise and Mark at a future meeting.

**ACTION: Denise to liaise with Claire about the process for registering a Field and to consult with the proposed leader of the Insurance Medicine Field.**

**ACTION: Denise and Mark to work on a proposal to the CCSG for a review of the function, form and structure of Fields to support implementation of the *Strategy to 2020*.**

**12.2 Managing Editors' Executive:** In addition to her written report, Sally summarised some of the key points raised during the Managing Editors' Executive meetings. Sally highlighted the success of the ME Support programme, which was progressing very well and noted Harriet MacLehose's excellent work in this area. The upcoming CRG review had been discussed, as had the Game Changers project which identified a possible lack of understanding of the project that Sally suggested should be addressed in a communication strategy. The *Strategy to 2020* had also been discussed; and it was requested that all of the feedback received in the consultation process be made available via an anonymous archive. Sally also fed back a request raised in both the ME and ME Executive meetings for timely distribution of the open access CCSG papers to provide sufficient time for them to be read and discussed. Rachel

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added that she had also received this feedback from the Co-ordinating Editors Board. Mark responded that the Central Executive would work on adjusting the deadlines to ensure timely delivery of the papers for future meetings. Sally reported that the joint meetings over the Colloquium had run excellently and been very well received.

**ACTION: Lucie to consider how feedback on Strategy to 2020 can be made available on the website.**

- 12.3 Consumers' Executive:** In addition to Catherine McIlwain's report, Mingming highlighted issues and activities discussed by the Consumers' Executive: (1) Much time had been spent encouraging candidates to apply for the Consumers' Executive. (2) The Consumers' Executive are considering a new definition of the word 'consumer', making it more easy to translate. (3) A rough draft of a Consumer strategic plan had been written to meet the consumer elements of *Strategy to 2020*. (4) Discussions had taken place regarding promoting wide consumer participation. (5) Mingming asked if a specific 'consumer' prize could be considered, but she was reminded that consumers could be nominated for the Chris Silagy Prize (and two consumers had won this prize in the past – Gill Gyte and Janet Wale). (6) A request to look into increasing funding to support consumer participation at Colloquia.

**ACTION: Mark to consider increased funding for consumers to attend Colloquia.**

- 12.4 Co-ordinating Editors' Executive:** Rachel gave feedback that the Co-ordinating Editors Board would like further engagement with the CCSG and requested that, in future CCSG meetings, it be clarified whether certain items with restricted access could be shared with entities after the meeting for discussion. Rachel reported on the ongoing conflict of interest discussion and Lisa noted that the Funding Arbiter panel would be developing a paper on this subject to include feedback received during meetings held at the Colloquium. Rachel reported there had been much interest in the Game Changers and questions had been raised over the timetable and further specific criteria for the project. Discussions on the upcoming CRG review identified that clarification was needed to ensure people are aware that the review would be considered in relation to potential changes to the rest of the Collaboration, too. Rachel also noted that discussions had been held on the subject of non-randomised studies and the proposed new risk of bias tool, and that the Co-ordinating Editors' Board found Jonathan Sterne's input particularly helpful in giving these discussions a methods perspective. The Publishing Management Team had been discussed with concerns raised of over-emphasising the six big issues to the extent that others would be neglected. Finally, Rachel requested a review of the structure of executive reports written for CCSG meetings and guidance on which aspects the CCSG would find most useful.

**ACTION: Mark to review the structure and nature of written executive reports to the CCSG.**

- 12.5 Trials Search Co-ordinators' Executive:** Michelle reported positively on meetings held during the Colloquium, noting that discussions on the role of registers and of TSCs would feed into the CRG review. There had been much discussion of the goals for *Strategy to 2020*. The number of support people working on CRS had increased but further support would be needed to engage the full functionality which CRS offers. The joint Co-Eds, MEs and TSCs meeting had been very useful.

- 12.6 Centre Directors' Executive:** In addition to his written report, Steve explained that the Centre Directors' meeting had been successful, with helpful discussion held over how to move forward with the assessment, evaluation and remuneration of Co-Chairs. Feedback on the GESI meeting indicated a broad concern for ensuring the impact of the project goes beyond the institutions which received funding from the Collaboration. *Strategy to 2020* was discussed in terms of the implications for Centres and the activities Centres would be involved in. Open Access discussions looked at both the threats and opportunities involved and that this should be discussed further at the 2014 mid-year meeting in Panama.

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**13. Matters arising from minutes of CCSG meeting on 30 July 2013 not appearing elsewhere on this agenda.**

There were no matters arising from the CCSG teleconference on 30 July 2013 that had not already been dealt with.

**14. Matters arising from draft minutes of CCSG meeting on 27 August 2013 not appearing elsewhere on this agenda, and approval of the minutes.**

There were no matters arising from the CCSG teleconference on 27 August 2013 that had not already been dealt with and the minutes were approved.

**ACTION: Lorna to upload these minutes to Archie.**

**15. Any other business:**

**15.1 CCSG way of working**

The CCSG discussed the use of teleconferences in their work and proposed ways to improve the nature of these meetings. Suggestions included limiting the number of items for the teleconference agendas, ensuring all reading matter is available seven days prior to the meeting, the potential for using GoToMeeting as the medium for conducting the meetings, and suggestions for different ways to format the minutes. Lorna explained that the teleconference scheduled for 13 November 2013 would be cancelled and a replacement teleconference would be scheduled for late November/early December.

**ACTION: Lorna to send a doodle poll to the CCSG to establish a convenient date for the next CCSG teleconference and to send a further doodle poll to the CCSG to establish dates for teleconferences to be held in 2014.**

**15.2 Mid-year meeting in Panama, 2014: Special session**

Due to time constraints discussion of this item was deferred until the next CCSG teleconference.

**ACTION: Lorna to add this item to the agenda for the next CCSG teleconference.**

**15.3 Game Changers (further clarification)**

Clarification was sought over the likely timeline for this project and how to identify which suggestions would be approved or rejected. A defined application process should be developed. Mark asked that members of the CCSG contact him with details of any individuals they believe should be considered for the Game Changers project board.

**ACTION: CCSG members to consider who might be considered for the Game Changers' Project Board.**

