

OPEN ACCESS

**Minutes of Cochrane's Steering Group (CSG) Meetings in Athens, Greece  
Monday 4<sup>th</sup> & Thursday 7<sup>th</sup> May 2015  
(Approved 24<sup>th</sup> July 2015)**

<b>Agenda Item</b>	<p><b>Present:</b> Lisa Bero (Co-Chair), Cindy Farquhar (Co-Chair), Alvaro Atallah, Martin Burton, Rachel Churchill, Karin Dearness, Chris Eccleston, Anne Lyddiatt, Steve McDonald, Joerg Meerpohl, Mona Nasser, Holger Schünemann, Liz Stovold, Denise Thomson and Mingming Zhang.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Chris Champion (Senior Advisor, Items 3.6 and 12.2), Miranda Cumpston (Head of Learning &amp; Support, Items 6 and 12.2) Harriet MacLehose (Senior Editor, Item 3.6), Chris Mavergames (Head of Informatics &amp; Knowledge Management, Item 3.6), Jordi Pardo Pardo (Co-Chair CPAC, Item 7.1), Deborah Pentesco Gilbert (Wiley, Item 3.6), Charlotte Pestrige (CEO, Cochrane Innovations, Items 3.6 and 8), Hugh Sutherland (Head of Finance &amp; Core Services, Items 1-5 and 7-9), Alison Talbot (Blake Morgan, Item 6.1), Julie Wood (Head of CEAD, Items 3.6, 7.1, 10 and 11) and Lorna McAlley (Executive PA).</p>
<b>1.</b>	<p><b>Welcomes, Apologies, Declarations of Interest, and Approval of the Agenda.</b></p> <p>Cindy welcomed everyone to the meeting. There were no apologies and no declarations of interest. The agenda was approved.</p>
<b>2.</b>	<p><b>Co-Chairs' Report</b></p> <p>The Co-Chairs reported that the CSG held a productive Board Development Day on 3<sup>rd</sup> May. They explained to the CSG that the CCC (Co-Chairs, Editor in Chief and CEO) held fortnightly teleconferences, and that the Co-Chairs partnership was working well, including phone calls at least once a week.</p>
<b>3.1</b>	<p><b>Central Executive Team Report – Q1, 2015</b></p> <p>Steve McDonald thanked the SMT for its succinct report, which gave a good overview of the Central Executive Team's (CET) work over the first quarter of 2015. David was asked to speak to the impact of the Quality Assurance Screening and for his thoughts on the need for ongoing screening. He explained that this would be discussed in the Co-Eds' Board meeting, but estimated that overall a 10-15% improvement in mean quality had been achieved through the initiative with 12 CRGs no longer being screened because of the levels of confidence in their processes and outputs. However, 8-10% of all reviews screened before publication continued to have major issues of concern, and this percentage would need to be substantially reduced.</p> <p>Lisa requested a report on 'Project Transform' be prepared for the CSG's consideration at the Vienna Colloquium.</p> <p>The CSG then discussed future funding issues, including the threatened cut in funding by the CIHR to Cochrane Canada. Mark highlighted that the threat to Cochrane Canada's funding from CIHR is included in the Dashboard and the updated <i>Risk Management Report</i> given to the CSG. The CSG asked to be kept closely informed with developments.</p> <p>The CSG agreed that they should be informed when a Cochrane Group is threatened with closure, or of any major funding threat. The CSG requested that a mapping of funding (to identify threats and potential gaps) be prepared for the CSG's consideration at the Vienna Colloquium, as this would be more useful than receiving this information on a piecemeal basis.</p>
	<p><b>ACTION: A report on Project Transform to be prepared for the Vienna Colloquium.</b></p>
	<p><b>ACTION: MW &amp; Hugh Sutherland (HS) to prepare a mapping of Cochrane Group funding for the CSG's consideration at the Vienna Colloquium.</b></p>
<b>3.2</b>	<p><b>CET Target Report</b></p> <p>Joerg thanked the SMT for the excellent report. He asked how the backlog of targets from 2014 would be completed, given that the 2015 targets appear to be even more ambitious than the previous year's. He also raised concerns over capacity to support some projects. Mark responded that the <i>2015 Plan and Budget</i> was ambitious but prepared in the knowledge that some of the 2014 work would be carried over and completed this year. He acknowledged that some 2015 targets may not be completed within their projected timeframes, but CET reports would not be afraid to highlight this. He stressed that the SMT carefully monitors delivery of the annual <i>Strategy to 2020</i> targets; and emphasized that they are not an exhaustive list of work but only indicative of the many initiatives that the Central Executive and Collaboration as a whole are working on to</p>

## OPEN ACCESS

	deliver. David agreed, adding that the 2014 targets had been perceived as owned by the CET, whereas the 2015 targets were deliberately drafted for delivery by the whole organization.
<b>3.3</b>	<p><b>Cochrane Dashboard 2014</b></p> <p>Alvaro gave a brief summary of the Dashboard provided by the CET, including noting that Library usage figures appeared to have plateaued. David responded that it is very difficult to be precise about usage figures as in the past five years they were contaminated by electronic ‘crawler’ activity. It was suggested that the timescales for review production on the Dashboard should be clear on whether they relate to the time taken from title registration, or publication of the protocol, to final review publication.</p>
<b>3.4</b>	<p><b>Updating Systematic Reviews: Guidance for When and How</b></p> <p>Holger explained that the paper described the outputs of the CSG-funded updating meeting in Hamilton. The intention was that it should be complementary to other initiatives relating to updating; and was an excerpt in advance of a full paper to be published by the end of May. Joerg questioned the timeline for implementation of the effort within Cochrane. Holger responded this would be influenced by discussions between the Co-Eds and the Methods Application and Review Standards (MARS) Advisory Committee. Rachel and Holger agreed that the MARS group prepare an implementation plan to put to the CSG.</p>
<b>3.5</b>	<p><b>Strategic Investment Fund (‘Game Changers’) Update</b></p> <p>Mark spoke briefly to the paper, highlighting the reasons for the recommendation to postpone the next round of invitations to the Strategic Investment Fund (SIF); and that learning from the first round of the ‘Game Changers’ initiative indicated that it would be more helpful in future for Cochrane to receive smaller bids that are not restricted to a minimum threshold of £250,000.</p> <p>Martin suggested the invitation for the next round of proposals be postponed indefinitely until the CSG thinks it is the right time to reopen the SIF. Rachel supported Martin’s recommendation and urged the CSG to guide future rounds on the priority areas they would like to make investments in. Liz added the CSG could steer invitations towards the creation of revenue. Lisa suggested a CSG subgroup be formed to focus on identifying appropriate areas for SIF allocation in future; and this was agreed, with the CSG to review the timing and focus of future rounds in 2016.</p>
	<b>DECISION: That the next round of invitations for proposals to the ‘Strategic Investment Fund’ (‘Game Changers’ initiative) be cancelled for the current year, but reviewed in 2016.</b>
	<b>DECISION: That the next round of invitations for innovative, transformative proposals be for a ‘Strategic Investment Fund’ for grants by Cochrane that are not restricted to a minimum of £250,000 but still offer significant transformational value to the organization.</b>
	<b>ACTION: Martin Burton (MB), Liz Stovold (LS), Denise Thomson (DeT) and Joerg Meerpohl (JM) to form a CSG ‘Strategic Investment Fund subgroup’ to prepare a paper to aid the CSG’s decision on the focus of bids for future funding rounds.</b>
<b>3.6</b>	<p><b>Cochrane-Wiley Publishing Management Team Report</b></p> <p><i>The SMT and Harriet MacLehose joined the meeting for discussion of this item.</i></p> <p>In addition to the Publishing Management Team paper, David, Harriet, Mark, Julie, Chris Champion and Charlotte spoke to prepared slides on the nature of the Cochrane-Wiley relationship. The CSG discussed the presentations and the issues it presented.</p> <p>On Thursday 7<sup>th</sup> Deborah Pentesco-Gilbert from Wiley joined the meeting. Cindy welcomed Deborah and reported the CSG was pleased that sales are growing but had major concerns over the delays in the delivery of technology and Roadmap projects. Deborah agreed that sales growth is good and, in the third year of Cochrane’s Open Access policy, the subscription model is holding firm. The next step will be to decide on the best Open Access model to take forward. Deborah acknowledged that in terms of technology there had been delays but noted there had also been deliverables, such as the new <i>Cochrane Library</i> website launched simultaneously with Cochrane.org. She reported that the Publishing Management Team are working on finding a way to make the analytical stages of the Roadmap progress faster and give realistic timelines for delivery.</p> <p>The CSG raised concerns over Wiley’s capacity to support the growing number of Cochrane Innovations projects they are involved in as partners. Deborah explained there are two Wiley staff members dedicated to working on the editorial and business aspects of Cochrane Innovations and she was confident that the right support was now in place.</p> <p><i>Deborah left the meeting.</i></p>
<b>3.7</b>	<p><b>Risk Management</b></p> <p>Mark explained that the SMT reviews the <i>Risk Management Report</i> every quarter and suggested the report be considered by the CSG twice a year, at their Mid-year and Colloquium meetings, as a standing item. He</p>

OPEN ACCESS

	explained that at the top of each section were the high priority risks. The CSG considered and approved the Quarter 1 <i>Report</i> ; and asked for an introduction to be inserted in the Report summarising the key changes since the previous reporting period.
	<b>DECISION: The CSG approved the Q1 Risk Management Report. It asked the Senior Management Team to continue to provide an updated <i>Risk Management Report</i> ahead of face-to-face meetings.</b>
	<b>ACTION: In future, MW to write an additional introduction to the <i>Risk Management Report</i> highlighting key changes since the previous iteration was presented to the CSG.</b>
<b>4.</b>	<b>Financial Reporting including:</b>
<b>4.1</b>	<b>Draft 2014 Trustees Report and Financial Statements</b> Hugh briefly presented the main features of the 2014 Financial Statements to the CSG; and Martin, as Cochrane Treasurer, confirmed his agreement with them. Hugh explained that the Statements were still draft and subject to any final changes the auditors wish to make. The auditors would complete their work in May, and Cindy clarified that for future Mid-Year meetings the audit would be completed in advance of the meeting. It was agreed that any changes requested by the auditors would be highlighted in a final draft, which would be circulated to the CSG for approval electronically. The Financial Statements would then be registered with Companies House and proposed for ratification at the Annual General Meeting on Sunday 4 <sup>th</sup> October in Vienna.
	<b>DECISION: The CSG noted Cochrane’s official <i>Trustees’ Report and Financial Statements for 2014</i>, but the formal approval vote would be made electronically following the final sign off by Cochrane’s auditors.</b>
	<b>ACTION: HS to communicate any changes from the version considered by the CSG in the final version of the <i>Report and Financial Statements for 2014</i> approved by the auditors, along with their Management letter.</b>
<b>4.2 &amp; 4.3</b>	<b>2015 Financial Year Update</b> Hugh spoke to the figures presented in the 2015 Update. There were no items of concern indicated. Mark noted that the main recorded overspends were due to significant payments made in Q1 for the new Smartling translation contract and Project Transform. Most other budget lines were underspent, partly because the recruitments planned in the first quarter of 2015 had taken longer than envisaged. The CSG requested Mark to prepare a breakdown for them of CET staff, including headcount, full-time equivalents and country.
	<b>ACTION: MW to provide full details of CET staffing and circulate to the CSG, specifying country, headcount and full time equivalent (FTE) and this be included on an updated organizational chart.</b>
<b>4.4</b>	<b>Investment Policy</b> The CSG considered and approved the recommendations of the ‘Investment Policy’ paper prepared by the SMT and introduced by Hugh and Mark. Martin confirmed that after consultations with Alison Talbot of Blake Morgan he was satisfied the approach was in line with the requirements of UK Charity and Company law in respect of investments.
	<b>DECISION: The CSG agreed that Cochrane should establish an Investment Policy to achieve greater financial returns from its substantial cash reserves. The policy should determine the duration and level of risk/return of investments appropriate to the organization and its needs. Investments should be consistent with Cochrane’s mission and principles, and policies on conflict of interest and commercial funding. Cochrane will appoint professional investment advisers to construct a portfolio of investments consistent with the overall profile described above.</b>
	<b>ACTION: MW, HS and MB to work on a draft Investment Policy and run a competitive tender to identify a recommended Investment Manager for Cochrane to present to the CSG in Vienna.</b>
<b>5.</b>	<b>Review Support Project</b> David introduced the five options set out in his paper to provide additional support to Cochrane Review Groups. The CSG discussed the options at length and unanimously agreed to approve a one-year pilot of a Cochrane Incentive Funding scheme to support the timely production of up to 20 high priority reviews or updates (with grants of up to £5,000 each). This would be similar to the NIHR Incentive Scheme and the criteria for successful applicants would be: <ul style="list-style-type: none"> <li>• High priority review with evidence that it will impact health care or policy;</li> <li>• Use of GRADE and Summary of Findings table essential;</li> <li>• Payment to be clearly linked to the contribution, but aimed primarily at review authors;</li> <li>• Strategic value to Cochrane;</li> <li>• Funding not received from alternative source.</li> </ul> Funding decisions would be made by the Editor in Chief, or a group of Cochrane leaders chaired by the EiC.
	<b>DECISION: The CSG approved Option 3 (Cochrane Incentive Funding) of the Review Support Project paper, and approved the £100,000 funding for a one-year pilot of the project.</b>

6.	<b>Governance Review</b>
6.1	<p><b>UK Charity Commission/Company Legal Requirements</b>  <i>Alison Talbot joined the meeting via remote participation for this item.</i></p> <p>Lisa and Martin introduced this item, explaining that all CSG members are not only trustees of The Cochrane Collaboration charity but also directors of a UK company limited by guarantee. These responsibilities have particular requirements and Martin and Mark had arranged a briefing from Alison Talbot, a specialist UK charity lawyer with Blake Morgan. Alison gave the CSG a PowerPoint presentation which covered Cochrane’s governance structure in terms of UK charity and UK company law; the duties of Trustees in relation to the charity; and charity regulation.</p> <p>In response to a question from Lisa, Alison confirmed that Cochrane’s ‘objects’ as set out in its Articles of Association are fairly broad and appear adequate for the organization at the moment. Cochrane’s statement of public benefit, as contained in its Trustees’ Report and Financial Statements, was excellent and both were entirely in line with UK Charity Commission requirements. However, she encouraged the CSG to review the objects and statement of public benefit occasionally to ensure they continue to reflect what the trustees think the organization is doing and how they want it to be perceived externally.</p> <p>Alison clarified there is a legal requirement for at least one trustee to be based in the UK; and there should be a detailed induction programme for new trustees. She explained that UK charity conflict of interest rules relate to individual benefit not constituency benefit (therefore a representative member of the CSG could participate in a debate in which their constituency might benefit, so long as the individual trustee did not personally benefit from a decision of the board). If there is likely to be a damaging perception of a COI then the CSG could ask a relevant individual not to participate in the decision making process. The CSG thanked Alison for a helpful briefing on UK legal requirements of charity trustees and company directors.</p>
6.2	<p><b>Governance Reform: Options for Changes to the Structure and Function of the CSG</b>  <i>Miranda Cumpston joined the meeting for this item.</i></p> <p>Lisa, Denise and Miranda spoke to the item on behalf of the <i>ad hoc</i> Governance Reform Working Group. Denise explained the Working Group’s conclusion that changes to the current Steering Group structure are necessary in order for the CSG to properly to carry out its task of providing strategic oversight. The Working Group was not yet ready to make definitive recommendations, but were looking for guidance from the CSG on some of the options and issues that the Working Group had identified.</p> <p>The CSG agreed with the main analysis of the paper and decided not to form a separate External Advisory Board but to establish a new ‘mixed model’ Steering Group/Governing Board (name to be established) made up of ‘internal’ to Cochrane and ‘external’ members. The identification of external members should aim to rectify the traditional skills gaps amongst CSG members in areas such as finance, legal and strategy. The CSG also agreed to move away from the current purely representational model for Cochrane’s governance.</p> <p>The CSG approved the formal establishment of the Governance Review Working Group and its Terms of Reference.</p> <p>Holger and Rachel volunteered to join the Group and Annie Tobias would remain as an external advisor. CSG members were in favour of an additional external advisor, and Cindy asked for potential nominations. It was recognised that the governance review process would extend into 2016 and this would have implications for elections to the Steering Group over the next 18 months.</p>
	<p><b>DECISIONS: The CSG agreed:</b></p> <ol style="list-style-type: none"> <li>1) <b>The current 2015 target for the Governance Review should be extended and a CSG reform proposal be prepared for decision by the Steering Group at the mid-year meeting in 2016; to be ratified at the 2016 Annual General Meeting in October; with election/nomination of CSG members to take place in Q4 2016.</b></li> <li>2) <b>The only CSG member due to stand down in 2015, Mingming Zhang, be requested to stay on the CSG for an extra year so that any replacement would be integrated within the changes to the new Steering Group structure.</b></li> <li>3) <b>That the new CSG structure should not be based on a purely representational model.</b></li> <li>4) <b>Not to establish a separate External Advisory Board in addition to a reformed Cochrane Steering Group.</b></li> <li>5) <b>To establish Terms of Reference for the Governance Reform Working Group that include consideration of the following elements:</b> <ul style="list-style-type: none"> <li>➤ <b>what the CSG should be called in future;</b></li> <li>➤ <b>duration of service of CSG members;</b></li> <li>➤ <b>whether there should be one Chair or two Co-Chairs;</b></li> </ul> </li> </ol>

OPEN ACCESS

	<ul style="list-style-type: none"> <li>➤ the range of perspectives/skill sets required on the CSG;</li> <li>➤ the size of the reformed CSG in (number of members);</li> <li>➤ what mechanism do we use to recruit/elect the (non-representational) Cochrane members to the CSG;</li> <li>➤ to ensure any proposed reform is in line with UK Charity law in terms of composition; and</li> <li>➤ for any CSG reform to be cost neutral, if possible.</li> </ul> <p>6) Holger Schunemann and Rachel Churchill will join the Governance Reform Working Group (existing members: Lisa Bero, Denise Thomson, Joerg Meerpohl, Jeremy Grimshaw, Annie Tobias (external consultant), MW &amp; Miranda Cumpston (Head of Learning &amp; Support)).</p> <p>7) Additional external advisors/members (in addition to Annie Tobias) should be sought to join the Governance Reform Working Group, potentially on an <i>ad hoc</i> basis. The CSG members to contact Denise with suggestions of suitable candidates.</p>
<b>7.</b>	<b>Cochrane Colloquium &amp; Business Meetings</b>
<b>7.1.</b>	<p><b>Cochrane Events Strategic Review</b>  <i>Jordi Pardo Pardo and Julie Wood joined the meeting for this item.</i></p> <p>Jordi presented the interim recommendations of the Cochrane Events Strategic Review Group. The CSG considered and approved the Review Group's conclusions and confirmed that the project should be completed within budget.</p>
	<p><b>DECISION: The CSG approved the three recommendations outlined in the Cochrane Colloquium Review paper: 1) to adopt 'the Framework for Cochrane Events based on audiences, purposes and participant needs'; 2) to develop working event models and support logistics which clearly differentiate between organizational needs and participant needs; and 3) consult on the proposed event models and present the CSG in Vienna with options and a recommendation for a final decision to be made.</b></p>
<b>7.2</b>	<p><b>2016 Mid-Year Business Meeting Proposal</b></p> <p>The CSG approved the proposal for the CET to host the next Mid-Year Business meeting in London, in the week beginning Monday 4<sup>th</sup> April 2016. The CSG also proposed that the Mid-Year meetings be held in the same week each year, thereby allowing dates to be established years in advance. Hosting institutions would have to apply knowing these dates were suitable for them.</p>
	<p><b>DECISION: The CSG agreed for the CET to host the 2016 Mid-year meeting, in London.</b></p>
	<p><b>ACTION: The Central Executive to invite expressions of interest to host future mid-year meetings two years in advance at a fixed time each year (where possible).</b></p>
<b>8.</b>	<p><b>Cochrane Innovations Strategy</b>  <i>Charlotte Pestrige joined the meeting for this item.</i></p> <p>Charlotte gave a presentation on Cochrane Innovations' new Strategy, which requested funding from Cochrane to establish at least six detailed business plans in the next 18 months that would guide the later development and delivery of new products and services. The strategy aims to:</p> <ul style="list-style-type: none"> <li>• Align Cochrane's strengths to attractive markets.</li> <li>• Support business risk within manageable levels, and increase investments incrementally.</li> <li>• Offer a diversified product portfolio with products in a range of market sectors and supporting a range of user segments.</li> <li>• Deliver a balanced portfolio of new products in the product development pipeline with varying degrees of risk and reward time.</li> </ul> <p>Cochrane Innovations planned to generate at least £1 million a year in profit revenues for the charity by the end of 2020. But this requires not only an initial investment of £660,000 over the next 18 months to develop a portfolio of business cases and product and service development; but further significant investments between 2017-2020 to deliver this target. The Strategy intends to continue develop Cochrane Clinical Answers (CCAs) but to put on hold further investments in the 'Dr Cochrane' vignettes product and assess how best to develop Cochrane Learning.</p> <p>The CSG rigorously questioned Charlotte in relation to the assumptions and analysis behind the Strategy. She explained that an idea generation system was already in place and new ideas would feed through continuously into Innovations' stage-gate development processes so that if a product or service business case did not look favourable it would be dropped and replaced by another. Development of the business cases had been carefully planned to try to maximise outputs from the four staff members (including a new business development specialist and a specialist systematic reviewer) as well as external consultants to minimise the short- to medium-term running costs. She recognised in response to questions from CSG members that the full Cochrane</p>

**OPEN ACCESS**

	<p>Innovations' business costs would not become apparent until later in the development cycle. Whilst there were no guarantees, she was confident that the plans were pragmatic and reasonable.</p> <p><i>Charlotte left the room for the CSG to consider the recommendations.</i></p> <p>Denise confirmed that the Cochrane Innovations' Board had been heavily involved in the development of the strategy and supported it, whilst accepting that some of the initial business cases proposed may not work. The CSG was assured that future investment decisions would have to be confirmed by the Steering Group as both Denise and Mark are on the Cochrane Innovations board on its behalf and it is their duty to bring important matters back to the CSG. Cochrane Innovations' Articles of Association also requires its Board to refer major investment decisions to the CSG and appropriate levels of control for Cochrane Innovations are therefore already in place.</p> <p>After lengthy discussion the CSG voted unanimously to support the recommendations presented in the Cochrane Innovations Strategy:</p> <ul style="list-style-type: none"> <li>• That the Steering Group endorse the Cochrane Innovations Strategy including the strategic goals and objectives, and the product development plan.</li> <li>• That the Steering Group approve the initial 18 months budget and investment request to support the resource plan and recruitment of new staff.</li> <li>• That the Steering Group approve the recommendations for Cochrane Clinical Answers and Dr Cochrane.</li> </ul> <p>Lisa summarised that the CSG were generally in agreement to endorse the Strategy but want Charlotte to continue to talk to the CSG about the various projects. Joerg noted it would be important to give careful consideration to how this investment would be communicated to the wider organization.</p>
	<p><b>DECISION: The CSG endorsed the Cochrane Innovations Strategy and approved the requested budget of £660,000 for the 18-month period 2015-16.</b></p>
<p>9.</p>	<p><b>Methods: Animal Studies</b></p> <p>David introduced the item. There had been an initial request for an Animal Studies Methods Group put forward for consideration by the Methods Executive. The Methods Exec sought the CSG's opinion on whether animal studies fitted within Cochrane's scope and strategy; and, if a Cochrane Animal Studies Group was to be formed, what type of group this should be (Methods Group, CRG or Field)?</p> <p>After extensive discussion there was general agreement amongst the CSG that the most appropriate type of Cochrane Group for this subject matter would be a Methods Group. It was agreed following a CSG vote that an application for an Animal Studies Methods Group should be made and, following the normal consideration and recommendation process for new Cochrane Groups, the application then be reviewed by the CSG for final approval.</p>
	<p><b>DECISION: The CSG recommended that an application for an Animal Studies Methods Group be made and, following the normal consideration process for new Cochrane Groups, the application then be reviewed by the CSG for final approval.</b></p>
	<p><b>ACTION: Holger to inform the Animal Studies group of the CSG's decision.</b></p>
<p>10.</p>	<p><b>Mid-year meeting Strategic Session Preparation</b></p> <p><i>Julie Wood joined the meeting for Items 10 &amp; 11.</i></p> <p>The CSG was updated on preparations for the Strategic Session discussions of Cochrane's production pipeline and future partnerships. They congratulated David and Julie for the quality of the preparatory papers given the importance of the subjects to Cochrane's future work</p>
<p>11.</p>	<p><b>Policy Development Framework &amp; Official Spokesperson's Policy</b></p> <p>Julie provided an update from her consultation meetings at the various Executive meetings on these draft policies. The CSG discussed the Policy Development Framework and gave suggestions for a number of minor edits to enhance clarity. The CSG also agreed that a sub-committee on policy decisions would not be required and that policy decisions should go directly to the CSG for consideration. The CSG then discussed the Spokesperson Policy. It was noted that the policy is reactive and that there may be difficulties in implementation. However, the CSG were unanimous in their approval of both the Policy Development Framework and the Official Spokesperson's Policy.</p>
	<p><b>DECISION: The CSG approved the Cochrane Policy Development Framework with the slight adjustments made by the CSG.</b></p>
	<p><b>DECISION: The CSG approved the Cochrane Spokesperson Policy.</b></p>

OPEN ACCESS

	<b>ACTION: Julie Wood (JW) to communicate the final versions of the Policy Development Framework and Spokesperson Policy to Cochrane collaborators and to report to CSG on any issues related to implementation of the Spokesperson Policy at the Vienna Colloquium.</b>
<b>12.</b>	<b>CSG Strategic Discussion</b>
<b>12.1</b>	<p><b>CSG Change Management Support</b></p> <p>The CSG considered a paper discussing their role in the process of leading and supporting organisational change. CSG members recognised that improved communication with the wider organization was central to this process, and it was vital that they make clear the changes happening within Cochrane are a result of the decisions the CSG is making – and the CEO and Central Executive are only implementing these decisions. The CSG agreed to communicate directly to the whole Cochrane community after each face-to-face meeting to establish its own communication channel and emphasize its fundamental accountability and authority to the organization. This communication should be drafted by the Co-Chairs and reviewed by the CSG before circulation.</p>
	<b>DECISION: The CSG will establish its own communication channel to Cochrane collaborators in order to reflect its strategic leadership of the organization and to transmit key messages more effectively.</b>
	<b>ACTION: The Co-Chairs to draft a summary letter to Cochrane collaborators from the Steering Group after each face-to-face CSG meeting. Julie Wood to work with the Co-Chairs on a CSG communication strategy.</b>
<b>12.2</b>	<p><b>Cochrane Membership Scheme - Initial Concept Document</b></p> <p><i>Miranda Cumpston and Chris Champion joined the meeting for this item.</i></p> <p>Chris C. introduced the Membership Scheme paper and reported back on the very positive feedback it had received from Cochrane Executives and other contributors in Athens. He explained that the next steps would be to understand better different user journeys of future members (authors, translators, young researchers, etc), establish a full proposal, consult widely and arrive at the Vienna Colloquium with a recommended scheme for consideration by the CSG. There was a very strong consensus in the feedback given by the CSG:</p> <ul style="list-style-type: none"> <li>• The membership scheme should be simple and straightforward. Our objective is to be open and inclusive, but an overcomplicated structure may reinforce perceptions of exclusivity.</li> <li>• Membership should be offered to those who make a definable contribution to Cochrane’s work, not just have a general interest in our work, especially when there are benefits of being a member. We need to give careful consideration of the point at which someone receives these benefits (rather than these being received by passive supporters).</li> <li>• Institutional membership could be developed, but was not an initial priority.</li> <li>• The premium products should be kept separate from membership.</li> <li>• The administrative costs of the membership scheme must not be large.</li> </ul> <p>The CSG was extremely supportive of a Cochrane membership scheme. However, the scheme should be simple and cost effective. They requested that a maximum of three options are developed, with a clearly defined recommendation, including indications of administrative costs, for the CSG’s consideration in Vienna.</p>
	<b>ACTION: The SMT to incorporate the CSG’s comments into the development of a Cochrane Membership Scheme for further consultation and presentation of a proposed final scheme to the CSG in Vienna.</b>
<b>13.</b>	<p><b>Structure &amp; Function Review Updates</b></p> <p>CSG members reported back on the progress of their individual Structure and Function Reviews. The reviews of Centres, Fields, the Consumer’s Network and Methods Groups are making good progress, with all currently following the same plan of gathering information from external and internal stakeholders. This gathering of information has been divided into three areas: 1) external stakeholders (which the CET has commissioned from the independent Technopolis consultant group); 2) self-assessment within the staff and contributors of the particular Group; and 3) All Cochrane contributors. All the different Groups intend to have some Review proposals ready for the CSG meeting in Vienna.</p> <p>The CSG agreed that by the Vienna Colloquium each Structure &amp; Function Review should have a final report proposing changes for improvements to the respective Group’s structures and core functions. The CSG proposed that a half day, or even a full day, would be required in Vienna for it to consider the findings of all of the Structure &amp; Function reviews holistically, so that the CSG could propose further changes or adaptations to individual Group plans.</p>
	<b>ACTION: The CCC (LB, CF, MW &amp; DT) to plan a day or ½ day for CSG consideration of the recommendations of the Structure &amp; Function Reviews at the CSG meetings in Vienna.</b>
	<b>ACTION: CSG representatives from each Executive to send Lisa a bullet point summary on progress to date on their respective Structure &amp; Function reviews, to be used by the CSG and communicated to the wider organization.</b>

**OPEN ACCESS**

<b>14.</b>	<b>Group Executives' Reports</b>
	The written Executive reports were not discussed by the CSG, but each representative fed back the major outcomes of their respective Executive and Board meetings held in the preceding days.
<b>AOB</b>	<p><b>Conflicts of Interest (COI) – Funding Arbiter</b></p> <p>Cindy, as Funding Arbiter, updated the CSG on the COI audit carried out in 2014–15 in which 748 of Cochrane's published systematic reviews and 320 protocols were found to be unclear or potentially non-compliant in relation to Cochrane's new more rigorous COI Policy. As a result, in first four months of 2015 there had already been 27 referrals to the Funding Arbiter Panel compared to two referrals in 2013 and 33 in 2014. The first focus has been on pharmaceutical company employees that are currently authors of Cochrane Reviews. The next phase would be to focus on the 270 reviews that are potentially non-compliant; either because the lead author has COI or because at least half of the other authors have COI. Lisa added that Ruth Foxlee had been developing example scenarios so that much of this can be managed in future through frequently asked questions (FAQs), or at the editorial level, and then only uncertain cases would be presented to the Funding Arbiter Panel. The CSG thanked Cindy, David and Ruth for their hard work in this area. The CSG were in agreement that a further policy paper would be required on intellectual COIs.</p>
	<b>ACTION: HS to draft a policy paper on intellectual Conflict of Interest.</b>
<b>AOB</b>	<p><b>Funding cuts to Cochrane Canada</b></p> <p>The CSG returned in its meeting on Thursday 7<sup>th</sup> to the threat to Cochrane Canada of the funding cuts made by the Canadian Institute of Health Research (CIHR). Holger explained that Jeremy Grimshaw had been working extremely hard to secure alternative funding; but the challenge should not be underestimated by the CSG. For the past five years CIHR has funded Cochrane Canada with a total of C\$10m. This funding is likely to end in September 2015. Over 2,000 Canadian authors have participated in over 330 Cochrane Reviews during the past 10 years, so there is potentially a huge impact if these groups disappear.</p> <p><i>Denise, Anne, Holger and Karin left the meeting in case there were any external perceptions that a COI existed for them to be involved in CSG discussions on this issue.</i></p> <p>The Central Executive and the Co-Chairs have been updated on the funding efforts and regularly confirmed their readiness to support Cochrane Canada in these efforts; and to consider strategic development funding if required. The CSG agreed that Cochrane Groups should be required to contact the Central Executive if they are in danger of losing their funding within the next 12 months. It agreed that it needs detailed information from Cochrane Canada on the implications of the funding cuts on a group-by-group basis if alternate sources of support are not found. It also agreed to develop a set of generic criteria for it to consider any strategic development support in future for Cochrane Groups.</p>
<b>AOB</b>	<p><b>Methods Application and Review Standards (MARS) Advisory Committee</b></p> <p>The MARS Advisory Committee includes members of Methods Groups, Review Groups, Handbook editors and technology experts with the view that when Cochrane implements methodology changes it does so in a joined up way. The MARS group thinks that, as an advisory committee, it is important it reports regularly to the CSG and suggested its reports should be considered as a standing item for face-to-face CSG meetings. The CSG agreed to trial this approach.</p>
<b>AOB</b>	<p><b>CSG Technological Tools planning</b></p> <p><i>Chris Champion joined the meeting for this item.</i></p> <p>Chris explained to the CSG that a new Dropbox system would be used for sharing future board papers for meetings, and members warmly welcomed this initiative. The CSG also discussed potential software that enhances the functionality of PDF documents, although there was much less enthusiasm for spending resources on this. However, Chris will create a presentation showing the strengths and weaknesses of different PDF reader type products, to be presented at the next teleconference, along with any pilots/free trials.</p>
<b>AOB</b>	<p><b>Oral report from the Treasurer on Co-Chairs' Remuneration</b></p> <p><i>Lisa Bero and Cindy Farquhar left the meeting for this item.</i></p> <p>Martin reported that he is satisfied that the CEO organised the remuneration processes for the Co-Chairs properly, and that the Co-Chairs' host institutions were being remunerated fairly for one day per week of their respective salaries.</p>
<b>AOB</b>	<p><b>Completion of Lisa Bero's two-year term as Co-Chair</b></p> <p>The CSG noted that Lisa's first two-year term as Co-Chair would be coming to an end this year. Lisa expressed her willingness to stand for a second two-year term.</p>
	<b>DECISION: The CSG gave unanimous support for LB to stand for a second term as Co-Chair. However, a call for nominations to the post would also be circulated to the wider organization.</b>



## OPEN ACCESS

<b>AOB</b>	<b>Expressions of thanks</b> Lisa noted that Rachel would be stepping down from her co-opted role on the CSG, with immediate effect. Lisa thanked Rachel for four years on the CSG and for all her effort and hard work. Thanks were also expressed to the organizing committee of the 2015 Mid-year meeting, in Athens.
------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Time and date of next meeting: 29 June 2015, by teleconference.**

*Post hoc note: This teleconference was cancelled. The next CSG meeting will be held on 07 September, by teleconference.*

OPEN ACCESS

CSG Decisions/Actions – Athens Mid-year meeting, 2015

Item #	Decision/Action	Person(s) responsible	By when
3.1	ACTION: A report on Project Transform to be prepared for the Vienna Colloquium.	Mark Wilson (MW)	Oct '15
3.1	ACTION: MW & Hugh Sutherland (HS) to prepare a mapping of Cochrane Group funding for the CSG's consideration at the Vienna Colloquium.	MW / HS	Oct '15
3.5	DECISION: That the next round of invitations for proposals to the 'Strategic Investment Fund' (previously 'Game Changers' initiative) be cancelled for the current year, but reviewed in 2016.		
3.5	DECISION: That the next round of invitations for innovative, transformative proposals be for a 'Strategic Investment Fund' for grants by Cochrane that are not restricted to a minimum of £250,000 but still offer significant transformational value to the organization.		
3.5	ACTION: Martin Burton (MB), Liz Stovold (LS), Denise Thomson (DeT) and Joerg Meerpohl (JM) to form a CSG 'Strategic Investment Fund subgroup' to prepare a paper to aid the CSG's decision on the focus of bids for future funding rounds.	MB / LS / DeT / JM	Q1 '16
3.7	DECISION: The CSG approved the Q1 Risk Management Report. It asked the Senior Management Team to continue to provide an updated <i>Risk Management Report</i> ahead of face-to-face meetings.		
3.7	ACTION: In future, MW to write an additional introduction to the <i>Risk Management Report</i> highlighting key changes since the previous iteration was presented to the CSG.	MW	Oct '15
4.1	DECISION: The CSG noted Cochrane's official <i>Report and Financial Statements for 2014</i> , but the formal approval vote would be made electronically following the final sign off by Cochrane's auditors.		
4.1	ACTION: HS to communicate any changes from the version considered by the CSG in the final version of the <i>Report and Financial Statements for 2014</i> approved by the auditors, along with their Management letter.	HS	June '15
4.2	ACTION: MW to provide full details of CET staffing and circulate to the CSG, specifying country, headcount and full time equivalent (FTE), and to add this information to an organizational chart.	MW	June '15
4.4	DECISION: The CSG agreed that Cochrane should establish an Investment Policy to achieve greater financial returns from its substantial cash reserves; that determines a level of risk/return and duration of investment appropriate to the organization and this phase of its development; and in which money is invested consistent with Cochrane's mission, principles and policies on conflict of interest and commercial funding. Cochrane will appoint professional investment advisers to construct a portfolio of investments consistent with that overall profile.		
4.4	ACTION: MW, HS and MB to work on a draft Investment Policy and run a competitive tender to identify a recommended Investment Manager for Cochrane to present to the CSG in Vienna.	MW / HS / MB	Oct '15
5.	DECISION: The CSG approved £100,000 funding for a one-year pilot of a Cochrane Incentive Fund to support Review Groups in the production of priority reviews.		
5.	ACTION: DT to develop and launch the pilot project	DT	Q3 '15
6.2	DECISIONS: The CSG agreed: 1) The current 2015 target for the Governance Review should be extended and a CSG reform proposal be prepared for decision by the Steering Group at the mid-year meeting in 2016; to be ratified at the 2016 Annual General Meeting in October; with election/nomination of CSG members to take place in Q4 2016. 2) The only CSG member due to stand down in 2015, Mingming Zhang, be requested to stay on the CSG for an extra year so that any replacement would be integrated within the changes to the new Steering Group structure		

OPEN ACCESS

	<p>3) That the new CSG structure should not be based on a purely representational model.</p> <p>4) Not to establish a separate External Advisory Board in addition to a reformed Cochrane Steering Group.</p> <p>5) To establish Terms of Reference for the Governance Reform Working Group that request it to include at least the following elements:</p> <ul style="list-style-type: none"> <li>➤ what the CSG should be called in future;</li> <li>➤ duration of service of CSG members;</li> <li>➤ whether there should be one Chair or two Co-Chairs;</li> <li>➤ the range of perspectives/skill sets required on the CSG;</li> <li>➤ the size of the reformed CSG in (number of members);</li> <li>➤ what mechanism do we use to recruit/elect the (non-representational) Cochrane members to the CSG;</li> <li>➤ to ensure any proposed reform is in line with UK Charity law in terms of composition; and</li> <li>➤ for any CSG reform to be cost neutral, if possible.</li> </ul> <p>6) Holger Schunemann and Rachel Churchill will join the Governance Reform Working Group (existing members: Lisa Bero (LB), DeT, JM, Jeremy Grimshaw, Annie Tobias (external consultant), MW &amp; Miranda Cumpston (Head of Learning &amp; Support)).</p> <p>7) Additional external advisors/members (in addition to Annie Tobias) should be sought to join the Governance Reform Working Group, potentially on an ad hoc basis. The CSG members to contact Denise with suggestions of suitable candidates.</p>		
7.1	<p><b>DECISION:</b> The CSG approved the three recommendations outlined in the Cochrane Colloquium Review paper: 1) to adopt 'the Framework for Cochrane Events based on audiences, purposes and participant needs'; 2) to develop working event models and support logistics which clearly differentiate between organizational needs and participant needs; and 3) consult on the proposed event models and present the CSG in Vienna with options and a recommendation for a final decision to be made.</p>		
7.2	<p><b>DECISION:</b> The CSG agreed for the CET to host the 2016 Mid-year meeting, in London.</p>		
7.2	<p><b>ACTION:</b> The Central Executive to invite expressions of interest to host future mid-year meetings two years in advance at a fixed time each year (where possible).</p>	MW	Q3 '15
8.	<p><b>DECISION:</b> The CSG endorsed the Cochrane Innovations Strategy and approved the requested budget of £660,000 for the 18-month period 2015-16.</p>		
9.	<p><b>DECISION:</b> The CSG recommended that an application for an Animal Studies Methods Group be made and following the normal consideration process for new Cochrane Groups the application would then be reviewed by the CSG for final approval.</p>		
9.	<p><b>ACTION:</b> Holger to inform the Animal Studies group of the CSG's decision</p>	HS	Q2 '15
11.	<p><b>DECISION:</b> The CSG approved the Cochrane Policy Development Framework with the slight adjustments made by the CSG.</p>		
11.	<p><b>DECISION:</b> The CSG approved the Cochrane Spokesperson Policy.</p>		
11.	<p><b>ACTION:</b> Julie Wood (JW) to communicate the final versions of the Policy Development Framework and Spokesperson Policy to Cochrane collaborators and to report to CSG on any issues related to implementation of the Spokesperson Policy at the Vienna Colloquium.</p>	JW	Oct '15
12.1	<p><b>DECISION:</b> The CSG will establish its own communication channel to Cochrane collaborators in order to reflect its strategic leadership of the organization and to transmit key messages more effectively.</p>		

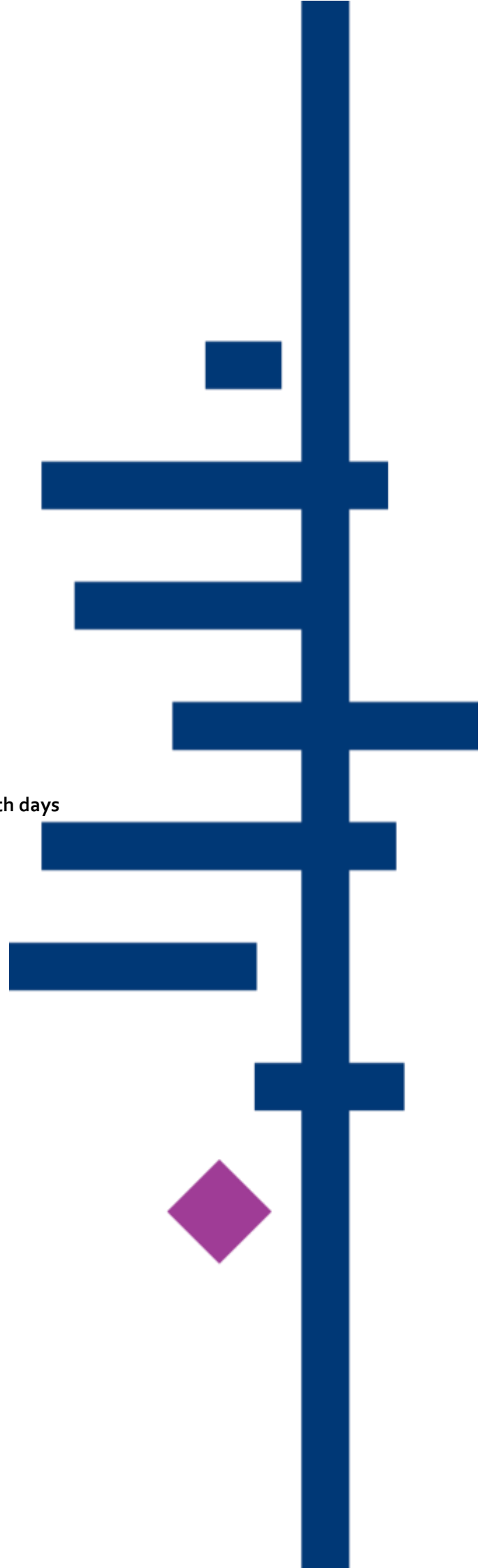
OPEN ACCESS

12.1	<b>ACTION:</b> The Co-Chairs to draft a summary letter to Cochrane collaborators from the Steering Group after each face-to-face CSG meeting. JW to work with the Co-Chairs on a communication strategy for the CSG.	LB / Cindy Farquhar (CF) / JW	June '15
12.2	<b>ACTION:</b> The SMT to incorporate the CSG's comments into the development of a Cochrane Membership Scheme for further consultation and presentation of a proposed final scheme to the CSG in Vienna.	SMT	Oct '15
13	<b>ACTION:</b> The CCC (LB, CF, MW & DT) to plan a day or ½ day for CSG consideration of the recommendations of the Structure & Function Reviews at the CSG meetings in Vienna.	LB / CF / MW / DT	Oct '15
13	<b>ACTION:</b> CSG representatives from each Executive to send Lisa a bullet point summary on progress to date on their respective Structure & Function reviews, to be used by the CSG and communicated to the wider organization.	CSG	
AOB	<b>ACTION:</b> HS to draft a policy paper on intellectual Conflict of Interest.	HS	Oct '15
AOB	<b>DECISION:</b> The CSG gave unanimous support for LB to stand for a second term as Co-Chair. However, a call for nominations to the post would also be circulated to the wider organization.		

## CSG Agenda & (Open Access) Background Papers

Mid-year meeting, Athens  
Monday 4<sup>th</sup> & Thursday 7<sup>th</sup> May 2015

The Electra Room, Electra Palace Hotel, 09:00 – 18:00 both days



# Agenda

## Monday 4<sup>th</sup> May (09:00 – 18:00)

1. Welcomes, Apologies, Declarations of Interest and Approval of the Agenda
2. Co-Chairs' Report
3. Central Executive Reports:
  - 3.1. Central Executive Team Report - Q1, 2015 (I) [OPEN ACCESS]
  - 3.2. Cochrane 2014 Target Report (I) [OPEN ACCESS]
  - 3.3. Cochrane Dashboard 2014 (I) [RESTRICTED ACCESS]
  - 3.4. Updating Systematic Reviews: Guidance for When and How (I) [RESTRICTED ACCESS]
  - 3.5. Strategic Investment Fund (including 'Game Changers') Update (D) [OPEN ACCESS]
  - 3.6. Cochrane-Wiley Publishing Management Team report (I) [OPEN ACCESS]
4. Financial Report (including):
  - 4.1. Draft Financial Statements for the Charity, Trading Company & Cochrane Innovations (D) [RESTRICTED ACCESS]
  - 4.2. 2015 Financial Year Update (I) [RESTRICTED ACCESS - TO FOLLOW SEPARATELY]
  - 4.3. Commentary on the Financial Reports (I) [RESTRICTED ACCESS]
  - 4.4. Investment Policy (D) [OPEN ACCESS]
5. Review Support Project (D) [RESTRICTED ACCESS]
6. Governance Review (D)
  - 6.1. UK Charity Commission/Company Legal Requirements
  - 6.2. Governance Reform: Options for Changes to the Structure and Function of the CSG (Presented by the Governance Reform Working Group) [RESTRICTED ACCESS]
7. Cochrane Colloquium & Business Meetings
  - 7.1. Colloquium/Cochrane Events Review (D) [OPEN ACCESS]
  - 7.2. 2016 Mid-Year Business Meeting Proposal (D) [OPEN ACCESS]
8. Cochrane Innovations Strategy (D) [RESTRICTED ACCESS - TO FOLLOW SEPARATELY]
9. Methods: Animal Studies (D) [OPEN ACCESS]
10. Mid-Year Meeting Strategic Session Preparation (I)

**Thursday 7<sup>th</sup> May (09:00 – 18:00)**

11. Policy Development Framework & Official Spokesperson's Policy (D) [OPEN ACCESS]
12. CSG Strategic Discussion (D)
  - 12.1. CSG Change Management Support [RESTRICTED ACCESS]
  - 12.2. Cochrane Membership Scheme - Initial Concept Document [OPEN ACCESS]
13. Structure & Function Review Updates (I)
14. Group Executives' Reports (for information only) (I)
  - 14.1. TSCs' Executive report (I) [OPEN ACCESS]
  - 14.2. MEs' Executive report (I) [OPEN ACCESS]
  - 14.3. Consumers' Executive report (I) [OPEN ACCESS]
15. In Camera Session (CSG members only)
16. Any Other Business
  - 16.1. Oral report from the Treasurer on Co-Chairs' Remuneration

(I) - Agenda Items for Information/report

(D) - Agenda Items for Decision or Strategic Discussion

**Central Executive  
Report  
Quarter 1, 2015**

Submitted to the  
Cochrane Steering Group  
in Athens, May 2015.



# Contents

<b>Contents</b>	<b>2</b>
<b>Introduction</b>	<b>3</b>
<b>2015 Target Progress</b>	<b>3</b>
<b>Departmental Reports</b>	<b>10</b>
Communications and External Affairs Department (CEAD)	10
Chief Executive Officer's Office (CEO)	10
Cochrane Editorial Unit (CEU)	12
Finance and Core Services (FCS)	16
Informatics and Knowledge Management Department (IKMD)	16
Learning and Support Department	17

## *A Note on the Report:*

This *2015 First Quarter Report* is a departure from the previous detailed reporting the Central Executive team has given to the Cochrane Steering Group and the wider collaboration. At the request of the CSG we have provided a much smaller report, reporting mainly by exception or on items that are particularly noteworthy. Brief notes provide updates on each of the 2015 *Strategy to 2020* Targets, along with a 'traffic light' indicator of progress. Where other projects or initiatives are not mentioned in the departmental updates that follow this is because progress on them is proceeding on track.

# Introduction

Cochrane is changing. The first quarter of 2015 introduced the users of Cochrane evidence to that reality in the most obvious way with the launch at the end of January of the new brand identity and new Cochrane.org website and *Cochrane Library* websites. A new name, logo, brand colouring and fresh design can mean nothing more than a change of signage; but in our case it signifies much more. It reflects the substantial change that Cochrane has embarked upon, and if 2014 – the first year of our *Strategy to 2020* – was dominated by establishing new initiatives and planning, 2015 will bring more obvious external and internal signifiers of change.

The new design of the Cochrane.org website focussed on increasing the accessibility and approachability for users, particularly those who aren't already familiar with Cochrane and want to find the information they need quickly and clearly. The web analytics have been good since the launch and we have had many very positive comments about the look, feel and usability of the new home site. It is, however, very much work in progress, with more features and functionality to be added to it, and additional changes to be made as we receive more user feedback, all aiming to improve the site still further.

In the second quarter of the year most of Cochrane's Groups will launch their new brand identities and websites, with a few Centres already having done so as trialists. Again, initial feedback has been very positive, and it will be an exciting time as Cochrane Groups use the process to concentrate on and improve their own engagement with the outside world; although the demands of making these changes to over 100 websites have been enormous on the Informatics & Knowledge Management Team (IKMD).

Another important signal of change to users of Cochrane evidence was the simultaneous January launch of Cochrane's new priority list of Review questions and topics that will form our prioritised work outputs in the coming years. The CEU team produced a list of 290 Reviews after extensive consultation with external users of Cochrane's evidence, and contributions from almost all Review Groups, some of them having conducted their own prioritisation processes and discussions with stakeholders.

So the message is clear: we are listening to our users and we are responding to their needs. We are focused on the maximum impact our work can have on health decision-making, and that is leading us to make hard choices given the inevitably scarce resources we have. We are user- not producer-centred, even as an organisation that relies on volunteers to produce our systematic reviews.

This is a critically important message of change at a time when the competition is fierce and funding budgets so squeezed. The health evidence market is crowded and despite our worldwide reputation and strong position in the market we have constantly to prove why researchers, clinicians, policy makers and patients should come to Cochrane rather than other knowledge providers – and why our main infrastructural funders should continue to support our work. We are confident that the changes Cochrane is embracing are fully aligned with the direction that funders want to see; but sometimes even that is not enough given the pressures on those funding institutions and the competition for resources. The first quarter saw the integration of the HIV/AIDS Review Group within the Infectious Diseases Review Group because of economic pressures, at least one other Review Group has recently lost its infrastructure funding, and in Canada the Cochrane Centre is working hard to attract new funding for our work there after the Canadian Institute of Health Research decided not to continue providing support through their existing funding mechanism.

Despite the challenges, we have good evidence of the need and demand for Cochrane evidence. As the 2014 Annual Report on the delivery of *Strategy to 2020* noted, last year there was a 7% increase in total demand (full text downloads of Cochrane Reviews and 'Access Denied' to users who had no paid subscriptions or were not covered through national licences or other open access mechanisms). Sales of the *Cochrane Library* rose strongly again in Quarter 1 of 2015, 6% up on the same quarter the year before. If these results are extrapolated on the pattern of the last few years this means we would exceed our budgeted income forecast and deliver another record year of royalties. These sales returns are being generated despite our generous policy that sees all new and updated Cochrane Reviews made open access after 12 months. Two years after its introduction, and with 917 new Cochrane Reviews and updates made OA in 2014, this is a strong signifier of the high value users continue to place in our products.

Equally, March 2015 saw us reach a record number of media coverage 'hits', with 774 recorded across the world including in the New York Times, The Age (Australia), Business Day (South Africa), the South China Morning Post (China) along with another 701 online 'hits' (including BBC News, the Mail Online (UK) and Fox News (US)). This is testament to the hard work of our authors and review groups teams, the new Communications & External Affairs team and colleagues in Centres and Branches around the world. Particularly successful have been the new press conferences held at the Science Media Centre in London; with very high levels of UK television, radio and print media coverage as a result.

This report indicates excellent progress in the first quarter across the biggest annual programme of work Cochrane has ever attempted to accomplish, with innovation, growth and change across every area of activity (production, dissemination, outreach, governance and organisational structure and management). We have, therefore, grounds for confidence, excitement and great motivation as the impact of change becomes more evident in the next 18 months, in which we will see the following:

- Improving author experience and review efficiency through the Cochrane Author Support Tools (CAST);
- Finalizing and implementing the results of the reviews on governance, Cochrane Group function and structure, and the design and running of Cochrane Colloquia and other meetings;
- The introduction of a Cochrane membership scheme;
- A new platform to make greater use of our network of contributors and realize potentially significant production efficiencies (through the new Project Transform);
- And a host of other initiatives that will come to fruition as a result of the hard work of staff and volunteers across the collaboration.

But there are also warnings about the challenging external environment within which we work, the funding squeeze faced by some Cochrane Groups, and the dangers of complacency. We can take nothing for granted.

**Mark Wilson**  
CEO

**David Tovey**  
EiC and Deputy CEO

17<sup>th</sup> April 2015

# 2015 Target Progress

## Goal One: Producing Evidence

Target	Update		Key messages for CSG
<p><i>High Priority Reviews List</i> Finalise and begin work on Cochrane’s top 200 high priority reviews and establish a decision-making framework both at group and collaboration level to maintain prioritisation processes</p>	<p>The Cochrane priority review list was published in January 2015, containing 290 priority review recommendations received from 50 CRGS. It will be updated on a bi-monthly basis to allow groups to add or remove titles and to indicate when protocols, reviews and updates are published</p>	Green	On track
<p><i>Quality Assurance Strategy</i> Develop a Cochrane Review quality assurance strategy</p>	<p>An initial consultation paper will be discussed at the Co-Eds meeting in Athens. The work relating to the COI continues –we have recently been alerting CRGs to reviews that seem to be in clear breach of the Commercial Sponsorship Policy.</p>	Green	On track
<p><i>GRADE and Summary of Findings Tables</i> Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews and that 85% of new intervention reviews have a SoF table for the main comparison</p>	<p>Will be audited in Q4, 2015</p>	Purple	Not started – as anticipated
<p><i>Updating Classification Framework</i> Implement the Updating Classification Framework</p>	<p>The work required from Cochrane is almost complete. No implementation date from Wiley as yet. See the separate joint Cochrane-Wiley Publishing Management (PubMan) report.</p>	Amber	Delayed implementation via Roadmap. May influence delivery of target
<p><i>Future of Review Production: Foundation phase</i> Launch the beta version of the browser-based RevMan; and implement and roll out the Cochrane Author Support Tool project</p>	<p>Progress on moving RevMan to the browser has been slower than expected. We needed clarity on the CAST solution in order to build the right architecture and APIs. Other demands have slowed the design work and thus the coding of the new interface. The Author Support Tool project is moving ahead on time.</p>	Amber	RevMan might take longer but the rollout of Covidence, development of CRS-D and integration with Eppi-Reviewer is on track to be delivered by Vienna.

**Goal Two: Accessible Evidence**

Target	Update		Key messages for CSG
<p><i>User Experience</i> Complete a user research project to evaluate perception of the Cochrane brand; understand how, why and when people use Cochrane evidence; understand the needs and preferences of potential users; and establish a framework for on-going reassessment</p>	<p>Wiley have been commissioned to deliver the <i>Cochrane Library</i> user research, and are on schedule for June 2015 delivery.</p> <p>The non-Cochrane Library user research is out for tender with three market research agencies.</p>	Green	On track.
<p><i>Open Access Strategy</i> Establish a final strategy for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016</p>	<p>See the Roadmap report in the separate PubMan report. A draft PowerPoint presentation on the Cochrane OA approach for funders is completed.</p>	Amber	Minor delays but expect to meet target.
<p><i>Non-English Language Access to Cochrane Content</i> Improve non-English language access to Cochrane content by launching the new Cochrane.org and Cochrane Library in at least five languages and by conducting a pilot project to incorporate Cochrane evidence in non-English Wikipedia entries by the end of 2015</p>	<p>Cochrane.org now features translations in 12 languages. Whilst this deliverable has been achieved there is still more work that will be done to translate other elements of the site.</p> <p><i>Cochrane Library:</i> The requirements gathering and project planning for a multi-lingual <i>Cochrane Library</i> is progressing, though timelines remain to be confirmed with Wiley.</p> <p>The Wikipedia project is currently on hold, as our Wikipedian in Residence is unable to devote the required time to it, and it is unclear whether it can be pursued as planned in 2015.</p>	Green	<p>We are concerned by the slow pace of Wiley's work to develop the multi-lingual <i>Cochrane Library</i>. This will be carefully monitored through the Publishing Management Team in Q2.</p> <p>Whilst the Wikipedia project is on hold there is a lot of other dissemination work going on for translations so this is not a cause for concern.</p>
<p><i>Simplified and Standardised Language</i> Establish a framework and guidelines for simplified and standardised language across Cochrane Reviews</p>	<p>Has been delayed but initial meetings planned.</p>	Amber	Minor delay but expect to meet target

**Goal Three: Advocating for Evidence**

Target	Update		Key messages for CSG
<p><i>Cochrane Re-brand</i>                      Implement, in conjunction with Cochrane groups, the global re-brand by the end of 2015</p> <p><i>Contributes towards objective: Global Profile</i></p>	<p>Main logo and brand materials launched, including Cochrane.org and Cochrane Library. Websites are performing as expected and improvement ongoing.</p> <p>New logos and offline templates delivered for all groups.</p> <p>Next steps include rolling out newly branded websites for all groups. Some delays in this, but still on track to meet target.</p>	Green	On track.
<p><i>Partnership Strategy</i>                      Build on our existing partnerships, identify two new partnerships and develop a new partnership strategy</p> <p><i>Contributes towards objective: Global Partner</i></p>	<p>WHO—reinvigorated relationship with coordinator in place and mapping of WHO activity complete.</p> <p>Relationships with The Campbell Collaboration, GIN, Wikipedia all progressing along agreed MOUs.</p> <p>Initial discussions ongoing with potential new partners (Equator, UICC, Joanna Briggs, etc.)</p> <p>Strategic session in Athens to kick off partnership strategy discussions.</p>	Green	On track.
<p><i>Communicating our Impact</i>                      Capture and communicate Cochrane’s impact on policy and practice by developing robust output and outcome metrics and impact stories</p> <p><i>Contributes towards objective: Global Impact</i></p>	<p>On track to deliver but bulk of work will occur later on in the year</p> <p>First video of impact created on macular degeneration review.</p>	Green	On track.

## Goal Four: Effective and Sustainable

Target	Update		Key messages for CSG
<i>Membership Scheme</i> Introduce a Cochrane membership scheme	Work is progressing well with the membership scheme. We will be using meetings in Athens to gather internal insights and we are undertaking external consultations alongside the structure and function work. We should have a fully developed model for Cochrane membership by Vienna.	Green	On track.
<i>Governance and Structure and Function Reviews</i> Complete the structure and function reviews of our governance bodies and Cochrane groups	The CSG Governance Reform Group has agreed key areas where change is needed and established a range of options for CSG consideration in Athens. A survey of external stakeholders was tendered for and commissioned in Q1 and launched in April. Work is ongoing with all the Executives on the respective Structure & Function Reviews, including development of internal surveys to be conducted in April-May. Progress is slower than expected but still on track to meet the target of proposals by Vienna Colloquium. Minor delays to the development of CRG Alliances. Survey completed for a Cancer Alliance. Some local "clusters" in place.	Green	On track.
<i>Generating Income for a Sustainable Future</i> Develop a Cochrane Innovations strategy and business plan and build relationships with trusts, foundations and funding bodies	Cochrane Innovations strategy and business plan being presented to the CSG in Athens. Trusts and Foundations Fundraiser recruited and in post.	Green	On track.
<i>Capacity Building through Regional Initiatives</i> Build Cochrane capacity through targeted regional initiatives and identify methods that can be applied in other regions	We are continuing to work with the key regions we have identified (Africa and China). We remain confident of developing a strategic plan for Cochrane in Africa for CSG consideration by Q4 this year.	Green	On track.
<i>Training for Cochrane Editors</i> Develop a programme of training for Cochrane editors and establish a system of accreditation based on this programme	A project advisory group has been established including Peter Tugwell, Sally Bell-Syer, Paul Garner, Jon Deeks, Harriet MacLehose, Sharon Straus and Liz Wager and others. The scoping review on core competencies has completed searching and is extracting & classifying data. Plans continue for a needs assessment and consensus conference in 2015.	Green	On track.

*Environmental Impact Review*  
Review Cochrane’s  
environmental impact and  
draft an environmental  
sustainability strategy

This work is well underway now with an external consultant. The initial review of our environmental impact will be completed over the next three months and a sustainability strategy should be available by September.



On track.



# Departmental Reports

## Communications and External Affairs Department (CEAD)

The bulk of the work delivered by the team in the first quarter has been focused on the implementation of the rebrand and re-launches of the *Cochrane.org* and *Cochrane Library* websites. New staff have also been recruited and inducted: a trusts and foundations fundraiser, EU funding coordinator, and content and internal communications officer.

### Establishment of a Cochrane Communications network

This is a new initiative to solve a problem heard repeatedly in at the Hyderabad colloquium: staff and volunteers working on communications and translations often feel isolated and disconnected from others in Cochrane. We have just launched the communications network to share new content, such as press releases, create a community of practice and foster greater sharing of their own content among communicators and translators. It is early days but initial feedback has been positive.

### Cochrane Express

Work continues to progress Cochrane Express. Logistics permitting, the plan is to film the journey of an updated Cochrane Review on a train. A rough cut of this will be shown in Vienna and we are in discussions with GIN to ensure the chosen review feeds into a guideline. Initial barriers to delivering this project have been overcome, with the Central Executive keeping a careful eye on costs and ensuring that we are maximizing the value that this project can bring by showcasing the possibilities offered by technology in changing the way reviews are developed.

## Chief Executive Officer's Office (CEO)

The majority of the CEO team's work in Quarter 1 is reflected in the above targets, including the multiple structure and function reviews it supported, the governance review, and development of a new membership scheme.

The CEO's Office negotiated and signed contracts with suppliers for the Cochrane Author Support Tool and the 'Game Changers' winning proposal, 'Project Transform'. The next stage of the Game Changers/Strategic Investment Fund initiative was developed and is the subject of a separate paper to the CSG.

A 'Memorandum of Understanding' for the new Global Evidence Synthesis Initiative (GESI) was drawn up to govern the new consortium being formed of organisations committed to the greater production and use of evidence in policy and practice in Low and Middle-Income Countries (L&MICs). A 'Case for Support' for GESI was finalized and a formal invitation to participate in GESI launched in April.

### Regional Initiatives

We continued to support the work of collaborators in the Middle East, but the main focus in Quarter 1 was support to the Chinese Cochrane Centre, which submitted its first draft Strategic Plan in April; and to the South African Cochrane Centre to develop further the 'Cochrane in Africa' strategic plan (which is on course to be completed in 2015 as anticipated). Discussions also began with the US Cochrane Centre on the development of a USCC strategic plan in the coming months; and support was extended to the German Cochrane Centre in the negotiation for a long-term hosting agreement in Freiburg.

### Translations

The planned two-year extension with Smartling for the Translation Management System was negotiated and signed. Ten language teams are now using the TMS to translate and publish abstracts and PLS, with seven more in initial or testing stages. Some teams have difficulties accessing the resources required for productive, continuous translation, but others have quite successfully managed to integrate volunteers and boost their capacity. A focus area of the translation work in the next two years will be on effective volunteer engagement, which will tie in with the membership scheme and Transform projects.

The website [cochrane.org](http://cochrane.org) now features translations in 12 languages and we are working to extend the amount of translated content and localize [cochrane.org](http://cochrane.org) in order to improve the user experience for non-English speakers and maximize outreach. The plan to integrate Biblioteca Cochrane Plus (which currently hosts Spanish Review translations and is published by Update Software) and future Spanish Review translations into our systems is extremely demanding, because of significant technical challenges and Wiley's reluctance to integrate two of the six other databases in the BCP. The target date for integration has been delayed but should still be before the end of year deadline. The requirements gathering and project planning for a multi-language *Cochrane Library* is progressing, but this is subject to Wiley timescales and plans which have become particularly challenging and slow – a feature of Cochrane's interaction with our publisher in Quarter 1.

The EU-funded project 'Health in my Language' (HimL), which will develop and evaluate health domain adapted machine translation for Central and Eastern European languages, began work. This constitutes an important area of research which will potentially facilitate sustainable translation approaches.

Until now Cochrane's translation work has fallen under the remit of the CEO's Office. However, the collaboration between the communications and translation work now justify moving responsibility for the translations unit, with Coordinator Juliane Ried and the new Support Officer, to the Communications and External Affairs Department, reporting to Julie Wood, Head of CEAD. With the recently established informal Communications Network, we are sharing communication plans and priorities, and encourage local teams to pick these up for regional dissemination and translation. We have also awarded seed funding to the Iberoamerican Cochrane Centre to support them in aligning their communication plan with CEAD activities to maximize impact, and we are currently considering a similar project in German.

### Consumer Support

Quarter 1 saw the new Consumer Co-ordinator, Richard Morley, making excellent progress in the delivery of consumer-related support to Strategy to 2020 targets and support for the Consumer Network (CCNet). Consumer involvement took place in the identification of high priority reviews (1.1), improving user experience (2.1), developing simplified language (2.5), and the membership policy (4.1). However it is the Structure and Function Review of our consumer work (4.4) that dominated work in the first three months of the year. CCNet is presently reviewing its own structures and functions, having established a working group to take forward this work and to ensure its comprehensiveness, inclusivity and transparency. A survey of consumer involvement in Review Groups was completed and a survey of consumers has been developed and will launch shortly.

The Consumer Executive (CE) promotes consumer involvement in the production and dissemination of Cochrane health evidence. The CE meets monthly and its membership has seen recent changes with Silvana Simi's retirement and the appointment of Sara Yaron and Caroline Struthers, returning it to its full complement of six. The CE presently supports the Consumer Structure and Function Review, and is

working on a range of other initiatives including improved communication, recruitment, training and support.

## Cochrane Editorial Unit (CEU)

### Review screening

Between October 2014 and 9<sup>TH</sup> April 2015 the CEU has screened 168 reviews. Of these 63 were considered not to warrant anything more than a brief email suggesting no or very minor edits to the summary versions/wording in the implications for practice. For 91 reviews screening reports were sent back to the CRGs outlining minor edits to more than one part of the review. These usually related to items such as declaring and justifying departures from the review protocols, suggested revisions to the abstract or PLS to incorporate GRADE ratings better, and suggestions to improve the consistency of reporting across the review. For an additional 14 reviews the screening reports identified very substantial problems which would not have been simply addressed by improved reporting and required major amendments, often prompting re-undertaking a number of steps to address problems with the implementation of review methods. These have included items such as the inappropriate exclusion of studies based on outcome reporting, inappropriate or inconsistent application of the risk of bias tool, inappropriate analysis of data from studies with a complex design. Since the Hyderabad colloquium the CEU has also communicated to 14 CRGs that their reviews have consistently been of sufficient quality that they would be invited to send to the CEU only those reviews that they wished to obtain a screening report for. We intend to agree the addition of a number of other CRGs to that list after Athens.

### CRG review metrics

A new CRG review metrics scoring system has been developed and disseminated to all Groups. The CEU will manage data collection pilot, sourcing as much information as possible from Archie and receiving further data from the CRGs. The pilot will end in November 2015 with a report due to SRPAG in December 2015.

### Centralised study identification

There is no funding for this project currently but a plan for a pilot has been developed and a short paper is with the TSC Exec now. We will look to work with the Pipeline team from Project Transform.

### Targeted update project (formerly “focused update”)

This project is funded by the CCSG for one year to pilot the development of Targeted Updates, to perform user-testing these with guideline developers, and to test the acceptability of Targeted Updates within Cochrane. We are working with the four Cochrane Review Groups involved in the pilot, and are nearing completion of the first two of 16 planned Targeted Updates, and work is underway on four more. We have also had preliminary contact with five guideline developers in preparation for formal user testing. Workshops are planned at the UK Cochrane Centre meeting, the Colloquium and GIN to gain feedback from Cochrane stakeholders and guideline developers. The Targeted Updates project team is Karla Soares-Weiser, Rachel Marshall, Rachel Churchill, Giulia Boselli, and Charlotte Petridge.

### Review Support Project

This is the subject of a separate paper.

### Support for the Co-Eds Board meeting

We have agreed to provide funding support for 22 individual Co-ordinating Editors who requested support to attend the Editorial Board meeting in Athens. There are two levels of funding depending on length of journey. The total cost will be £15,200.

## Cochrane Methods Report

Methods Groups will report their activity in the annual Wiley supplement Cochrane Methods due in October. Currently, under consideration are a Rapid Reviews Methods Group, and a discussion will take place at the CSG regarding the potential to conduct reviews based on animal studies within Cochrane (see separate paper).

The Methods Research and Review Development framework in outline is agreed. Some details require further discussion, refinement and agreement.

The Methods Innovation Fund (MIF) 2 project will fund seven projects due to complete over the next 3 years. Details of successful projects have been reported. MIF 1 projects are completing and reporting; some have asked for extra time to complete. An evaluation of the MIF process is required for the benefit of future grant projects undertaken by Cochrane.

The MECIR standard project has reached its final set of standards (Updates).

The Structure and Function Review for Methods is underway with support from consultant Ray Flux. This work includes a survey of Methods Groups exploring the following:

- methods input into protocols and reviews
- role and expectations of the convenors and co-ordinator
- recruitment, succession planning and engagement of Methods Groups 'active members'.
- resources required by Cochrane to meet the challenges to ensure the methodological quality and integrity of its reviews.

The Cochrane Handbook for Interventions is struggling to complete a minor amendment prior to a major update. The Editors will meet in Athens to discuss a plan proposed by the Methods Co-ordinator to progress the current update. However, this important reference text needs to be better resourced to ensure timely completion of editions and is probably moving beyond the scope of a totally volunteer activity.

## ME Support team

The Managing Editor (ME) Support team continues to provide day-to-day troubleshooting support for MEs as well as one-to-one training on special topics, induction training for new MEs, and . The team has also provided general training activities, with a recent focus on implementing Cochrane's plagiarism policy.

## TSC Support

The appointment process was concluded promptly following the approval of the funding support. Unfortunately, due to contractual delays the successful applicants have until recently been unable to start work.

## Cochrane Editorial and Publishing Policy Resource

The Cochrane Editorial and Publishing Policy Resource continues to evolve. Recent additions include clarifications to the conflict of interest policy for Cochrane Reviews, and a section on 'What's New' (publishing events) in Cochrane Reviews. Recent additions are listed here: <http://community.cochrane.org/editorial-and-publishing-policy-resource/latest-changes>

## Copy-editing: Copy Edit Support and Cochrane Style Guide

The main challenge for Copy Edit Support (CES) over the last six months was the large increase in submissions during late 2014 coupled with a reduction in copy-editing capacity. All urgent copy-editing (reviews linked to funding or guidelines) was prioritised and turned around promptly but around half of non-urgent reviews missed the 2-week turnaround target during this time. In 2015 the situation has settled with the introduction of three new copy-editors and a reduction in submissions. The CES manager, Elizabeth Royle, continues to work with CEU colleagues and Review Groups to improve the process as a

whole and address any specific concerns. The new copy-editing accreditation test has been shared with Review Group-based individuals who wish to become accredited Cochrane copy-editors.

### Managing current feedback process

The CEU continues to work with Wiley and Cochrane Review Groups (CRGs) on the day-to-day management of feedback comments submitted via the Cochrane Library. This involves liaising with the Wiley editorial team (which receives the comments) and CRGs (which manage individual comments and liaise with authors) to answer queries, offer guidance, and mediate if needed. The CEU has also worked with Wiley to ensure that the commenting system remains fully functional and visible on the new-look Cochrane Library. A report of comments submitted during 2014 is available on the CEU website (<http://editorial-unit.cochrane.org/cochrane-library-feedback>). During the year, 107 comments were received, of which 93 were passed to CRGs (a 30% decrease from 2013).

### Complex Review Support Unit

The Cochrane supported bid for this UK National Institute of Health Research RFP was unsuccessful. The successful bid has not yet been formally announced. It is therefore unlikely that this budget line will be used as planned – this is reflected in the separate review support paper.

### Editorials and Special Collections in the Cochrane Library

The CEU continues to publish submitted and commissioned Editorials and Special Collections, in collaboration with CEAD, Wiley and other groups. In the six months from Oct 2014 to March 2015 we have published five editorials (<http://www.cochranelibrary.com/home/editorials-full-listing.html>) and one new Special Collection (for World AIDS Day). We have also worked with Evidence Aid to update two Special Collections. We anticipate publishing three new Special Collections in the next few months.

### Cochrane Review browse list on the Cochrane Library

The Browse by Topic facility (<http://www.cochranelibrary.com/home/topic-and-review-group-list.html?page=topic>) on the Cochrane Library is based on data held in Archie and managed by the CEU. The CEU works to ensure all new protocols and reviews are appropriately presented within the browse structure and continues to work with CRGs and Fields to develop aspects of the browse menu structure. The CEU also works with Wiley to ensure any changes to the browse structure are transferred to the Cochrane Library.

### Changes to the Cochrane Library website

The CEU has invested a great amount of time on the refresh of the *Cochrane Library* (one of the Technology Roadmap cards). The CEU and Wiley have been meeting generally on a weekly basis to scope and specify changes, participate in user acceptance testing, and for post-launch follow-up. The team worked on: release 1 (February), which including the re-platforming, rebranding, and changes to the browse function; release 1.1. (March), which included the additional browse facets; and is planning for release 2 (date tbc), which will include further changes (e.g. automated table of contents for CDSR).

### Development of CRS Web

This is proceeding based on CRS user wish list items. Metaxis are working closely with IKMD to ensure that CRS Web integrates with FORP platform and we have assembled a team of beta testers in keeping with an agile development model.

### Project Transform, Cochrane Author Support Tool (Covidence) and Linked Data

Members of the CEU team continue to support these projects. They are more fully reported in the report by the IKMD team. The CEU is working with the Australasian Cochrane Centre to ratify developments of the Covidence tool. We will continue to ensure that the build is proceeding as proposed and that testing of functionality is in place.

### Cochrane Clinical Answers

The CCA team reached the target of 600 CCAs by the end of 2014 and is working on track to reach the target established for January 2016 of 1000 CCAs. We have also been involved in dissemination activities like webinars and we are preparing a workshop for the UK Cochrane Entities meeting this April and another one for the Colloquium in Vienna, along with a poster to disseminate our activities. We have also started working on the development of CCAs of overviews and once this is established we will also work on narrative reviews.

### **Cochrane Learning**

At our meeting in March it was agreed to keep accreditation for Dr Cochrane through to 2016 and consider developing easier and more cost-effective modules, with comprehensive coverage and addressed to a specific user market (family physicians or generalist physicians). We will pilot 30 new clinical learning modules, including Journal Club, CCAs and simpler case based learning format over the next two months. We are considering the transition of our general e-learning resources from CE City to the new Wiley Cross Knowledge platform. We plan to move forward with the Cochrane EBM Certificate proposal and deliver a business case by September 2015.

### **Transition of the HIV-AIDS Cochrane Reviews to the Cochrane Infectious Diseases Group**

The CEU has supported the transition of the HIV/AIDS Group review to the Infectious Diseases Group following the closure of the HIV/AIDS Group editorial base. This transition has included contributing to a memorandum of understanding between the Infectious Diseases Group and Cochrane, and acting as intermediary review group for specific reviews, which has involved taking on some editorial responsibilities including as sign-off and managing feedback.

### **CRG Structure and Function**

The CEU has agreed to open up its screening service so that reviews or protocols can be assessed at any point in the editorial cycle on request.

Several "Alliances" are in various states of development, including a Cancer Alliance, and others covering Nutrition and Antimicrobial resistance. We undertook a survey to explore interest in the Cancer Alliance, and have also drafted terms of reference. The results of the survey will be presented at the mid year meetings.

We have designed a framework for considering topics within Patient Safety and mapped out Cochrane Reviews to this framework, considering also Cochrane Reviews identified as of high-priority. We are working with the Canadian Patient Safety Institute and Anne Lydiatt, WHO Patient Safety Champion, to move the project forward. A workshop abstract has also been submitted for the Vienna Colloquium.

In addition, we are aware that particularly in the UK "clusters" based on proximity are taking shape. This has led to examples of sharing resources and expertise.

# Finance and Core Services (FCS)

## Implementing radical changes to Cochrane's core infrastructure and systems

The following are some of the key activities that have been undertaken by the team through the first quarter of 2015:

- A review of investment policy and treasury and banking arrangements;
- The establishment of rationalized banking arrangements, with further changes to international banking services planned;
- Detailed and lengthy negotiations to complete the transfer of staff based in Copenhagen;
- Management of all aspects of the move to the new CET office in London and the closing of the office in Oxford;
- In HR, the recruitment of 12 new roles;
- Re-negotiation of the terms for the provision of pensions to CET staff, with early compliance with the new Auto-Enrolment regime, at a lower cost to employees;
- Athens Mid-Year meeting organizational support, including stipends.

## The FCS team

The new FCS team has stabilized and is now running the new London office. We are currently experiencing a bottleneck with senior resources deployed on multiple concurrent projects, delaying the implementation of revisions to financial transaction handling and reporting systems, but once planned changes are implemented the basic running of the accounts department will be much smoother. A number of other projects have been queueing up, including revisions to the Group monitoring and reporting regime, as well as support to other Departments, but the back-log will be cleared during the second and third quarters of 2015.

# Informatics and Knowledge Management Department (IKMD)

Q1 has been a productive but hectic quarter for the IKMD. In addition to the significant work on Target 1.5 we have made progress on development or specification of the following targets:

Target 1.4: Updating classification; Target 3.1: Rebrand; Target 2.3: Non-English content/Translations.

## Other Departmental Project Developments

- Archie 4.10 was released in March. The major advances are the ability to record derivative products of reviews, and support for assigning a Type to referees – e.g., to be able to track the use of Consumer referees.
- The UXG Digest, a monthly newsletter to highlight new ideas and UXG decisions was launched. Currently 142 subscribers, - to subscribe go to <http://tinyurl.com/nay3nqo>.
- The CRS IDs project – The CRS IDs project completes the linking of studies and references between reviews and the CRS by inserting study IDs and reference IDs into reviews.
- We developed a Palliative Care Library database for the PaPaS Group now live at <http://pcl.cochrane.org>.



- The Event Manager system is being used by three Cochrane events: the Vienna Colloquium, the UK and Irish Contributors Meeting, and the Athens mid-year meeting.
- The Linked Data project has moved forward significantly, and we are now ready to begin testing the PICO annotator tool with Anna Noel-Storr (Dementia Group) and Liz Stovold (Airways) who will annotate all of their Group's reviews.
- In addition, Chris has contributed to the Silverchair project with Wiley and to other PubMan-related activities, including the Roadmap committee.

### **IKMD structural change**

Two years after negotiations started with the Rigshospitalet and the Nordic Cochrane Centre, the formal agreement for the transfer of IKMD staff based in the Copenhagen was finally signed on 10th April and will take place on 1st May,

The IKMD is taking this opportunity to assess the department's staffing and structure: discussing resources, workload and options for a new structure for the department. It is planned to establish a new internal IKMD structure with staffing changes in Quarter 2. Staff changes that have already occurred: Ida Wedel-Heinen joined IKMD as maternity cover for Olga Ahtirschi, who is expected to return in October, and Farah Kashem joined the team in March as our new Web Application Developer. The position was funded from funds previously allocated to the Web Team Manager.

## Learning and Support Department

Miranda Cumpston was appointed as Head of Learning and Support in February 2015. Three new Learning & Support Officers have been recruited and contracts are under negotiation, with likely start dates in May 2015.

### **Training & Professional Development Strategy**

Progress in implementing the Strategy has been delayed while recruitment takes place, but will begin in earnest in Quarter 2. Membership of the new Learning and Support Advisory Committee has been drafted and establishment is in progress. Projects not dependent on recruitment, including the Core Competencies project for Editors and the introduction of TSC Support, are on track and detailed elsewhere in this report. An early priority for Quarter 2 will be the redesign of the Cochrane Training website to provide an improved platform for online learning. White October (the company responsible for the Cochrane.org redesign) have been engaged for the initial design phase from April 2015.

### **Governance**

This is a new responsibility for this Department. The Head of LSD has been providing support to the CSG's Governance Reform Working Group on over recent months, focusing on options for restructuring the CSG and improvements to underlying support, including redesigning CSG induction and streamlining governance support to all Groups. The position of a governance support officer is being reviewed in conjunction with support for the membership scheme. Recruitment is planned shortly after the Athens meetings.

### **Membership**

The Membership Scheme currently in development by Chris Champion (see Target 4.1) will also fall under this Department once implementation begins. The Head of LSD has been contributing to the design phase of this project.



Annual Report  
on the  
Delivery of  
*Strategy to 2020*

**Targets for 2014**



# Contents

<b>Executive Summary</b>	<b>3</b>
<b>Goal One: Producing Evidence</b>	<b>5</b>
1.1 High Priority Reviews List	5
1.2 MECIR subset	6
1.3 Author Support Tool / Review reduction time strategy	7
1.4 Non-standard review framework	8
<b>Goal Two: Making our Evidence Accessible</b>	<b>9</b>
2.1 User experience review and framework	10
2.2 Dissemination checklist	10
2.3 Linked Data first phase	11
2.4 Open Access roadmap	11
2.5 Simplified and standardised language	12
2.6 Translation strategy	12
<b>Goal Three: Advocating for Evidence</b>	<b>14</b>
3.1 Coherent Brand	15
3.2 Three to five strategic partnerships	15
3.3 Advocacy agenda	16
3.4 Online metrics and impact stories	17
<b>Goal Four: Building an Effective &amp; Sustainable Organisation</b>	<b>18</b>
4.1 Membership scheme	19
4.2 Training and professional development strategy	19
4.3 Governance review	19
4.4 Structure and function review	20
4.5 Cochrane Clinical Answers and Cochrane Learning	21
4.6 Improved financial and business processes	21
<b>Annex 1: Cochrane Dashboard 2014</b>	<b>23</b>
<b>Annex 2: Cochrane's 2015 Annual Targets</b>	<b>23</b>

# Executive Summary

2014 was a notable year for Cochrane, marking the first twelve months of its new *Strategy to 2020* adopted unanimously at the Colloquium in Quebec in September 2013. *Strategy to 2020's* ambition is enormous: a new mission 'to promote evidence-informed health decision making by producing high quality, relevant, accessible systematic reviews and other synthesised research evidence' will be achieved through the implementation of four key goals and 28 objectives over the next six years. Each year Cochrane will establish annual targets to help us focus our activities and measure progress towards implementing *Strategy to 2020*.<sup>1</sup> This will not be 'business as usual' but a transformational programme of change that will expand Cochrane's profile, reach and impact in healthcare decision-making around the world. For the first year of *Strategy to 2020* Cochrane set itself 20 specific targets. This is the first Annual Report of its performance in 2014 in achieving those targets.

## Laying the foundations

As with any long-term project, the first year of *Strategy to 2020* was a foundational one, marked by widespread consultation and detailed planning ahead of the significant changes that will take place in the coming years across the four Cochrane goals of producing evidence, making our evidence accessible, advocating for evidence, and building an effective and sustainable organization. Whilst Cochrane's Central Executive team will lead *Strategy to 2020's* implementation, eventual success will only be achieved with the active support and involvement of all of Cochrane's collaborators and groups. This requires their engagement with and ownership of many parts of the organizational change that were introduced, discussed and planned in 2014. Although the results of most of these initiatives will not emerge until 2015, 2016 and beyond, many Cochrane collaborators already experienced the heady, sometimes uncomfortable, tensions produced by rapid change taking place simultaneously across many different areas.

The level of ambition set out in the 2014 targets was substantial; and it was known that the pace of design and implementation of projects to meet them would have to be adjusted given the overall scale of change being attempted, with completion carrying over into 2015.

Each of the 2014 Targets in this report is evaluated using a 'traffic light' assessment against two factors: 'Progress' and 'Spend'. For Target 'Progress', green signifies target completion; orange reflects partial completion where the target will be delivered; and red indicates failure to complete. A purple code indicates work on a Target has not yet begun. For Target 'Spend', green signifies expenditure to deliver the target is on or below budget; orange indicates spending is ahead of budget, being monitored but expected to finish on or below budget; and red indicates spending is above and will remain over budget. Expenditure on none of the targets was over-budget or is likely to finish over budget. Brief narrative details report against each of the Targets' Indicators of Success; then more extensive narrative sections report on achievements and challenges in full.

Ten of the 2014 targets were 'achieved', with all or the vast majority of 'indicators of success' being met. For nine of the 20 targets, implementation started but was not finished by the end of the year. However, few of these were significantly behind schedule and all of the 2014 targets will be delivered in 2015.

One of the targets was not scheduled to begin until 2015 (planning for the introduction of a Cochrane membership scheme in 2015 – Target 4.1) although even here initial preparations started. None of the targets were abandoned or substantially downgraded; rather, some were delayed because their scope and

---

<sup>1</sup> For full details on *Strategy to 2020* and its implementation, go to: [www.cochrane.org/about-us/our-strategy](http://www.cochrane.org/about-us/our-strategy)

complexity increased as a result of the consultations internally with Cochrane collaborators and externally with other stakeholders. The scorecard of achievement set out in this document is therefore a very positive one, reflecting an outstanding year of achievement for Cochrane against its priority targets for the year.

### Other indicators of organisational performance

These were not the only indicators of a highly successful year for Cochrane. A total of 407 Cochrane Systematic Reviews were published alongside 462 Updated Reviews and 514 new Protocols. Although this was a fall from the levels published in 2013 it reflected the direction of travel Cochrane's Editor in Chief, David Tovey, has advocated for 'fewer, better reviews'. Evidence of the 'better' emerged in the middle of the year with the *Cochrane Database of Systematic Reviews* (CDSR) increasing its 2013 impact factor to 5.939 (from 5.785 in 2012) and its five-year impact factor to 6.706 (6.553). Total citations of the CDSR increased by 16% to nearly 40,000, higher than the *BMJ*. Over 36,000 Cochrane collaborators are now registered with us, and over 8,500 were active in the last six months of 2014 on Cochrane reviews, reflecting the huge on-going work by authors and editorial teams.

These excellent production statistics were matched by those showing the demand for Cochrane evidence. Nearly 10.5 million abstracts of reviews were accessed from the *Cochrane Library* in 2014 with demand for articles from the *Library* growing by 7% to 8.96 million. The number of recorded full text downloads fell slightly compared to 2013 but this is due to extensive mining of the CDSR by ten institutions in that year. As a result of our Open Access policy 917 Cochrane Systematic Reviews were made open access in 2014; and now 3.66 billion people in 148 countries have free at the point of use access to the *Cochrane Library*.

Sales revenues rose by 4.3% and annual royalties by 5.1% - just above the 5% target level agreed with Wiley, our publisher. Although expenditures increased as the organization invested in new projects and in an expansion of the Central Executive to deliver the *Strategy*, they were still well short of budgeted amounts and we ran an operational surplus for the year of £865,000, resulting in a further increase in Cochrane's financial reserves to over £7.6 million.<sup>2</sup> Cochrane's Steering Group (CSG) decided to draw down these reserves in the coming years by investing them strategically in projects that would help the organization deliver its *Strategy*; and this included the launch of a new 'Game Changers' initiative in February 2014 that invited submissions of projects that would transform Cochrane's products or organization in a substantial way. Thirty-nine projects were submitted, reflecting the enormous reservoir of innovation within the Cochrane collaboration and the tremendous interest of other organizations in working with us. The winner was approved by the CSG at the end of 2014: 'Project Transform', which will establish a new IT platform and build new Cochrane community networks to improve the way people, processes, and technologies produce Cochrane content. The 'Game Changers' process was just one example of the many other projects and initiatives that were accomplished by Cochrane staff and collaborators in 2014 but fell outside the *Strategy to 2020* targets for the year and are therefore not fully covered by this report.

This report reflects an exciting year of achievement the fruit of which will be only fully appreciated in the coming years. We are already beginning to see some of these changes, such as the launch of the new Cochrane brand and websites in January 2015. Many more results are to come as we embark on two intense years of activity in 2015 and 2016. The 2015 annual Targets are even more ambitious than those of 2014 (see Annex 2 for details) and they reflect a dynamic organization determined to deliver 'trusted evidence, informed decisions and better health' for more and more people around the world in the future.

Mark Wilson, CEO

April 2015

---

<sup>2</sup> Subject to confirmation by Cochrane's annual audit.









# Goal One: Producing Evidence

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

Substantial progress was made in relation to Goal One in 2014. Cochrane's first high-priority reviews list was produced and as part of that initiative we identified the key research recommendations from a range of national and international organisations (e.g., NICE Guidelines, AHRQ, WHO) and disseminated individualized reports to Cochrane Review Groups (CRGs) based on them.

The MECIR subset of targets was established, drawing on the learning generated by the Cochrane Editorial Unit's new quality assurance pilot programme that screened all reviews before publication. The pilot was such a success that CRGs requested it was continued in future.

After a competitive tender process a new tool to support our authors in the review process was selected and an implementation plan agreed. 'Covidence' will become Cochrane's primary author tool and 'EPPI-Reviewer' developed for more complex review types; with both available to Cochrane authors in 2015 but full project implementation scheduled to take three years. The original target schedule was recognized to be unrealistic which is why its status is orange (ongoing). We expect these new tools to have a substantial impact both in terms of improving the author experience and in speeding up the time it takes to write a Cochrane review.

	2014 Target	Status	Spend
1.1	High Priority Reviews list		
1.2	MECIR subset		
1.3	Author Support Tool / Review reduction time strategy		
1.4	Non-standard review framework		

## 1.1 High Priority Reviews List

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.

	Indicators of Success	Have we succeeded?
1	Cochrane groups and the Central Executive team have together 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.	Yes. This work is now complete.
2	A list has been developed of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct organisation-wide	Yes. A list of approximately 290 titles has been compiled

	production priorities for 2015 onwards.	and published.
3	100 new reviews from the list have been registered (review teams identified and titles registered).	This work is ongoing and forms part of the 2015 target.
4	A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.	This has not been completed in 2014 but will be addressed as part of the 2015 target.

In 2014 there were two significant achievements in relation to this target:

First, we completed a project to identify the research recommendations from a range of national and international healthcare research organisations in Australia, Canada, Spain, Switzerland, the UK and the USA. Individualized reports were created for CRGs that were in some cases relevant to their priority selection but also helped to provide a wider view of where a group's scope intersected with national and international research priorities.

Second, we created a priority Cochrane Review master list containing over 290 titles. There is an almost even split between new reviews and updates on this list. The level of engagement on this project was high, with priority review recommendations received from 48 groups. As a result we have significantly exceeded our original goal of identifying approximately 200 titles. In many cases CRGs have engaged with stakeholders in formal ways to compile their priority list. Some of the reviews and updates in the priority list are already registered and/or underway. This gives us confidence that we will be able to make significant progress on Target 1.1 in 2015 (see Annex 2 for the full list of 2015 Targets).

This continues to be a *Strategy to 2020* target in 2015 and work will include creating a subset of new reviews from the larger list; talking to groups in March-June 2015 to identify which of these titles are registered and have author teams in place; and following up with groups in November-December to see if they have subsequently registered any more new priority titles. We will also establish a decision-making framework both at group and organizational level to maintain prioritisation processes.

This is the first time Cochrane has identified priorities across groups as well as within groups. We have learned a lot from the exercise that will inform future work. The priorities list is a dynamic document that will build over time as groups increasingly adopt more sophisticated processes for identifying priorities of external stakeholders. We also hope that the creation of CRG 'alliances' (see Target 4.4 below) will encourage groups to work together to identify shared priorities.

### 1.2 MECIR subset

Create a prioritised sub-set of the existing MECIR (*Methodological Expectations of Cochrane Intervention Reviews*) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.

	Indicators of Success	Have we succeeded?
1	A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created.	Yes.
2	A regular audit process for measuring compliance has been established.	A method has been established for evaluating reviews.
3	An audit has been completed for the last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is	Yes. An audit has been

---

achieved.

conducted.

---

A subset of key MECIR standards was established and the audits conducted, so this target was successfully reached. Due to the overwhelmingly positive reception by CRGs of the pilot screening programme launched in September 2013 it will be continued in future.

The scope of the audit was changed to preserve the screening programme. We compared two cohorts of new intervention reviews published in August 2013 and August 2014. This compared review quality before and after the introduction of the screening programme. The audit comprised 56 reviews. Overall, a higher proportion of the quality items were met by the reviews in 2014 compared with 2013 (86% vs. 71%). The proportion of reviews judged to be fully or partially compliant with all quality items was higher in the 2014 cohort compared with 2013 (64% vs. 18%). There were reasonable improvements in how recent searches were conducted, use of trial registries, and declared changes from protocol. Internal consistency of reviews was considered better in the 2014 cohort of reviews. Inappropriate study exclusion decisions, problematic interpretation of findings, omission of primary outcomes in abstracts, and inconsistent reporting of results remained relatively low across both years. Although infrequent, misinterpretation of subgroup analysis suggests that this approach should be applied more carefully.

In 2015 we have a new target to develop a quality assurance strategy that will build on the achievements of the last year. We also have a separate target that includes developing a checklist for assessing the implementation of GRADE, the quality of Summary of Findings tables, and use of GRADE beyond Summary of Findings tables.

A comprehensive report on this work is available on the [CEU website](#).

### 1.3 Author Support Tool / Review reduction time strategy

Improve production processes by: i) implementing a web-based author support tool; ii) establishing a strategy for reducing review production time by 30%.

Indicators of Success	Have we succeeded?
1 A web-based author support tool has been designed, implemented and integrated into production workflows.	A tender was conducted and a solution is in development. Implementation is covered by a 2015 target.
2 A strategy for production time reduction is in place and ready to be implemented.	This will need to be evaluated once the CAST is fully implemented.

During 2014 we successfully ran a 'Request for Proposals' and tender process, and chose a solution for the Cochrane Author Support Tool (CAST). Candidate solutions were shortlisted following a scoring process by a special panel. Four teams/tools were interviewed and out of these a solution was chosen that consisted of three elements that will jointly constitute the Cochrane Author Support Tool project:

- 1) Appointing 'Covidence' as the primary process tool for fulfilling the core requirements of the authoring process (i.e., screening, data extraction, etc.); plus
- 2) Funding the development of the CRS to transform it into the CRS-D (D for data; for the storage of study-level data generated in the production process); and

- 3) Creating a partnership with the EPPI-Centre to ensure the integration of the 'EPPI-Reviewer' tool for use by Cochrane authors working on more complex review types.

A kick-off meeting was held in early October 2014 and development has now begun on all fronts. A project management structure and draft project plan with key milestones was put in place and regular meetings established between all parties, coordinated by the Central Executive's Informatics & Knowledge Management Department (IKMD).

The review reduction time strategy element of this target sought to reduce timelines by 30%, which we hope to achieve through implementation of the CAST. We will need to wait some time before we can actually measure the success of this.

Looking forward, 2015 will see the completion of the design, implementation, and integration of the CAST in our production workflows. This is incorporated into Target 1.5 for 2015.

#### 1.4 Non-standard review framework

Establish a framework to inform decision-making and target setting for new and existing types of non-standard intervention Cochrane Systematic Reviews and other products and services.

Indicators of Success	Have we succeeded?
1 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.	Yes. A framework is in place.
2 Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.	Following further consideration it was decided that these targets were not appropriate.

Following extensive discussions and consultation this target was broadened to address not only non-standard reviews, but also other new methods and tools. The framework is in place and ready to be implemented, however the 'production targets' element of the target was removed as it became clear through the development process that this was not appropriate and did not fit with the revised scope of the target.

The framework includes new methods and tools not currently included in the *Handbook*, or extensions to established methods and tools: for example, the risk of bias tool for non-standard designs and non-randomised studies; the introduction of new analytical techniques within Cochrane, such as network meta-analysis; and the inclusion in reviews of different forms of data. It also covers review developments addressing different questions, including diagnostic test accuracy or prognosis (exemplar reviews in progress).

As part of the framework a formal process for the development and adoption of Cochrane methods policy has been established. The Methods Application and Review Standards Advisory Committee (MARS AC) will become the key forum to deliberate, monitor and recommend on methods policy to the CSG. The Methods Executive will review development proposals and recommend their development or not. A decision pathway elaborating these responsibilities is in the framework.

In 2015 this framework will move to its implementation phase and associated guidance will be made available. The 'Methods Research and Review Development Framework' is available at:

<https://methods.cochrane.org/projects-developments/research>.



# Goal Two: Making our Evidence Accessible









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





At the heart of making Cochrane evidence 'accessible and useful to everybody, everywhere in the world' is ensuring it is in a language they understand. Huge steps forward were taken in 2014 on Cochrane's commitment into translating our evidence into many languages. An ambitious translation strategy was approved at the beginning of the year; a new 'Translation Management System' established and by the first quarter of 2015 ten language teams were using it to translate and publish abstracts and Plain Language Summaries (PLS), with another seven teams in initial or testing stages. These translation teams are also boosting the reach and impact of Cochrane's media and outreach work, with December's e-cigarettes review and accompanying press release being translated into six languages within days of publication.

Our 'Linked Data' project successfully completed its foundation phase on time and budget. This was a major undertaking, building the foundations for the new exploration phase which is now underway that will offer more exciting and tangible IT developments in the coming year.

We are committed to making Cochrane Systematic Reviews accessible to all through open access, but this must be in a way that the organisation can sustain and does not undermine Cochrane's ability to develop and grow in the future. Establishing a successful 'Open Access Strategy' is therefore one of the most important challenges facing Cochrane, and in 2014 detailed exploratory work explored potential business models that would meet these objectives. Two potential models were approved by the CSG in late 2014 and these will be further developed in consultation with external stakeholders to finalise the strategy by the end of 2015.

Some Goal 2 targets fell behind schedule due to capacity shortfalls, competing priorities and expansions in the scope of planned work. This particularly affected the review of the experience of users (and non-users) of Cochrane's evidence – an exercise fundamental to the future development of our products and services. The Central Executive decided that 'doing it right' was more important than 'doing it fast'; but all of the targets established in 2014 and not yet delivered will be completed in 2015.

	2014 Target	Status	Spend
2.1	User experience review and framework		
2.2	Dissemination checklist		
2.3	Linked Data first phase		
2.4	Open Access roadmap		

	2014 Target	Status	Spend
2.5	Simplified and standardised language		
2.6	Translation strategy		

### 2.1 User experience review and framework

Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing reassessment.

	Indicators of Success	Have we succeeded?
1	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.	We have not completed this work, so it is being taken forward in 2015.
2	A framework for ongoing reassessment and evaluation is in place.	To be established in 2015.

The original scope of work on this target was expanded after further consultation and analysis, as it was recognised that this is a much larger project than originally envisaged, requiring significant inputs from external stakeholders to be successful. As a result, the project was extended into 2015 and is now being led jointly by Cochrane's Editorial Unit, the Communications & External Affairs Department (CEAD) and Cochrane Innovations.

A report that pulled together what we have learned from previous user engagement projects, including the 2012 strategic session in Paris on Cochrane content, was commissioned and delivered in December 2014, providing a useful starting point for future work. The project plan was developed and the project will engage with a range of different stakeholders inside Cochrane, our publishers, other key external agencies and a sample of individual Cochrane end-users in 2015; with results emerging from this work before the Vienna colloquium.

### 2.2 Dissemination checklist

Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users.

	Indicators of Success	Have we succeeded?
1	A dissemination checklist has been created and is being piloted with volunteer Cochrane groups	After a delayed start good progress was made and work will be completed in 2015.

After a delay of several months due to the change in personnel in the CEAD team, work on this target got underway in September 2014. Several well-attended and enthusiastic sessions at the 2014 Colloquium were held, building on work done by Review Groups, Fields and others in this area. One outcome was an agreement that the name and scope of the project needed to change to 'Impact Plan', reflecting the need to focus less on dissemination and more directly on impact, and to consider this at all stages of review development. Subsequent work led to an outline of what an Impact Plan might contain and the development of a simple website to support this resource.

Our plan to complete this work involves developing the content and website by March 2015; getting feedback from relevant people and groups during April; and piloting by groups in May. The pilot will inform further changes to the website, which will then be made available to all groups and authors. Further development will be carried out as part of the 'Future of Review Production' work-stream (2015 Target 1.5), so that impact and dissemination are truly part of the main workflow.

### 2.3 Linked Data first phase

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.

	Indicators of Success	Have we succeeded?
1	Linkages and structures have been built into Cochrane's technology systems, connecting the Cochrane Register of Studies, Archie, and the new Linked Data Triple Store.	Yes, work complete.
2	An 'ontology' for linking data and annotating Cochrane content has been completed.	Final draft completed and available at: <a href="http://linkeddata.cochrane.org/">http://linkeddata.cochrane.org/</a>
3	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.	Yes. The Cochrane PICO Annotator tool and framework have been established and are in use.

The Linked Data Project's 'Foundation Phase' was successfully completed in 2014. All indicators of success were achieved as well as additional work that we hadn't expected to complete in this initial phase. The move to leveraging linked data technologies for Cochrane is a long-term fundamental shift and this phase represents the groundwork for the two subsequent phases of 'Exploration' (2015-16) and, eventually, 'Production' (2017), where we will see these technologies in 'live' use on both the production and dissemination ends of our technology systems.

In 2014 we forged key partnerships with groups, both external and internal to Cochrane, that will assist us in our work, including commissioning external consultants who then worked with IKMD developers to bring them up to speed on the latest linked data technologies. We are already seeing added value emerging from the Linked Data project. Cochrane Clinical Answers (CCA) editors have indicated that early results will significantly decrease the time required to produce a CCA: for example, the Risk of Bias display being created for the project will potentially halve the time required to produce the RoB section of each CCA. We are also exploring with Cochrane Innovations potential commercial plans for aspects of the new processes, products and services.

In 2015-16 the project will move into its 'Exploration' phase where we will be tackling the annotation of the backlog of Cochrane Reviews with the PICO and planning the integration of the annotation tool into the workflow of the forthcoming browser-based RevMan and browser-based CRS. In addition, we will be looking at synergies with the Transform project as well as the Cochrane Author Support Tool project.

The 'Production' phase will see the PICO annotator and linked data integrated into our production systems, to coincide with the launch of browser-based RevMan and CRS in 2016-17. We will also aim to put linked data into our publishing and dissemination systems, dependent on the capabilities of our publishing partner(s) and/or in combination with efforts led by Cochrane Innovations.

### 2.4 Open Access roadmap

Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.

	Indicators of Success	Have we succeeded?
--	-----------------------	--------------------

1 A roadmap has been established in collaboration with John Wiley & 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.

An in-depth paper outlining two recommended OA models was presented to the CSG in Hyderabad. Work continues in 2015 to produce an approved Open Access strategy by the end of 2015.

The first phase of work establishing models for how we might make Cochrane Reviews open access culminated in a report to the CSG in Hyderabad that outlined two recommended options which integrated many features of the 12 different options considered earlier in the year. The two options were based around: 1) a free and premium model; and, 2) a consortium model. There is an acknowledgement that these are not mutually exclusive and so the final model may combine elements of both.

We are now working up the models in more detail to consult with key stakeholders to test some of the assumptions in our plans before we can provide a final recommendation to the CSG in Vienna. Alongside this work we also will undertake an analysis of the financial situation should such a model be implemented, and a joint risk analysis will be undertaken by Cochrane and Wiley so that all risks of the models are understood.

Once this work has been done the working group will prepare an 'Open Access Strategy' to be approved by the CSG by the end of 2015 that will guide Cochrane's future publishing work.

## 2.5 Simplified and standardised language

Simplify and standardise the language used across our content to improve readability and reduce ambiguity.

	<b>Indicators of Success</b>	<b>Have we succeeded?</b>
1	Guidelines for simplified and standardised language across content have been developed.	This work was not completed and will be taken forward to 2015.
2	An audit for plain language summaries against the new guidelines has been undertaken.	As above, not completed.
3	All reviews are produced according to the new guidelines.	As above, not completed.

This target was not completed in 2014 due to lack of resources in the CEU to undertake the necessary work. Plans are in place to do this work in 2015.

## 2.6 Translation strategy

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.

	<b>Indicators of Success</b>	<b>Have we succeeded?</b>
1	Cochrane's translation strategy and business plan has been completed and ready to be implemented.	Yes.

2	A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).	Yes, Archie and Cochrane Summaries have been integrated with our translation management system, and that system is being actively used.
3	Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages	Cochrane Summaries is available in 12 languages other than English.

Cochrane's new translation strategy was approved in Quarter 1 2014, and a new Translations Co-ordinator (Juliane Ried) appointed in Quarter 2. In February 2014 the company Smartling was contracted to provide a new Translation Management System (TMS) and this sophisticated and extensive system was then integrated with Archie and Cochrane Summaries. By the first quarter of 2015 10 Cochrane translation teams were using the TMS with another seven teams preparing to join. The French translation team is already using Smartling, but will also integrate its own machine translation software directly into the system's workflow. The Japanese and Spanish translation teams are pending integration due to complex existing workflows. We will continue working on optimizing technical processes and the user experience for translators as new functionality for the TMS is made available by Smartling.

Translation work within the Cochrane-Wiley Technology Roadmap to establish a multi-language version of the *Cochrane Library*, including search functionality, is progressing but at a slower pace than we would like. The current target is to launch a beta version for two languages in mid-2015, followed by other languages after successful testing. This will include the integration of the Spanish-language 'Biblioteca Cochrane Plus'.

Work also started on defining policies and procedures around translations; on developing supporting materials for translators; on developing strategies to engage new translators and increase Cochrane's translation capacity; and on encouraging coordinated multi-language media activities. This work will continue in 2015. In addition, in the next 12 months further languages will be integrated into TMS; new support materials and training programmes for translators will be developed; and – most excitingly - multi-lingual versions of the new Cochrane.org and Cochrane Library websites will be launched.

The success of these first stages of Cochrane's translation work was evidenced by successfully obtaining in late 2014 an EU grant to develop machine translation software for consumer health information in four Central European languages (German, Polish, Czech and Romanian). The grant will bring up to 400,000 Euros over three years for Cochrane.

# Goal Three: 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.**









*Strategy to 2020* included an important recognition by Cochrane that its mission 'to promote evidence-informed health decision-making' could only be achieved through a much more active and high-profile engagement with the external world by advocating for what we do, raising awareness of the impact of our work, and working together with others in new, powerful ways.

There were significant achievements in this newly prioritised area of work in 2014. After extensive consultation across the collaboration and over nine months of planning Cochrane's new brand identity and Cochrane.org and *Cochrane Library* websites successfully launched in January 2015.

New formal partnerships were established with Wikipedia, the Guidelines International Network (G-I-N), and The Campbell Collaboration; and we reinvigorated our relationship with the WHO.

The depth and quality of Cochrane's media coverage of new reviews was transformed this year, with highlights being the extensive global coverage of the Tamiflu story in March and over 400 media hits on electronic cigarettes facilitating smoking cessation in December. Cochrane's network of international media contacts and relationships expanded enormously, and we also passed a milestone in social media activities when the number of our Twitter followers passed the 50,000 mark, an increase of more than 15,000 from a year ago.

These achievements are noteworthy given the unexpected upheaval in 2014 in the newly formed Communications & External Affairs Department (CEAD) due to staff changes that left it considerably under-capacity for most of the year. This accounts for why two of the targets for Goal Three, on the development of an Advocacy agenda and improved impact story database, were only partially implemented. Both of these targets will be completed in 2015.

	2014 Target	Status	Spend
3.1	Coherent brand		
3.2	Three to five strategic partnerships		
3.3	Advocacy agenda		
3.4	Online metrics and impact stories		

### 3.1 Coherent Brand

Create a coherent Cochrane brand across all content

Indicators of Success	Have we succeeded?
1 A new end-user focused 'cochrane.org' website is launched that is consistently branded with The Cochrane Library and all other digital and offline products.	Yes, the new brand identity and websites were launched at the end of January 2015.

On Saturday 31<sup>st</sup> January 2015 Cochrane launched its new visual identity and logo together with the re-launch of Cochrane.org and the *Cochrane Library*. This was the result of a huge amount of work in 2014 that began in January with a reputational audit conducted by external consultants of how Cochrane was perceived in the world. This informed the development of a range of new brand images and concepts that were developed in Quarter 1, with four selected for extensive consultation within the Cochrane community in Quarter 2. In July the Steering Group made a final choice, and this was then integrated into the development of a radically redesigned externally facing Cochrane.org website (primarily aimed at people who are new to Cochrane and who want to use our evidence) and a visually refreshed *Cochrane Library*. In addition, Cochrane's Central Executive developed new sub-brand identities with over 100 Cochrane groups.

Cochrane's new visual identity is a unique opportunity to signal evolution of the organization and to represent *Strategy to 2020's* mission, vision and goals. With the launch now complete, 2015 will involve the widespread implementation of the new visual identity across all Cochrane groups in new branded templates and new group websites. Later in the year CEAD will create Cochrane 'stories' that support and articulate the essence of the new Cochrane brand.

### 3.2 Three to five strategic partnerships

Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making

Indicators of Success	Have we succeeded?
1 Three to five partnership agreements have been secured.	Yes, We secured partnerships with Wikipedia, G-I-N, The Campbell Collaboration and reinvigorated our relationship with WHO.
2 A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas.	Will be delivered by the Trusts and Foundations Fundraiser by end of Q2 in 2015.

Cochrane's newly formed partnership with Wikipedia was formalized in early 2014 and quickly developed momentum and impact. Cochrane's first Wikipedian-in-Residence, Sydney Poore, was appointed and worked intensively throughout the year with contributors from the Cochrane and Wikipedia communities to establish relationships, practices and resources for effective collaboration towards the shared goal of improving the evidence base in Wikipedia and making high-quality evidence available to a wider global audience.

The new partnership with the Guidelines International Network (G-I-N), aiming to increase the use and impact of Cochrane evidence within health guidelines around the world, was also formalised in early 2014. Progress was slow but following discussions at G-I-N's 2014 annual meeting in Melbourne and the

Colloquium in Hyderabad next steps were agreed on the development of the Cochrane-GIN web platform, initiatives to support G-I-N member access to the *Cochrane Library*, and exploring cross-promotional opportunities at Cochrane's and G-I-N's annual meetings in 2015.

Following Julie Wood's arrival as Head of CEAD in September 2014 renewed progress was made on Cochrane's partnership with the WHO. Work is continuing on updating a new WHO multi-year work plan; and Cochrane has invested more resources into the development of its relationship with WHO by appointing a new part-time staff member, Sylvia de Haan, based in the Swiss Cochrane Centre, to coordinate initiatives.

Cochrane's senior leadership was engaged in discussions with The Campbell Collaboration leadership through much of 2014 on formalizing our longstanding informal partnership; and a new MoU containing a wide range of new initiatives to bring the two organization's activities together was agreed at the end of the year and signed in January 2015.

This area of work will continue to be represented in the 2015 Targets, where we will look to create two more formal partnerships, develop partnership mapping, and draft a new partnership strategy for Cochrane.

### 3.3 Advocacy agenda

Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector

Indicators of Success	Have we succeeded?
1 A formal policy development and sign-off process has been developed and adopted.	Nearly. A draft policy was discussed by the CSG in November and is in consultation with expected final sign-off in Q2 2015.
2 Cochrane's initial advocacy agenda has been developed.	Delayed. Advocacy work will be redefined in 2015, see below for further details.
3 Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online.	Yes. Cochrane offered comment on many stories throughout the year, as well as placement of opinion pieces and speaking at key conferences.
4 Higher quality and quantity media coverage is being generated	Yes. In 2014, there were 1,393 media hits across 45 countries. See below for details.

The Central Executive's Communications and External Affairs team worked for most of 2014 at less than half its planned capacity, with many staff changes taking place, and priorities were therefore made to concentrate efforts on Targets 3.1 and 3.2. Nevertheless, considerable progress was made in Target 3.3 in building Cochrane's external profile, with more in-depth media coverage of reviews being generated and the dramatic increase in Cochrane's social followers continuing in 2014.



There were 1,393 media hits across 45 countries during the year. Cochrane released 12 press releases about new and updated reviews published in the *Cochrane Library* with the top 10 most popular stories:

1. New evidence shows Electronic Cigarettes facilitate smoking cessation – 400 media hits
2. Tamiflu & Relenza: how effective are they? - 238 media hits
3. Timing of epidural is up to the mother – 178 media hits
4. Advanced breast cancer: benefits of Trastuzumab (Herceptin®) outweigh the risk of harm
5. Asthma drugs suppress growth
6. Stem Cell Therapies Look Promising For Heart Disease
7. Shift workers: evidence for sleep inducing and alertness drugs is weak
8. Antibiotics: On-the-spot tests reduce unnecessary prescriptions
9. Cheaper alternative to licensed drug for treating eye disease has similar side-effects says new Cochrane Review
10. Zinc Supplementation Boosts Immune System in Children, Cochrane Review Finds

Of the media outlets that covered Cochrane stories, 31 ran 10 or more pieces, 2% up from 2013. The US continues to have the most coverage of stories, followed closely by the UK. It is notable that now reviews are published when ready (rather than monthly) and publicised individually they are achieving a better volume of coverage.

In 2015 we will continue to build up Cochrane's presence in the media and in social media by supporting Cochrane groups to do more media and dissemination work, and across more languages and geographies. This will include promoting one 'global' story a quarter (at a minimum) and increasing Cochrane's profile as a thought leader by attending more conferences and writing opinion pieces in influential media.

### 3.4 Online metrics and impact stories

Capture and communicate Cochrane's impact on policy and practice, introducing online metrics and stories of impact.

Indicators of Success	Have we succeeded?
1 A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.	Not completed. To be carried forward in 2015.
2 A prominently displayed, regularly updated record of where Cochrane evidence is being utilized has been established.	We have established the Impact Stories database, but this is still in its 'beta' stage and in need of development.

Work on this vital target will continue in 2015, following the establishment in 2014 of an Impact Stories database ([www.community.cochrane.org/impact-stories](http://www.community.cochrane.org/impact-stories)), which is a CEAD-led effort to create a resource available to all Cochrane contributors to catalogue the impact of Cochrane evidence. The submission link is available on the Cochrane Community website, and those stories already submitted are available for review. Next steps for implementing this target are:

- establishing impact metrics and sharing results quarterly within the collaboration;
- ensuring that the majority of Cochrane groups are contributing to the Impact Database;
- producing more stories communicating the difference that Cochrane Reviews make and providing these to the collaboration for use.


# Goal Four: 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.**

One of 2014's key achievements in building an effective and sustainable organisation was the development and approval of a comprehensive Cochrane Training & Professional Development Strategy to guide our learning and support activities in future. This set out an ambitious programme of learning and development initiatives that will equip Cochrane to provide the highest quality systematic reviews in an increasingly competitive market.

The structure and function reviews of Cochrane Groups collectively form one of the most significant and far-reaching *Strategy to 2020* targets (Target 4.4), as they will shape the organization 'to ensure that [Cochrane is] optimally configured to enable us to achieve our goals' (Objective 4). The first step in this process was a review in the first quarter of 2014 of Cochrane Review Groups. The analysis and ideas that emerged from the review were - as expected - the subjects of considerable debate within the collaboration given wide-ranging differences in the analysis of the need for change, the nature of the change required, and the ability and willingness of Groups to change. The process was a healthy one, however, and at Cochrane's Mid-Year Business meetings in Panama a series of challenges and initial plans for change were developed and agreed. In September at the Colloquium in Hyderabad Cochrane's Centres, Branches, Fields, Consumer Network and Methods Groups began work on their structure and function reviews that will be completed in 2015.

Cochrane's financial and human resource processes and systems were radically improved in 2014; and the first steps made in improving our monitoring and reporting processes. In addition, Cochrane Innovations' first derivative products, Cochrane Clinical Answers and Cochrane Learning, were delivered to market. These new products are being monitored by the new Cochrane Innovations team, and a new Cochrane Innovations Strategy is being prepared for May 2015.

	2014 Target	Status	Spend
4.1	Membership scheme		
4.2	Training and professional development strategy		
4.3	Governance review		
4.4	Structure and function reviews		
4.5	Cochrane Clinical Answers and Cochrane Learning		

	2014 Target	Status	Spend
4.6	Improved financial and business processes		

#### 4.1 Membership scheme

Introduce a Cochrane membership scheme.

Indicators of Success	Have we succeeded?
1 Models of organisational membership have been explored and a preferred membership scheme established that more effectively enfranchises existing Cochrane contributors and attracts new contributors with useful skills and experience.	We are on course to achieve this indicator of success by the deadline.

Cochrane will launch a new membership scheme by the end of 2015. There were no planned activities to achieve this target in 2014 but different models of membership were researched that will inform a first draft of a Cochrane membership scheme for Steering Group and Group Executive consideration at their meetings in Athens. Following this initial discussion the plans will be shared with the Cochrane collaborators for consultation, as they would form our initial member base.

The fundamental principle of the new membership scheme will be to make Cochrane more open and inclusive to people who want to support our work in many different ways. The new 'Game Changer' initiative, Project Transform, perfectly supports this ambition and will enable us to establish a technology platform that supports and links Cochrane members with many different skills and interests in future. We have therefore been working closely with the new Transform project team and are confident that a 'soft launch' of the new membership scheme will be ready for the Colloquium in Vienna in October. However, a definitive launch date will only be established once all of the features of the scheme are agreed, scoped out and the technology development needs have been fully assessed.

#### 4.2 Training and professional development strategy

Develop, and begin implementation of, an inter-professional and inclusive training and professional development strategy.

Indicators of Success	Have we succeeded?
1 A training and professional development strategy has been completed and is in roll-out phase.	Yes.

The new three-year Training & Professional Development Strategy was completed and approved with full funding by the Cochrane Steering Group in September 2014, following an extensive development process that involved wide consultation inside and outside Cochrane. The final strategy presents a prioritised, achievable, ambitious plan for learning and development projects in the coming years, addressing organizational priorities, linking with the work plans of other Central Executive teams, and addressing the needs of all our key contributor groups.

Work has begun on initial key projects, and in January 2015 the new Head of Learning & Support, Miranda Cumpston, was appointed. Appointment of the new Learning & Support Advisory Committee will be an important first step for the new department, along with establishing action plans for each of the projects outlined in the strategy. One of the major projects, around editorial competencies, has been identified as one of Cochrane's targets for 2015 (Target 4.5).

#### 4.3 Governance review

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

Indicators of Success	Have we succeeded?
1 A review of Cochrane's Board of Trustees and other governance 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.	This was postponed by the Steering Group to 2015.

The Cochrane Steering Group (CSG) postponed full implementation of the 'Governance Review' to 2015 because the CSG wanted to concentrate on developing and strengthening its own approach and work first, aware that the CSG needed to change its focus from an operational to a strategic perspective. CSG members considered the requirements of the *Good Governance Code*, the leading benchmark of good practice for UK-based charities; and conducted a self-assessment survey of their performance. This informed a highly successful 'Development Day' for the CSG that members held with a specialist external consultant ahead of the Hyderabad Colloquium. This initiative will continue with further CSG development days at the 2015 Mid-Year Meeting in Athens and Vienna Colloquium.

A CSG sub-group was established at the end of 2014 to lead the Governance Review in the next 12 months; covering both the structure and function of the CSG and other governance, advisory and accountability relationships within Cochrane.

#### 4.4 Structure and function reviews

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

Indicators of Success	Have we succeeded?
1 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 <i>Strategy to 2020</i> goals.	This work was not completed in 2014, but will be by the end of 2015.

It was decided that the scale and complexity of the challenge of reviewing the functions and structure of the diverse range of Cochrane Groups needed to be staggered, beginning with the Cochrane Review Groups in 2014, followed by the Centres, Branches, Fields, Consumer Network and Methods Groups in 2015.

##### *Cochrane Review Groups*

This project represented an important challenge for Cochrane in 2014. Central to our approach was the need to balance the requirement to make improvements in key areas whilst holding true to those aspects of our culture and processes that are essential to our community. The review phase was undertaken in 2014 and some major themes and ideas emerged. Two key issues consistently highlighted were the debilitating and demotivating workload problems faced by CRG teams; and the inconsistent and sometimes unsatisfactory nature of the experience of some of our authors. Addressing these challenges is critical to Cochrane's future sustainability.

To begin to resolve these problems an initial set of actions were identified at the Mid-Year Meeting in Panama: including improved learning and mentorship programmes; fast track processes for high priority work from highly skilled teams; identifying rewards for recruiting and retaining high quality peer reviewers; and creating processes to ensure that reviews that fail to meet expected standards are swiftly, but respectfully, rejected.

Another key theme to come out of this work is the concept of 'alliances' to build much greater efficiencies. We are encouraging Cochrane Review Groups to build new alliances 'from the ground up', either because

they are located near to one another or they share a common interest. There has been encouraging progress with the early development of a 'Cancer Alliance', where several strands of possible collaboration have already emerged.

Establishing clear accountabilities and the mutual responsibilities of CRGs and Cochrane's Central Executive was also identified as a priority, something that will be required for all Cochrane Groups – and these will be established in 2015. There are many other ideas that have come out of the CRG project that will be explored and tested in the next 12 months and beyond. A more detailed write up of this project was provided in the *Cochrane Editorial Unit Update* circulated in February 2015.

#### *Fields, Centres, Branches, Consumer Network and Methods Groups*

Substantive work on the structure and function reviews of Cochrane's other Groups started at the Hyderabad colloquium in September 2014. Terms of Reference have been established for all of the reviews by the respective Executives/Project Boards and in Quarter 1 2015 are in the data gathering phase. There will be overlaps of stakeholders and activities in these reviews, so the Central Executive team is playing a co-ordinating role to ensure there is no duplication of effort, relevant ideas from the different reviews are shared between them, and the separate review recommendations are coherent for the whole organisation.

### 4.5 Cochrane Clinical Answers and Cochrane Learning

Deliver Cochrane Clinical Answers and Cochrane Learning to market

Indicators of Success	Have we succeeded?
1 The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with Cochrane Innovations and John Wiley & Sons, Ltd.	Yes, both CCAs and Cochrane Learning have been delivered.

The editorial team continued to produce new Cochrane Clinical Answers (CCAs) throughout 2014, meeting their target of 600 CCAs by the end of the year. Our publishers, Wiley, began an international sales and marketing campaign targeted at bundling sales of CCAs with the *Cochrane Library*. Another 400 new CCAs will be produced by January 2016, and the Wiley sales and marketing strategy will be updated in April 2015 with a focus on usage and revenue targets. A key priority for the CCA sales strategy in 2015 will be the identification of new ways to reach our clinical users so that Cochrane evidence can be accessible at the point of care and within a range of decision support tools.

The focus in 2014 for Cochrane Learning was the market testing of 60 'Dr Cochrane' CPD learning modules produced from Canadian grant funding in 2013. Results were disappointing overall, so a strategic review of Cochrane Learning will be completed in March 2015 with an updated business and investment plan developed by June.

### 4.6 Improved financial and business processes

Establish improved financial and business monitoring and reporting processes

Indicators of Success	Have we succeeded?
1 A 'Dashboard' and wider set of editorial and business metrics to monitor and report on the implementation progress of Strategy 2020 have been established.	Yes, Dashboard first presented in Hyderabad.
2 An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring & Registration Committee framework) ready for the 2015 annual reporting cycle.	An expanded monitoring round took place in November 2014. There are still issues to address though to make this

		fit for purpose.
3	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.	Yes. Completed.

A Cochrane Organizational Dashboard was developed by the Central Executive in 2014 in consultation with the Steering Group and launched at the Hyderabad Colloquium in September. We will continue to evaluate the metrics used in this dashboard as we seek to find the most appropriate metrics for capturing organisational performance.

With the delay in completion of all the Cochrane Group structure and function reviews until the end of 2015 an appropriate set of new monitoring and reporting metrics could not be established. This will now follow the decisions made about the Groups' future roles and responsibilities and is likely to be finalized in 2016. However, changes were made to the financial reporting formats required on an annual basis from the Groups, though the reception was mixed with some respondents complaining that the reports were too onerous and with limited relevance to their work. The exercise exposed the paucity of financial information held by Cochrane on its Groups, the wide range of financial arrangements of those Groups, and the need to use better the existing reporting requirements of Groups to their funding partners.

The targeted improvements in Cochrane's own financial systems and processes were made in 2014. A new cloud based accounting system was identified and put in place, enabling remote input and reporting of accounting data. The chart of accounts was revised to reflect the new managerial structure, and this will be further developed in 2015 to mirror the detail provided in the Central Executive's departmental budgets, enabling better drill-down to relevant transaction detail and a wider range of financial reports that can be produced easily.

Cochrane's banking and payment systems (including of international payments) were also revised and rationalized, with a number of unnecessary accounts being closed to reduce duplication of effort and improve control; and the Central Executive made greater use of a wider range of designated currency accounts. A review of Cochrane's pension arrangements as well as how we handle payroll has resulted in a plan to process payroll in-house from mid-2015. This will enable us to use greater HR management functionality available with most payroll systems, as well as bringing Cochrane into line with new UK legislation on the auto-enrolment of staff into a new lower-cost pension provider.

## Annex 1: Cochrane Dashboard 2014

The open access version of the Cochrane Dashboard for 2014 is available on the Strategy to 2020 web page: [www.cochrane.org/strategy2020](http://www.cochrane.org/strategy2020)

## Annex 2: Cochrane's 2015 Annual Targets

### GOAL 1: PRODUCING EVIDENCE

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

#### *Our Goal 1 Objectives to 2020*

- |                             |                                                                                                                                                                                                                                                                                                            |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HIGH-QUALITY</b>         | 1. We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.                                                                                                                       |
| <b>RELEVANT</b>             | 2. We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly. |
| <b>UP-TO-DATE</b>           | 3. 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.                                                                                              |
| <b>WIDE COVERAGE</b>        | 4. We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health                                                                                                             |
| <b>PIONEERING METHODS</b>   | 5. We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.                                             |
| <b>EFFICIENT PRODUCTION</b> | 6. We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.                                                                                                                                                               |
|                             | 7. We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane                                                                                                                                                                                |

Systematic Review production teams<sup>3</sup> to retain and develop our contributor-base.

---

<sup>3</sup> Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.



## Our Targets for Goal 1 in 2015

Target	Indicators of success	Timing
<b>High Priority Reviews List</b>		
<b>Finalise and begin work on Cochrane's top 200 high priority reviews and establish a decision-making framework both at group and collaboration level to maintain prioritisation processes</b>	1. A high priority reviews list is available	January 2015
	2. 50% of topics/titles are underway by the end of 2015	December 2015
	3. 75% of topics/titles are underway by end of 2016	December 2016
<i>Contributes towards objectives: Relevant &amp; Up-to-Date</i>		
<b>Quality Assurance Strategy</b>		
<b>Develop a Cochrane Review quality assurance strategy</b>	1. A Cochrane Review quality assurance strategy and work plan is available	October 2015
	2. A full conflict of interest audit of Cochrane Reviews is complete and future guidance is available in the Editorial and Publishing Policy Resource	October 2015
	3. An author satisfaction survey is in place for author teams of all new Cochrane Reviews	May 2015
<i>Contributes towards objective: High Quality</i>		
<b>GRADE and Summary of Findings Tables</b>		
<b>Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews and that 85% of new intervention reviews have a SoF table for the main comparison</b>	1. An audit in Q4 2015 demonstrates that all new protocols comply with this target	December 2015
	2. An audit in Q4 2015 demonstrates that new reviews comply with this target	
<i>Contributes towards objective: High Quality</i>		
<b>Updating Classification Framework</b>		
<b>Implement the Updating Classification Framework</b>	1. All CRGs categorise their portfolio of reviews using the new Updating Classification Framework	December 2015
	2. An audit in Q1 2016 demonstrates compliance	January 2016
<i>Contributes towards objectives: Up-To-Date &amp; Relevant</i>		
<b>Future of Review Production: Foundation phase</b>		
<b>Launch the beta version of the browser-based RevMan; and implement and roll out the Cochrane Author Support Tool project</b>	1. Browser-based beta interface designed and live with initial RevMan modules in testing	December 2015
	2. All components of the CAST project (including Covidence,	December 2015

---

*Contributes towards objective: Efficient Production*

EPPI-reviewer and CRS-D) are in place and being used by  
Cochrane contributors

3. A communications plan is in place to ensure that the  
Cochrane community is fully engaged in the changes that  
this will entail

June 2015

---

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE:

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

### *Our Goal 2 Objectives to 2020*

#### **USER-CENTRED DESIGN AND DELIVERY**

1. We will put the needs of our users at the heart of our content design and delivery.
2. We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
3. We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

#### **OPEN ACCESS**

4. We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

#### **ACCESSIBLE LANGUAGE**

5. We will simplify and standardise the language used across our content to improve readability and reduce ambiguity

#### **MULTI-LINGUAL**

6. We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

## Our Targets for Goal 2 in 2015

Target	Indicators of success	Timing
<b>User Experience</b>		
<p><b>Complete a user research project to evaluate perception of the Cochrane brand; understand how, why and when people use Cochrane evidence; understand the needs and preferences of potential users; and establish a framework for on-going reassessment</b></p> <p><i>Contributes towards objective: User-Centred Design and Delivery</i></p>	<ol style="list-style-type: none"> <li>1. The user research project and the results analysis are complete</li> <li>2. A product enhancement and product development strategy is developed based on the key findings and recommendations from the user research</li> <li>3. Findings are being used to improve how we communicate about Cochrane to the wider world including on Cochrane.org website, leading to increased engagement and traffic.</li> </ol>	<p>October 2015</p> <p>December 2015</p> <p>December 2015</p>
<b>Open Access Strategy</b>		
<p><b>Establish a final strategy for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016</b></p> <p><i>Contributes towards objective: Open Access</i></p>	<ol style="list-style-type: none"> <li>1. Consultation with external stakeholders to test our models for open access is complete</li> <li>2. The CSG considers a Cochrane Open Access strategy and implementation is beginning</li> </ol>	<p>October 2015</p> <p>December 2015</p>
<b>Non-English Language Access to Cochrane Content</b>		
<p><b>Improve non-English language access to Cochrane content by launching the new Cochrane.org and Cochrane Library in at least five languages and by conducting a pilot project to incorporate Cochrane evidence in non-English Wikipedia entries by the end of 2015</b></p> <p><i>Contributes towards objective: Multi-Lingual</i></p>	<ol style="list-style-type: none"> <li>1. Launch of non-English language versions of the rebranded Cochrane.org in at least five languages</li> <li>2. Launch of non-English language versions of the Cochrane Library in at least five languages, including search functionality</li> <li>3. A pilot expansion of the Cochrane - Wikipedia project to one other language is complete and the results are informing future development</li> </ol>	<p>December 2015</p>
<b>Simplified and Standardised Language</b>		
<p><b>Establish a framework and guidelines for simplified and standardised language across Cochrane Reviews</b></p> <p><i>Contributes towards objective: Accessible Language</i></p>	<ol style="list-style-type: none"> <li>1. A framework and guidelines for simplified and standardised English are complete</li> <li>2. A project plan detailing future implementation and evaluation is presented to the CSG</li> </ol>	<p>October 2015</p>

## 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.

### *Our Goal 3 Objectives to 2020*

<b>GLOBAL PROFILE</b>	We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.
<b>THE 'HOME OF EVIDENCE'</b>	<p>We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.</p> <p>We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.</p>
<b>GLOBAL ADVOCATE</b>	<p>We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.</p> <p>We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.</p> <p>We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.</p>
<b>GLOBAL PARTNER</b>	We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations
<b>GLOBAL IMPACT</b>	We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

### Our Targets for Goal 3 in 2015

Target	Indicators of success	Timing
<p><b>Cochrane Re-brand</b>  <b>Implement, in conjunction with Cochrane groups, the global re-brand by the end of 2015</b>  <i>Contributes towards objective: Global Profile</i></p>	<ol style="list-style-type: none"> <li>1. The launch of the rebranded Cochrane.org website creates clearer journeys for users to find what they want and a testing plan is in place for improvements based on user feedback and research.</li> <li>2. All group, product and collaboration-wide communications incorporate the new brand to achieve the aim of presenting Cochrane as a unified collaboration</li> </ol>	<p>January 2015</p> <p>December 2015</p>
<p><b>Partnership Strategy</b>  <b>Build on our existing partnerships, identify two new partnerships and develop a new partnership strategy</b>  <i>Contributes towards objective: Global Partner</i></p>	<ol style="list-style-type: none"> <li>1. Deliver partnership work plans with Wikipedia, GIN, Campbell and WHO</li> <li>2. Two new partnership MoUs are developed and work plans agreed for each partnership</li> <li>3. A partnership strategy is agreed by the CSG</li> </ol>	<p>December 2015</p> <p>December 2015</p> <p>October 2015</p>
<p><b>Communicating our Impact</b>  <b>Capture and communicate Cochrane's impact on policy and practice by developing robust output and outcome metrics and impact stories</b>  <i>Contributes towards objective: Global Impact</i></p>	<ol style="list-style-type: none"> <li>1. Impact metrics are established and results shared quarterly with the Collaboration</li> <li>2. The majority of Cochrane groups are contributing to the Impact Database</li> <li>3. Three to five stories communicating the difference that Cochrane Reviews make are available for use by the Collaboration</li> </ol>	<p>December 2015</p> <p>March 2015</p> <p>December 2015</p>

## 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.

### *Our Goal 4 Objectives to 2020*

<b>INCLUSIVE AND OPEN</b>	We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved
<b>GLOBAL AND DIVERSE</b>	We will become a truly global organisation by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change
<b>FINANCIALLY STRONG</b>	We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level
<b>EFFICIENTLY RUN</b>	We will review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals
<b>INVESTING IN PEOPLE</b>	We will make major new investments in the skills and leadership development of our contributors
<b>TRANSPARENTLY GOVERNED</b>	We will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position
<b>ENVIRONMENTALLY RESPONSIBLE</b>	We will review and adjust our operations to reduce their environmental impact

## Our Targets for Goal 4 in 2015

Target	Indicators of success	Timing
<b>Membership Scheme</b>		
<b>Introduce a Cochrane membership scheme</b> <i>Contributes towards objective: Inclusive and Open</i>	<ol style="list-style-type: none"> <li>1. An end-user survey is undertaken to understand requirements of potential members</li> <li>2. A "soft launch" of the membership scheme occurs at the Vienna Colloquium</li> <li>3. A new membership scheme is available for members to sign up and a plan is in place to disseminate the scheme</li> </ol>	<p>June 2015</p> <p>October 2015</p> <p>December 2015</p>
<b>Governance and Structure and Function Reviews</b>		
<b>Complete the structure and function reviews of our governance bodies and Cochrane groups</b> <i>Contributes towards objectives: Efficiently Run &amp; Transparently Governed</i>	<ol style="list-style-type: none"> <li>1. A review of Cochrane Steering Group and other governance and accountability structures is complete</li> <li>2. Structure and function reviews of CRGs, Methods Groups, Fields, Centres and Branches and Consumer Network are complete</li> <li>3. Implementation plans are in place for approved changes to the Steering Group and Cochrane Groups in 2016 and beyond</li> </ol>	<p>October 2015</p> <p>October 2015</p> <p>December 2015</p>
<b>Generating income for a sustainable future</b>		
<b>Develop a Cochrane Innovations strategy and business plan and build relationships with trusts, foundations and funding bodies</b> <i>Contributes towards objective: Financially Strong</i>	<ol style="list-style-type: none"> <li>1. A Cochrane Innovations strategy and business plan is developed, which supports diversification and expansion of Cochrane's funding base, informed by the needs of the healthcare community</li> <li>2. A communication plan to engage key stakeholders is established</li> <li>3. Key performance indicators, including business and product development metrics to monitor and report on the implementation progress of the strategy and business plan are in place</li> <li>4. Relationships started with three key trusts, foundations or other funding bodies and funding pitches submitted</li> </ol>	<p>April 2015</p> <p>May 2015</p> <p>April 2015</p> <p>December 2015</p>
<b>Capacity Building through Regional Initiatives</b>		
<b>Build Cochrane capacity through targeted regional</b>	<ol style="list-style-type: none"> <li>1. A strategic plan for Cochrane in Africa is drafted</li> </ol>	<p>March 2015</p>



<b>initiatives and identify methods that can be applied in other regions</b>	<ol style="list-style-type: none"> <li>2. A pilot study is completed with the Chinese Cochrane Centre to establish a Chinese Cochrane Network and the learning applied to other regions where appropriate</li> <li>3. A plan for identifying other regions where we should prioritise support for building Cochrane capacity is complete</li> </ol>	<p>December 2015</p> <p>December 2015</p>
<i>Contributes towards objective: Global and Diverse</i>		
<b><i>Training for Cochrane editors</i></b>		
<b>Develop a programme of training for Cochrane editors and establish a system of accreditation based on this programme</b>	<ol style="list-style-type: none"> <li>1. A core set of competencies for Cochrane editors is established</li> <li>2. A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies</li> <li>3. A trial is conducted to evaluate the effectiveness of the training programme.</li> <li>4. A system of accreditation for Cochrane editors is designed.</li> </ol>	<p>November 2015</p> <p>March 2016</p> <p>December 2016</p> <p>December 2016</p>
<i>Contributes towards objectives: Investing In People &amp; Efficient Production</i>		
<b><i>Environmental Impact Review</i></b>		
<b>Review Cochrane's environmental impact and draft an environmental sustainability strategy</b>	<ol style="list-style-type: none"> <li>1. A commissioned review of Cochrane's environmental impact is complete</li> <li>2. An environmental sustainability strategy to reduce Cochrane's environmental impact, where appropriate, is established.</li> </ol>	<p>March 2015</p> <p>December 2015</p>
<i>Contributes towards objective: Environmentally Responsible</i>		

# Strategic Investment Fund ('Game Changers') Update

<b>Prepared by:</b>	Mark Wilson
<b>Date:</b>	16 April 2015
<b>Urgency:</b>	Low
<b>Access:</b>	Open
<b>Decision required by the Steering Group:</b>	Decision required by CSG on the recommendations detailed in this paper.

## Background:

In late November the CSG adopted the recommendation of the 'Game Changers Project Board' (GCPB) and 'Project Transform' was approved as the winner of the first round of the 'Game Changers' initiative. November's GCPB paper also included a series of other recommendations:

1. In the coming years Cochrane should monitor the progress of the 'Intelligent Evidence Agent's project and the "Smart Mobs" Systematic Reviews' project that were included in the final shortlist if they are developed further using funding from other sources'.
2. That two other 'Game Changers' proposals be supported outside of this funding envelope:
  - A proposal received from the South Africa Cochrane Centre to establish an 'African Cochrane Training Network'.
  - A process to produce 'Focused Updates' would be developed and – depending on its size of budget - either integrated within the Central Executive's Plan & Budget for 2015 or put forward for the next round of Game Changers.
3. Several proposals received in the first round, the GCPB said, 'unfortunately had been "bulked up" to meet the minimum investment criteria, but nevertheless offered Cochrane the opportunity to invest at a smaller scale in potentially valuable initiatives'. The GCPB recommended that Cochrane's Senior Management Team (SMT) should analyse these proposals further and 'highlight those projects it thinks might be explored at a smaller level'.
4. That Cochrane should consider setting up a small 'Innovations Fund' to continue to attract the wealth of ideas that exists inside the organisation and from those who would like to work with us.
5. The GCPB also promised to assess its own performance to ensure that the Board's composition, ways of working, process management and prescribed templates and tools for bidding teams are improved.

## Update:

In Quarter 1 of 2015 Cochrane's Senior Management Team held an assessment of the first 'Game Changers' process and the recommendations of the Project Board. In relation to the GCPB report it concluded:

1. This would be done as and when appropriate.
2. The '2015 Plan & Budget' approved by the CSG in December had included within it the two projects the GCPB recommended should be taken on by Cochrane in addition to the 'Project Transform' proposal, namely:
  - The 'Cochrane in Africa' strategy project; and
  - The 'Focused Updates' project - now called the 'Targeted Updates' project.

The Targeted Updates project has already begun and is being led by the CEU (see the Quarter 1 Central Executive Report for an update on progress).

The CEO's Office has been working with the South Africa Cochrane Centre on a 'Cochrane in Africa' proposal and a lot of work with other stakeholders across Africa has taken place with a view to submitting the proposal to the CSG in Quarter 4 of 2015.

**3. & 4.** Because the Central Executive's 2015 Plan & Budget included a wide range of other strategic initiatives linked to implementation of *Strategy to 2020*, the SMT's conclusion is that the Central Executive does not have the capacity at the moment to take on *either* a process of engagement with some of the first-round 'Game Changer' bidders who were turned down to see if it is worthwhile developing their projects at a much smaller scale; *or* launching a second round inviting further 'Game Changer' bids.

The SMT thinks that our priority should be to ensure 'on time' implementation of the first two 'Game Changer'-linked projects ('Transform' and 'Targeted Updates') as well as continue to support the final planning of the third ('Cochrane in Africa'). We would like to continue the process of inviting innovative ideas into Cochrane's work, but want to ensure that we have the means to deliver on our key priorities at the moment and not raise expectations in the wider collaboration beyond what we can meet.

In relation to setting up a small 'Innovations Fund' the SMT concluded that the next round of funding should invite proposals for a 'Strategic Investment Fund' – not 'Game Changers' - for amounts that are not restricted to a minimum of £250,000 but would still have to offer significant transformational value to Cochrane. This would – we hope – avoid the 'bulking up' of bids that we saw in the first round to get into the 'Game Changer' criteria whilst also avoiding a plethora of small, relatively insignificant, proposals. The Terms of Reference for the next round would have to be revised to reflect these changes.

The SMT is proposing to delay the next round of invitations to bid for this 'Strategic Investment Fund' until the beginning of 2016.

5. The SMT and the GCPB have acknowledged that we should have integrated Cochrane's Editor in Chief, David Tovey, and Head of IKMD, Chris Mavergames, formally into the Project Board because so many of the proposals received needed detailed knowledge of their likely impact and value in relation to existing and already planned editorial, production and technology systems and processes.

We also need to allocate more project management expertise and administrative support to the GCPB. For the next round of proposals to the 'Strategic Investment Fund' we will therefore allocate additional Central Executive support to this process.

All of these conclusions have been shared with the Game Changers Project Board and those members who replied have supported them.

**Recommendations:** That the next round of invitations for innovative, transformative proposals be for a 'Strategic Investment Fund' for grants by Cochrane that are not restricted to a minimum of £250,000 but must still offer significant transformational value to the organization.

That the next round of invitations for proposals to the 'Strategic Investment Fund' (or 'Game Changers' initiative if the ToRs are not changed) be postponed until the beginning of 2016.

**Financial Implications:** 2015 Budget projections of 'Game Changers' expenditure would be delayed, giving Cochrane improved cash reserves in 2015-17 on current plans.  
If another round of invitations for the SIF/'Game Changers' is held, the Central Executive would absorb/budget for additional project management and administrative support within its 2016 Plan & Budget.

# Publishing Management Team | Steering Group Report Athens | May 2015

## Contents

<b>A. Overview</b>	<b>1</b>
<b>B. Publishing Management Team 2014 work-plan report</b>	<b>3</b>
<b>C. Cochrane Library Technology Roadmap report</b>	<b>7</b>
<b>D. 2015 Publishing Management Team Work-plan</b>	<b>15</b>
<b>E. 2014 Publishing Management Team Dashboard</b>	<b>18</b>

## A. Overview

Wiley and Cochrane have undertaken to achieve a series of overarching objectives during the lifetime of the contract. As agreed by the Cochrane Steering Group in Panama (March 2014), we set out to work together to achieve the specific targets set out in Table 1 by the end of 2014. Table 1 also concisely reports our progress to date. There are some areas of work that require further elaboration on work to date and those are presented below the table to offer a comprehensive report on the progress made during 2014 along with our workplan for 2015.

Sales of the Cochrane Library have stayed strong with a 4.3% increase in 2014 versus prior year on total revenues, but this doesn't tell the full story as we saw stronger growth, closer to 7.6% in our licensing revenue including new channels for Cochrane content opening up including Gold Open Access and new digital partnerships for use in other data solutions.

The Cochrane Library Technology Roadmap covers projects that result in a step change in service or functionality for end users and require significant resources to develop and roll out. The main deliverable in the past six months has been the first release of the new-look [cochranelibrary.com](http://cochranelibrary.com), which in itself delivers several of the planned roadmap projects (see report below) and has had a positive reception. The new-look article view (AASR), first released in Q2 2014, was made the default article view on the new .com site, but delays with the underlying technology have pushed back the release of this becoming the default article view across all entry points until Q4 2015. Delays with both projects are impacting on progress with other roadmap cards and user experience. Overall, the progress on the roadmap projects is not as rapid as we anticipated within the publishing contract, for the following reasons:

- Longer than anticipated time needed to develop specifications: e.g. translations projects started in Q3 2014 and still in analysis phase;
- Delays or problems with the execution of projects: e.g. replatforming and AASR;
- Current underlying technology may not be suitable for implementation; e.g. search results navigation;
- Number of projects that can be in development at one time; e.g. a recent prioritization exercise was needed to direct the order of projects entering the project development flow.

The Publishing Management Team also monitors the performance of the Wiley technology platforms. 2014 has on the whole been a good year. Cochrane Library availability has been at 100% for most months, though in July and December there were significant periods of downtime that caused concern for

Cochrane. Likewise, search performance has been good on the whole with response times significantly under the SLA set for most months, however, there have been some problems experienced which twice meant that the SLA was exceeded. The Wiley team have been responsive in dealing with the slow performance issues though, and the downtime issues are hopefully no longer likely to occur as the Cochrane Library is now hosted in a new data centre.

The communications departments of both organisations have worked hard over the last six months to review and update processes and responsibilities to reflect a changing media landscape and an evolving Cochrane team. Wiley write about half of press releases, with Cochrane taking responsibility for the rest. Wiley have begun to take a more pro-active approach with journalism associations and with journalists. It is still early days and we hope that Wiley will do more in this area. We are in the middle of a year of change where historically Wiley has led on media relations on behalf of Cochrane, but now, more and more of that responsibility is coming back to the central executive. As stated in the 2015 workplan we will need to evaluate this area of work after 12 months from establishing a joint communications plan.

Open Access work is continuing with the target of producing a new strategy for CSG consideration in Vienna. Many other strands of work in PubMan feed into the open access work, for example, the possible new technology partner discussions also provide an opportunity to think about what a premium versus free open access Cochrane might look like. Alongside this it is important to note that our current green and gold policy has been implemented and we continue to promote it to authors. Whilst this policy is not as ambitious as our long-term goal for open access it is still a good policy and the gold open access has been taken up by several authors and funders.

## B. Table 1: Publishing Management Team 2014 work-plan report

Overarching objective	2014 target	Summary
1 Achieve universal 'one-click' access to <i>The Cochrane Library</i> , ensuring that it is free at the point of use	i Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016 ( <i>Cochrane Strategy to 2020</i> )	On track. We presented a paper with two options at the Steering Group meeting in Hyderabad. Now we are working on refining those models and testing them with external stakeholders with a full strategy to be presented to the CSG in Vienna.
	ii In parallel with the development of the open access strategy, continue to achieve new, and maintain existing, national (regional) licences and achieve 5% growth in subscriptions sales in all regions in 2014	16 country and regional renewals were successfully achieved in 2014. 1 National Provision (NP) was lost but replaced with a national medical /academic consortia license (Sweden). New NP discussions underway in several countries. Global subscription sales remain strong. Licencing and subscription sales (excluding reprint sales, which were poor) achieved around 7.6% growth on prior year.
	iii Approve the 2015 subscription pricing list	Completed.
	iv Approve the 2014 HINARI access list	Completed.
2 Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods	i Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme</i> (CCPDP), as scheduled for delivery in 2014 in <i>The Cochrane Library</i> Technology Roadmap or through the Publishing Management Team executive	Ongoing. All the planned work for 2014 was not delivered due overly ambitious plans and slower than expected delivery. Delivery was not estimated on actual requirements and details but on general ambitions. Future planning will be made based on technical requirements being understood. See Technology Roadmap report below for full details.
	ii Implement a coherent Cochrane brand across all content within or parallel to the scope of the 2014 Roadmap ( <i>Cochrane Strategy to 2020</i> )	The re-platforming was delivered in Jan 2015 which moved Cochrane onto a new platform and simultaneously rebranded the website.

		Remaining work to be undertaken in 2015 include rebranding derivatives such as CCAs.
	<ul style="list-style-type: none"> <li>iii Establish a working group with Cochrane’s communications department, Megan Helmers and Tom Griffin to promote effective joint communications of Cochrane products</li> </ul>	<p>We have had two face-to-face meetings to agree better ways of working with Wiley across all communications channels. This included a discussion about how we market and manage those products. A key development will be the use of a shared content calendar that was started by Wiley and will be developed by Cochrane.</p> <p>We also have greater clarity on what Cochrane will lead on and what Wiley will take forward.</p>
3	<p>Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by using them as the basis for publishing and delivery developments, improvements and innovations</p> <ul style="list-style-type: none"> <li>i Engage collaboratively in the Cochrane led project to gather systematic data and improve understanding of end-user experience and need; and establish a framework for ongoing reassessment (<i>Strategy to 2020</i>)</li> <li>ii Use the business and publishing ‘dashboard’ data provided for Management Team meetings to inform decision-making in this area and undertake ‘deepdives’ in different areas of the business at each Management Team meeting</li> </ul>	<p>Several members of the PubMan team are involved in this work, and will play a role in delivering this project in 2015.</p> <p>Monthly reports and data available to all PubMan members. These are being used for deepdives and decision-making.</p>
4	<p>Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making available in languages other than English those elements identified by the Collaboration as appropriate for translation</p> <ul style="list-style-type: none"> <li>i Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme (CCPDP)</i>, as scheduled for delivery in 2014 in the Roadmap or through the ‘Publishing Management Team Exec’, including the translations cards scheduled for 2014 (<i>Cochrane Strategy to 2020</i>)</li> <li>ii Deliver Cochrane Clinical Answers and Cochrane Learning to market (<i>Cochrane Strategy to 2020</i>)</li> </ul>	<p>See 2.i above.</p> <p>Translation cards were not delivered in 2014, though a significant amount of work has been undertaken both by Wiley and Cochrane.</p> <p>Also see Technology Roadmap report below.</p> <p><a href="#">CCAs</a> delivered to market and selling through Wiley Sales Channels. Content being added continuously with over 600 CCAs published by the end of 2014.</p> <p><a href="#">Cochrane Learning</a> delivered to market. The focus in 2014 has been on Dr Cochrane and testing the individual sales of the 60 CPD learning modules</p>



			produced from the Canadian grant funding in 2013.
		iii	Continue to provide complementary licences to Wikipedia editors and work with the new Cochrane Wikipedian in Residence
			100 licenses available for editors, 97 have been claimed so far. Deborah PG attended WikiMedia Conference, London, in August 2014 with Sydney Poore, Cochrane's Wikipedian in Residence to meet with editors.
5	Engage positively with all users and stakeholders	i	Aim to meet the standards of service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to service standards. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year
			Original standards approved. Performance against the standards has been good on the whole with limited breaches of the SLA, though there have been some incidents of concern. At the February 2015 meeting we decided to maintain the standards at the current levels. We may be able to introduce additional more nuanced standards soon due to the new Cochrane Library platform. Wiley will advise Cochrane on what those could be.
		ii	Continue to engage Cochrane Centre Directors in developing sales strategies
			Discussions for renewals and individual sales opportunities ongoing. 2014 Meetings at sales summits in Berlin, London, Malaysia to begin further detailed reviews.
		iii	Offer a co-ordinated Cochrane-Wiley series of events at the Hyderabad Colloquium
			Done. A full list of activities was presented in the Hyderabad PubMan report to CSG.
6	Provide efficient and effective subscription management and support services for users	i	Aim to meet the standards of customer service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to customer service. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year.
			Ongoing. This is managed alongside 5.i above.
7	Develop strategic partnerships with news providers, policy-makers, healthcare organisations, technology providers and others who can	i	Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area
		ii	Approve the 2014 Marketing Plan
			Ongoing. Completed.

	disseminate, promote and use Cochrane content in effective and appropriate ways	iii	Hold regional sales summits, inviting relevant Cochrane Centre and Branch Directors	2014 completed summits: <b>Region discussed</b> ( <i>location of summit</i> ): <b>Europe</b> (Berlin); <b>Middle East</b> (London); <b>Asia Pacific</b> (Malaysia).
8	Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity	i	Achieve the delivery of the translation cards in the Roadmap ( <i>Cochrane Strategy to 2020</i> )	These cards were not delivered in 2014. See 4.i above.
		ii	Review the recommendations of the environmental impact review that Cochrane will be undertaking and implement them where appropriate	The environmental review has been delayed until 2015. This will return to our agenda when applicable.
9	Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including those in high-level business and management roles	i	Ensure that all activities are communicated to a member of the Publishing Management Team executive	Ongoing.
		ii	Continue to hold weekly Publishing Management Team Exec calls; and monthly Roadmap Committee and KPI group calls	These meeting have been held. The KPI group calls have changed frequency though as it was felt that they were not required monthly and are now being held quarterly in advance of the main Publishing Management Team meetings.
10	Recognise and respond to the culture and unique organisational structure of the Collaboration	i	Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the Cochrane <i>Strategy to 2020</i>	This was completed early in the year, but there have been many staff changes during 2014 and so Deborah PG and Chris C are working on a formal induction package for new starters on both sides.
		ii	Deliver Management Team reports to the Steering Group and its sub-committees for the Panama and Hyderabad Cochrane meetings	Completed.

## C. Cochrane Library Technology Roadmap

**Prepared by:** Harriet MacLehose and Alice Noakes, on behalf of the Roadmap Committee

**Roadmap Committee members:** *Cochrane:* Chris Champion, Ruth Foxlee, Harriet MacLehose, Chris Mavergames, Juliane Ried, Jessica Thomas, David Tovey, Julie Wood. *Wiley:* Rowland Conway, Colleen Finley, Jo Garner, Alice Noakes, Deborah Pentesco-Gilbert, Todd Toler

The Cochrane Library Technology Roadmap covers projects that result in a step change in service or functionality for end users and require significant resources (such as project management, time, people, technology) to develop and roll out.

### Update on the Cochrane Library website and Anywhere Article Systematic Review

The main delivery since the September 2014 report to the Steering Group has been the **relaunch of the [cochranelibrary.com](http://cochranelibrary.com)** on 31 January 2015 (Release 1). This was the first release of a project that started in mid-2013 and the feedback we have received has been positive. The main features of this release were:

- change of content management system (from Springboard to dotCMS) used by Wiley and Cochrane teams
- change to branding (including colours, font, url, and product name)
- change to website design, including mobile optimization
- major enhancement of the overarching browse function on the homepage to enable faceted browse and two starting points (by topic and by Cochrane Review Group (CRG))
- associated removal of several browse options (e.g. individual CRG topics lists)
- option for CRGs to nominate a review to be highlighted in the relevant section of browse
- restructuring and refresh of underlying static content
- changes to display and functionality of editorials and special collections.

The Cochrane Library replatforming project is not yet complete and a second planned release (mainly for items deprioritized for the Release 1) has been set back by technology work required to implement and fix features planned for Release 1. This work has revolved around two areas: browse function; and post-launch snags and issues.

- The **browse function** was due to launch with the following facets (limits/filters): browse by topic; CRG; date; stage; type; and status. During testing ahead of Release 1 launch, we found that some facets for the browse function were not working correctly. We had to decide whether to proceed with the launch with limited facets or postpone the launch pending further technology development. We decided to proceed with the launch as this delivered all other significant benefits to the user and enabled a co-ordinated change in branding with Cochrane.org. A minor release (Release 1.1) in March rolled out further CRG and date facets. Two further facets will be released later in the year.
- **Post-launch checks** identified issues that took a lot of time from Wiley and Cochrane teams to log and resolve. A minor release (Release 1.1) in March addressed issues (e.g. display protocols within browse and remove withdrawn reviews from browse).

Release 2 (planned for Q2, 2015) will address items deprioritised from Release 1 (e.g. automated table of contents for the *Cochrane Database of Systematic Reviews (CDSR)*) along with other items identified during post-launch checks and further changes to the homepage to advance user engagement.

A complementary project – enhancements to the **Anywhere Article Systematic Review (AASR;** enhanced article view) – is experiencing delays, introducing some inconsistency in the user experience of the Cochrane Library. Links to Systematic Reviews from Cochranelibrary.com (e.g. from browse results) refer users to the enhanced AASR view of the article. The default view for the user via all other routes is the old article view (e.g. via Cochrane search, PubMed, search engines). AASR was due to become to be the default article view across the *CDSR* in mid-2015 when a number of essential features had been introduced (e.g. submit feedback button, export citation). This would have limited the period during which users experience different article views depending on the entry point. However, Cochrane was informed post-

launch (February 2015 Publishing Management Team meeting) that further technology work is needed to fully integrate Anywhere Article view as part of the Wiley Online Library 2.0 (WOL2.0) platform (e.g. Search Engine Optimization (SEO), user authentication, performance optimization). The Cochrane Library will benefit from this work as WOL2.0 underpins [cochranelibrary.com](http://cochranelibrary.com); however, it does have a knock on effect on the delivery date of default features for AASR, now scheduled for Q4, 2015. This has an ongoing impact on the consistency of user experience and delays the completion of this roadmap card.

Overall, delays with completion of the Cochrane Library replatforming/enhancements and the Anywhere Article are impacting considerably on the progress of other roadmap projects as they continue to involve time and resources from the Wiley and Cochrane teams.

### Update on search and CENTRAL projects

The Roadmap includes a number of projects with a focus on Cochrane Library search functionality. This area of work is proceeding more slowly than expected with the last deliverable in Q2 2014 (first part of the search by online date) and the next confirmed deliverable in Q4 2015 (export citation from AASR). Some projects are active or a priority (see below), but are developing slowly, pending finalization of specifications (multi-lingual search), analysis by Wiley on search projects (search by online date for CENTRAL), or concerns that a change to the underlying data model later will make redundant any work that is done now (search results navigation).

### Overview of active projects

The following roadmap projects are in development (see descriptions and status updates in Table 2):

- enhancements to [cochranelibrary.com](http://cochranelibrary.com)
- translations portals and multi-language search
- flexible review types
- enhancements to AASR
- updating classification system and publishing events for Cochrane Reviews
- user feedback
- search projects.

The delivery dates for these projects will be confirmed after specifications have been developed and agreed, either by the Committee or by smaller teams working on individual projects.

### Projects in the pipeline

The Cochrane Library Technology Roadmap includes a range of projects covering the *CDSR*, CENTRAL, search, website shell, other databases and functions, and derivative products. In December 2014, Cochrane members of the Roadmap Committee conducted a prioritization exercise to aid planning; see Table 3 for descriptions. Work on these projects will start pending completion of the active projects.

### Project teams

The Committee continues to meet regularly to review the roadmap progress. Smaller teams manage and develop the individual projects, and report to the Committee.

Table 2. Projects in development

No.	Roadmap card	Brief description	Status	Notes
Cochranelibrary.com				
1.	Website replatforming	Improve current browse and topics features in the Cochrane Library; and introduce responsive-design of homepage for friendlier viewing on mobile devices	Ongoing	Release 2 is planned to implement further changes, including additional homepage design features for user engagement and messaging and an auto-generated table of contents for the <i>CDSR</i> . Features completed: <i>Jan 15</i> (R1) Successful relaunch of cochranelibrary.com featuring new branding, mobile optimisation, improved browse function and clearer navigation. <i>Mar 15</i> (R1.1) Subsequent release adding two new facets to the browse function, corrections to browse function (include protocols and remove withdrawn reviews), tweaks to branding, and some formatting changes
2.	<i>CDSR</i> table of contents	Automated generation and display of the table of contents	Ongoing	This project will complete with the next release of replatforming – see above.
3.	Special Collections	Improve generation, display, user experience and management of Special Collections	Ongoing	Project complete with relaunch of cochranelibrary.com in Jan, apart from the ability for Cochrane editors to create Special Collections. This will be part of later Anywhere Article-Hubs release.
4.	Branding and messaging	Messaging and design development for site, including relationship with Cochrane.org, to incorporate new branding	Done	Project complete with re-launch of cochranelibrary.com in Jan 2015.
Cochrane Database of Systematic Reviews				
5.	Flexible review types	Publish and display a new review type based on a generic template that permits flexibility in the authoring of future specific review types	Ongoing	Work to display prognosis tags in Search and as a facet in Browse is in progress. Features completed: <i>Jun 14</i> Programming to publish two flexible review types – prognosis and qualitative Cochrane Reviews – using the new flexible review type in RevMan is complete. <i>Mar 15</i> Display of Prognosis protocol or review in WOL1.x and Anywhere Article is complete.
6.	Updating Classification System and Publishing	To implement the review classification system in Archie and to display the classifications in the <i>CDSR</i> ; involves updating meta-data without publishing the content, and work on review	Ongoing	This project is highlighted in the document <i>Strategy to 2020 – 2015 Targets</i> , tied to objectives: 'up-to-date' and 'relevant'. Specifications for the implementation in the Cochrane Library and Archie are well developed. User testing planned in Q2 will see further refinement of the display of the

No.	Roadmap card	Brief description	Status	Notes
	Events	display, the search interface and saved searches.		statuses in the published articles and website.
7.	Anywhere Article Systematic Review (AASR)	Publish and display <i>CDSR</i> content in the Anywhere Article (AA) format, providing the reader with a responsive HTML article that will adapt to any device - desktop, tablet, or mobile - to give the optimal reading.	Ongoing	<p>Anywhere Article development over the coming months focuses on making the article page a fully integrated part of a 'hub site' and includes search engine optimization (SEO) improvements, user authentication, branded headers and footers and performance optimisation. Final features required to make AASR the default view for all users (not just those users referred from <a href="http://cochranelibrary.com">cochranelibrary.com</a> browse) look likely to be delivered in Q4 2015. This had previously been expected to deliver in Q2, and delays have occurred due to further work on the underlying technology. The 'default' items to include: export citation function and How to cite information; submit comments function; and Cochrane header and footer applied to AASR for full navigation of Cochrane content.</p> <p>Features completed:</p> <p><i>Dec 2014</i> 'Cited by' information made available</p> <p><i>Jan 2015</i> New Cochrane Library branding applied</p> <p><i>Mar 2015</i> Request permissions via RightsLink enabled</p> <p><i>Mar 2015</i> Provide navigation back to the <a href="http://cochranelibrary.com">cochranelibrary.com</a></p>
8.	User feedback	Manage feedback by readers on Cochrane Reviews	Ongoing	Developing improved systems for submitting, processing, and displaying comments on Cochrane Reviews. Requirements and specifications developed during 2012 but project did not progress. Those requirements being revisited to ensure specification still current and to look for alignment with innovation and standards in the area.
<b>Translations</b>				
9.	Translations portals	Develop a multi-language version of the Cochrane Library featuring the five other official World Health Organization languages and other languages as agreed aiming to ensure translated Cochrane Review content is accessible in the same way as the English content; with translated versions mirroring the English version, but allowing for language specific adaptation; allowing one-click switch between languages on any given page; including browse, feedback, permission request, and download functionality; and allowing for Cochrane to efficiently provide and update human translations for the portal.	Ongoing	<p>This project is highlighted in <i>Strategy to 2020 – 2015 Targets</i>, tied to objective: 'multilingual'.</p> <p>A draft work plan has been created, setting out tasks and decisions to be made to progress the project. A project backlog has been compiled and now requires prioritisation and refinement.</p> <p>The next major item of work is to analyse user responses to a survey closing at the end of April. Results will inform scope refinement and wireframing work to take place in May, enabling development work to begin.</p> <p>Spanish has been agreed as the first language for which a portal will be created. This is to allow integration of Biblioteca Plus Systematic Review content as soon as possible.</p> <p>The portal design will allow for timely roll out of further portals for other languages, Latin languages being likely to be the initial batch.</p>

No.	Roadmap card	Brief description	Status	Notes
10.	Multi-language search	Explore and implement search support for the Cochrane Library in the WHO official languages and other languages as agreed; including basic and advanced search functionality enabling non-English speaking users to find the content available in their language; and enabling non-English speakers to find content using their language	Ongoing	<i>See info under Translations portals section above – multi-language search will be analysed, refined and developed in the same stream as translated portals</i>
11.	Multi-language content	Support <i>CDSR</i> content in multiple languages	Ongoing	<p>Cochrane and Wiley are exploring extension of the systematic review content model (beyond abstract and plain language summary) to allow integration of Spanish translations from Biblioteca Cochrane Plus that extend to full text.</p> <p>The scope for the integration of the <i>CDSR</i> translations is agreed, following overall portals and search card development. During the Feb 15 Publishing Management Team meeting, it was agreed that Wiley would set out the decisions required on integrating two Bib+ databases into HTA and CENTRAL and possible solutions to integrate the other databases via third party hosting and search facility on the Cochrane Library.</p> <p>Architectural analysis of the Spanish translation HTML archive concluded that it would not be possible to import Spanish content directly from Biblioteca Cochrane Plus. Cochrane will therefore arrange conversion to XML as well as ensuring correct matching between current English version and translation version.</p>
<b>Search</b>				
12.	Export/email citation options	Improve citation export feature to work with a variety of reference management software, including newer features that support direct export to these services. Includes support for an additional output format which would be optimized for ease of reading, print-friendly and report creation and not field tag based delivery. Also includes print/text friendly export version for whole search list export.	Ongoing	<p>User survey has been completed with 100+ responses. Results have been shared with the Search Testing Team and a follow-up meeting is scheduled in mid-April 2015 to improve understanding of results and requirements.</p> <p>Results will feed into development of a clear technical specification. As part of the AASR roadmap, there will be work to integrate citation export into the tool set for <i>CDSR</i> articles.</p> <p>The improved review export feature that is part of AASR offers a reasonable solution at individual article level, but the original requirement relates to the export feature for search results sets. Colleen Finley and Ruth Foxlee will work with the Search Testing Group to review the original requirements, and undertake a field mapping exercise to ensure that the article-level solution is scalable to search results export level.</p>
13.	Search by online date	Provide ability for users to search the Cochrane Library by the date of original publication of the	Ongoing	Feature rolled out for <i>CDSR</i> Q1 2014 but delayed for CENTRAL because when attempts to implement were made it transpired that it had a negative impact on the export

No.	Roadmap card	Brief description	Status	Notes
		Cochrane Review and the date that the Cochrane Review was loaded in the <i>CDSR</i> ; includes fixing problematic dates in Cochrane content and review of proposed changes on statuses and their potential for impact on this effort		format of CENTRAL records. Delays over the past year are due to the lack of a stable team, familiar with the Wiley Online Library search infrastructure. This work is currently in review with the technical team and we are awaiting a schedule for delivery.
14.	Multi-language search	<i>See info under Translations section above</i>	Ongoing	<i>See info under Translations section above</i>



**Table 3. Projects in the pipeline**

Priority	Roadmap card title	Swimlane	Active?
Priority 1: 10 projects	<b>5 rolled over from previous year(s):</b>	—	—
	Updating Classification System and Publishing Events	<i>CDSR</i>	Yes
	Feedback	<i>CDSR</i>	Yes
	Search by online date	Search	Yes
	Links to trials in CENTRAL	CENTRAL	No
	Flexible review types	<i>CDSR</i>	Yes
	<b>3 included in translations:</b>	—	—
	Multi-language content	<i>CDSR</i>	Yes
	Multi-language search	Search	Yes
	Translations portals	Shell	Yes
	<b>2 to be completed for website replatforming and/or Anywhere Systematic Review:</b>	—	—
	Cochranelibrary.com enhancements (including <i>CDSR</i> automated table of contents)	Shell	Yes
	Anywhere Systematic Review enhancements (including linking to related articles)	<i>CDSR</i>	Yes
Priority 2: 2 projects	Links between split and merged reviews; protocol for update	<i>CDSR</i>	No
	Rebrand following sites: Cochrane Clinical Answers, Cochrane Learning, Cochrane Journal Club, iPad edition	Derivatives	No
Priority 3: 5 projects	Strategic review of CENTRAL/CENTRAL development strategy	CENTRAL	No
	Design of CENTRAL records	CENTRAL	No
	Decommission 'About The Cochrane Collaboration' database	Other	No
	Export/email citation options	Search	Yes

	Search results navigation	Search	No
	Allow searching of MeSH checktags	Search	No
Priority 4: 2 projects	Supplement integration	<i>CDSR</i>	No
	Links to editorials, journal club, podcasts	<i>CDSR</i>	No
Priority 5: 1 project	API	Other	No

*CDSR: Cochrane Database of Systematic Reviews; Other: Other databases and functions*

## D. Table 4: 2015 Publishing Management Team Work-plan

Overarching objective	2015 target
1 Achieve universal 'one-click' access to The Cochrane Library, ensuring that it is free at the point of use	i Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016 (Cochrane Strategy to 2020) ii In parallel with the development of the open access strategy, continue to achieve new, and maintain existing, national (regional) licences and achieve 5% growth in subscriptions sales in all regions in 2015 iii Approve the 2016 subscription pricing list iv Approve the 2015 HINARI access list
2 Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods	i <i>Proposed Target:</i> For the Cochrane Library Technology Roadmap, develop the specifications for the priority 1 and 2 projects (see Table 3), and deliver all priority 1 projects as a minimum. The specific deliverables still need to be confirmed by the roadmap committee based on specifications of work involved. ii Implement a coherent Cochrane brand across all content within or parallel to the scope of the 2015 Roadmap (Cochrane Strategy to 2020) iii Continue to develop the Cochrane-Wiley working group to promote effective joint communications of Cochrane products and brands. Evaluate this working group in Nov 2015 against the strategy it developed in Nov 2014
3 Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by using them as the basis for publishing and delivery developments, improvements and innovations	i Engage collaboratively in the Cochrane led user research project; and establish a framework for ongoing reassessment (Strategy to 2020). See also 12.ii below. ii Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area and undertake 'deepdives' in different areas of the business at each Management Team meeting
4 Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making	i For Technology Roadmap work relating to translations see 2.i. ii Continue to provide complementary licences to Wikipedia editors and work with the new Cochrane Wikipedian in Residence

	available in languages other than English those elements identified by the Collaboration as appropriate for translation	
5	Engage positively with all users and stakeholders	<p>i Aim to meet the standards of service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to service standards.</p> <p>As part of this conduct an annual review of the standards and make adjustments as appropriate.</p> <p>ii Continue to engage Cochrane Centre Directors in developing sales strategies</p> <p>iii Offer a co-ordinated Cochrane-Wiley series of events at the Vienna Colloquium</p>
6	Provide efficient and effective subscription management and support services for users	<p>i Aim to meet the standards of customer service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to customer service.</p> <p>As part of this conduct an annual review of the standards and make adjustments as appropriate.</p>
7	Develop strategic partnerships with news providers, policy-makers, healthcare organisations, technology providers and others who can disseminate, promote and use Cochrane content in effective and appropriate ways	<p>i Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area</p> <p>ii Approve the 2015 Marketing Plan</p> <p>iii Hold regional sales summits, inviting relevant Cochrane Centre and Branch Directors. In 2015 we will explore holding summits in: South America, USA and Asia (in connection with EACA)</p>
8	Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity	<p>i For Technology Roadmap work relating to translations see 2.i.</p> <p>ii Review the recommendations of the environmental impact review that Cochrane will be undertaking and implement them where appropriate</p>
9	Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including those in high-level business and management roles	<p>i Ensure that all activities are communicated to a member of the Publishing Management Team executive</p> <p>ii Continue to hold weekly Publishing Management Team Exec calls; monthly Roadmap Committee calls and quarterly KPI group calls</p>
10	Recognise and respond to the culture and unique organisational structure of the	<p>i Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the Cochrane and its <i>Strategy to 2020</i></p>

	Collaboration	ii	Deliver Management Team reports to the Steering Group and its sub-committees for the Athens and Vienna Cochrane meetings
11	Develop future Cochrane-Wiley publishing strategy	i	Undertake an analysis of available options and develop a proposal for the future of the Cochrane Library and derivatives.
12	Cochrane 2015 Targets with Wiley dependencies	i	Cochrane Target 1.4: Implement the Updating Classification Framework
		ii	Cochrane Target 2.1: Undertake user research on current Cochrane users
		iii	Cochrane Target 2.2: collaborate with Cochrane on the development of the open access strategy
		iv	Cochrane Target 2.3: Launch the multilingual Cochrane Library
		v	Cochrane Target 3.1: Re-brand all Cochrane websites according to the new branding guidelines.
		vi	Cochrane Target 4.3: collaborate with Cochrane on Cochrane Innovations projects
13	Support the business case development and subsequent development and commercialisation of relevant Cochrane derivative products and services	i	Cochrane Clinical Answers: Wiley and the Cochrane Innovations editorial team to deliver minimum 300 new CCAs by end of 2015
		ii	Cochrane Clinical Answers: Wiley to achieve agreed sales strategy and targets
		iii	Wiley and Cochrane Innovations to deliver Evidence Based Practice Certificate business case by September 2015.
		iv	Cochrane Careers: Wiley will work with Cochrane to develop a business case by Q4, 2015.
		v	Cochrane Learning: Continue to market Dr Cochrane

## E. 2014 Publishing Management Team Dashboard

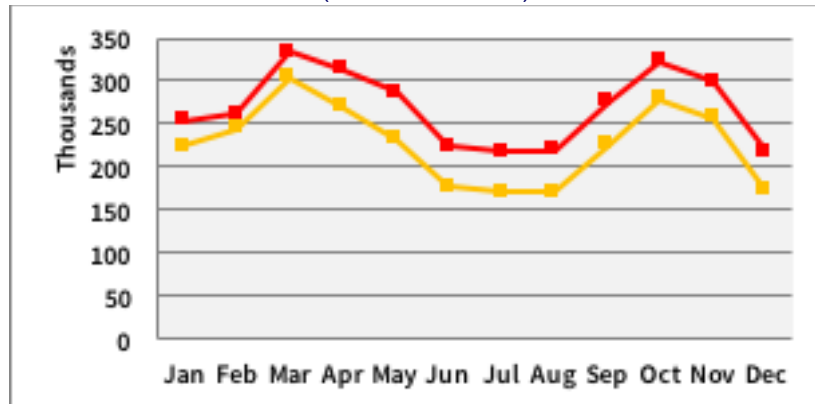
### Overview

Data	Comment
<b>1. Usage in 2014</b>	—
1.1. Full-text downloads (HTML and PDF)	PDF usage was 16% higher than HTML usage in 2014.
1.2. Demand (Full Text Downloads + Access Denied)	66% of demand for Cochrane Reviews was met in 2014 75% of demand was met in 2013.
1.4. Visits to the Cochrane websites	3.2 million visits to The Cochrane Library website in 2014 (this does not include article content which is hosted on Wiley Online Library), 2.6 to Cochrane Summaries and 2 million to Cochrane.org.
1.4. Page views of Cochrane Summaries vs Abstract views on Wiley Online Library	3.9 million page views of Cochrane Summaries compared with 10.1 million abstract views on Wiley Online Library
2. Referrals to Cochrane Reviews on Wiley Online Library in 2014	17% of users were referred to Cochrane reviews via the Cochrane Library website. 18% were referred by PubMed/PMC.
<b>3. Usage by database ('views' of each record by database)</b>	—
3.1. CDSR	8.7 million views on Wiley Online Library, 891,123 on Ovid and 283,846 on EBSCO.
3.2. CENTRAL	869,841 views on Wiley Online Library, 1.3 million on Ovid and 343,589 on EBSCO.
3.3. DARE	174,061 views on Wiley Online Library, 106,796 on Ovid and 148,547 on EBSCO.
4. Article-level metrics	Demand for articles from the Cochrane Library grew by 7% in 2014. The number of recorded full text downloads and abstract views fell slightly compared with prior year. An investigation has found that this was caused by temporary increased activity associated with Web Crawlers across multiple IP addresses in multiple countries in the final quarter of 2012 and throughout 2013. Wiley's reporting systems have been updated to more accurately identify and disregard usage associated with web crawlers.
5. 2014 full-text downloads by location	Both the U.S. and U.K. recorded 1.3 million downloads each. 648,804 downloads were recorded in Australia, 167,317 in Canada and 162,708 in India. 134,625 downloads were recorded in Taiwan.
6. Monthly production	869 new and updated reviews were published in 2014 compared with 977 published in 2013. 514 protocols were published in 2014.
7. Open access	14 Gold Open Access reviews published in 2014. 903 new and updated Green Open Access reviews and 547 protocols were made Green Open Access in 2014.

<b>8. Impact</b>	—
8.1. Highest Altmetric scores from Cochrane Reviews published in 2014	'Neuraminidase inhibitors for preventing and treating influenza in adults and children' received an Altmetric score of 377, the highest of Cochrane reviews published in 2014.
8.2. Impact factor	The 2013 Impact Factor for the CDSR is 5.939.
8.3. Highest cited Cochrane Reviews	'Interventions for preventing falls in older people living in the community' with 453 cites, remains the highest cited Cochrane review.

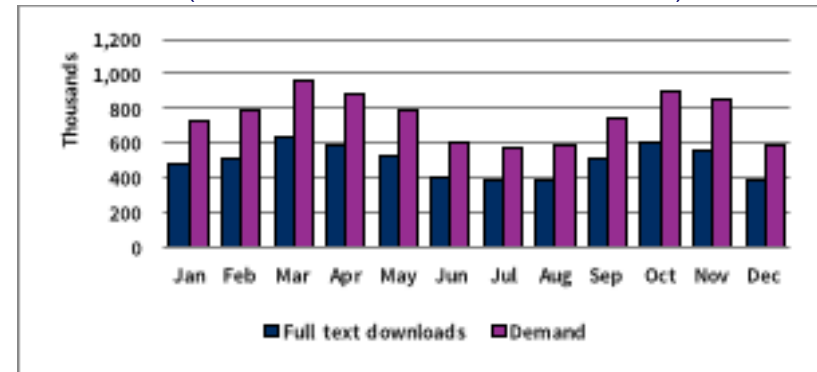
### 1. Usage in 2014

#### 1.1. Full-text downloads (HTML and PDF)



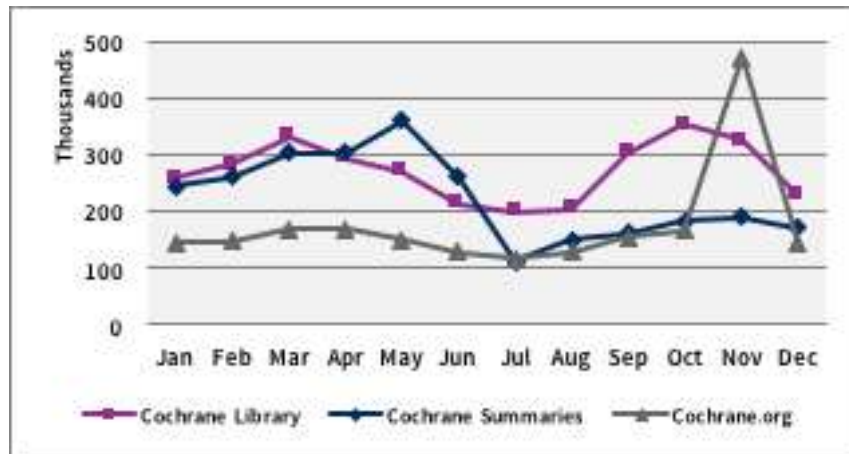
3,221,686 PDF downloads were recorded compared with 2,717,727 HTML downloads. PDF usage was 16% higher than HTML usage in 2014.

#### 1.2. Demand (Full Text Downloads + Access Denied)



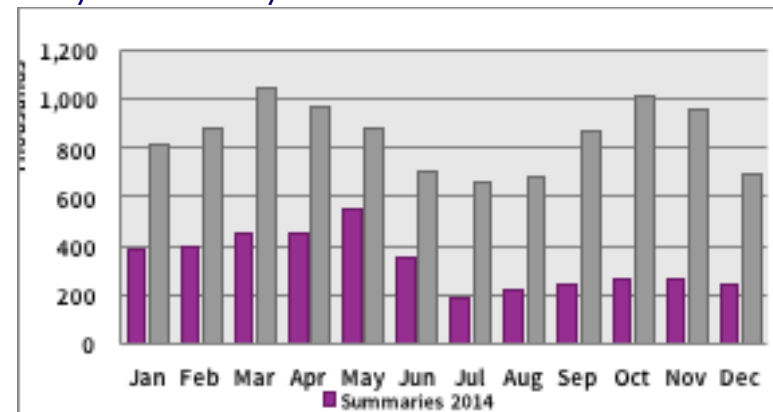
66% of demand for Cochrane Reviews was met in 2014 75% of demand was met in 2013.

#### 1.4. Visits to the Cochrane websites



There were 3,259,703 visitors to the Cochrane Library website vs with 2,692,308 visitors to Cochrane Summaries and 2,084,188 to Cochrane.org.

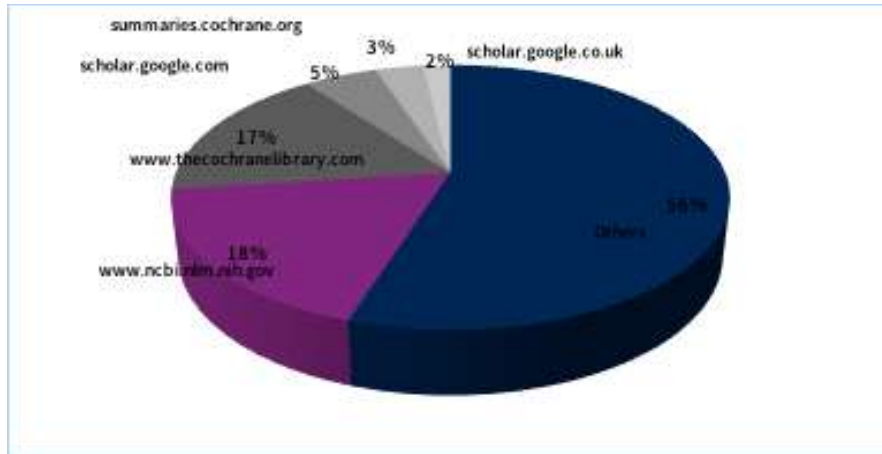
#### 1.4. Page views of Cochrane Summaries vs Abstract views on Wiley Online Library



10,150,848 Abstract views of Cochrane Reviews were recorded on Wiley Online Library vs with 3,988,694 page views of Cochrane Summaries.



## 2. Referrals to Cochrane Reviews on Wiley Online Library in 2014

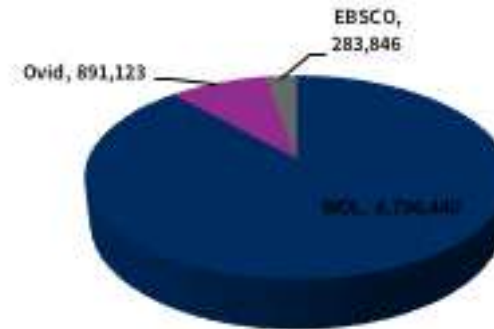


The 'Others' category includes referrals from evidence.nhs.co.uk (1.4%), en.Wikipedia.org (0.8%), t.co (0.4%) and m.facebook.com (0.3%).

## 3. Usage by database ('views' of each record by database): CDSR, CENTRAL, and DARE

Note: Ovid have indicated in a recent meeting that they will be able to provide a more detailed breakdown of usage data in future. We are waiting for a response to the questions put forward to EBSCO.

### CDSR

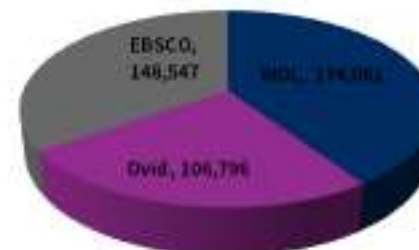


For the CDSR the Wiley Online Library (WOL) number in the first chart represents Abstract views.

### Central



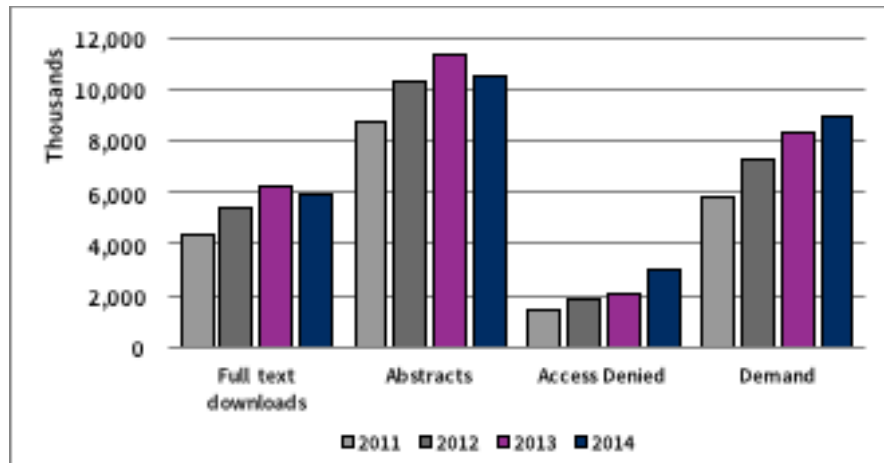
### DARE



Activity	2011	2012	2013	2014
Full text downloads	4,319,041	5,451,836	6,238,400	5,939,413
Abstracts	8,691,552	10,330,596	11,362,944	10,498,354
Access Denied	1,461,234	1,857,026	2,091,948	3,018,915
Demand	5,780,275	7,308,862	8,330,348	8,958,328

#### 4. Article-level metrics

Note: Demand for articles from the Cochrane Library grew by 7% in 2014. The number of recorded full text downloads and abstract views fell slightly compared with prior year. Initial investigations suggest that this may have been caused by temporary increased activity in a number of institutions across multiple countries.



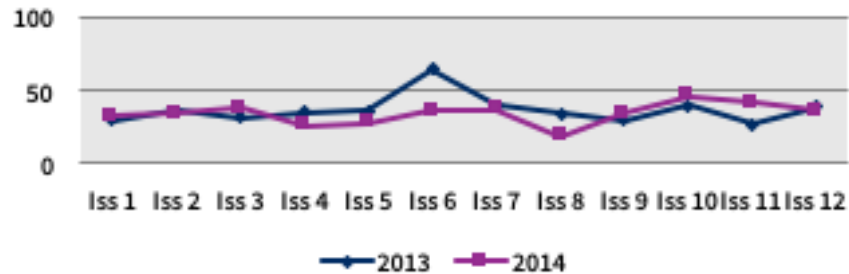
#### 5. 2014 full-text downloads by location: top 10 countries with highest number of full-text downloads



## 6. Monthly production

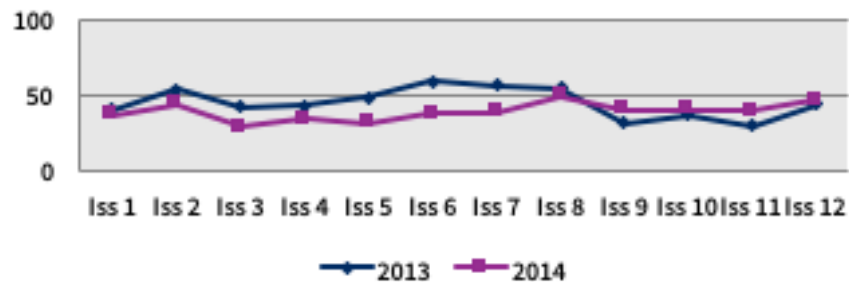
### 6.1. New reviews

**New Reviews**



### 6.2. Updated reviews

**Updated Reviews**



### 6.4. Number of published articles in 2014 vs 2013

	New Reviews	Updated Reviews	New Protocols
2014	407	462	514
2013	442	535	590

### 6.5. Record count

Database	Dec 2013	Dec 2014
Cochrane Database of Systematic Reviews	8,134	8,637
Database of Abstracts of Reviews of Effects	26,123	32,776
Cochrane Central Register of Controlled Trials	724,977	830,227
Cochrane Methodology Register	15,764	15,764
Health Technology Assessment Database	12,685	14,237
NHS Economic Evaluation Database	14,916	16,609
Editorials	76	95

## 7. Open access

14 Gold Open Access articles were published in 2014 to add to the 6 published in 2013.

411 new reviews, 492 updated reviews and 547 protocols were made Green Open Access in 2014.

## 8. Impact

### 8.1. Highest Altmetric scores from Cochrane Reviews published in 2014 (Scores retrieved 17 February 2015)

		Bloggers	Tweeters	Google+	News outlets	Facebook walls
377	<a href="#">Neuraminidase inhibitors for preventing and treating influenza in adults and children</a>	15	193	0	21	5
299	<a href="#">Electronic cigarettes for smoking cessation and reduction</a>	3	153	0	21	13
173	<a href="#">Vaccines for preventing influenza in healthy adults</a>	0	180	1	4	69
173	<a href="#">Inhaled corticosteroids in children with persistent asthma: effects on growth</a>	1	37	0	12	176
144	<a href="#">Pharmacological interventions for sleepiness and sleep disturbances caused by shift work</a>	3	112	0	6	1
136	<a href="#">Echinacea for preventing and treating the common cold</a>	3	61	0	9	1
112	<a href="#">Risk assessment tools for the prevention of pressure ulcers</a>	3	129	1	0	7
112	<a href="#">Inhaled corticosteroids in children with persistent asthma: dose-response effects on growth</a>	1	38	0	11	0
109	<a href="#">Biomarkers as point-of-care tests to guide prescription of antibiotics in patients with acute respiratory infections in primary care</a>	1	53	0	8	3
103	<a href="#">Powered versus manual toothbrushing for oral health</a>	3	112	0	0	1

To date (17 February 2015), Altmetric has tracked scores for 4,718 articles from the *Cochrane Database of Systematic Reviews*. Cochrane Reviews typically receive more attention than average, with a mean score of 10.4 vs the global average of 4.8. The top article in the table above is ranked 3 of the 4,718 tracked articles from the *Cochrane Database of Systematic Reviews*.

## 8.2. Impact factor

The 2013 Impact Factor for the *Cochrane Database of Systematic Reviews* was released in July 2014. The Impact Factor for the *CDSR* is 5.939, an improvement on 2012.

Year	Rank	Impact Factor	In-Window Cites	Citable items	Total Cites	Self-citation rate	5-Year Impact Factor
2013	10	5.939	9859	1660	39,856	8%	6.706
2012	12	5.785	8087	1398	34,230	8%	6.553
2011	10	5.912	7721	1306	29,593	5%	6.309

## 8.3. Highest cited Cochrane Reviews (December 2014)

		Publication date	Updated?
453	Interventions for preventing falls in older people living in the community	Feb, 2009	Yes
431	Cholinesterase inhibitors for Alzheimer's disease	Jan, 2006	No
366	Antidepressants for smoking cessation	Jan, 2007	Yes
346	Interventions for enhancing medication adherence	Feb, 2008	Yes
327	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Mar, 2006	No
303	Nicotine replacement therapy for smoking cessation	Jan, 2008	Yes
281	Pulmonary rehabilitation for chronic obstructive pulmonary disease	Apr, 2006	No
241	Decision aids for people facing health treatment or screening decisions	Mar, 2009	Yes
232	Effectiveness of brief alcohol interventions in primary care populations	Feb, 2007	No
211	Group based training for self-management strategies in people with type 2 diabetes mellitus	Feb, 2005	No

# Investment Policy and Treasury Operations

<b>Prepared by:</b>	Hugh Sutherland & Mark Wilson
<b>Submitted to:</b>	Cochrane Steering Group, March 2015
<b>Purpose:</b>	Information, Discussion and Approval of Recommendations
<b>Urgency:</b>	Low
<b>Access:</b>	Open

## Executive summary

This paper considers the factors that should determine the approach Cochrane takes in formulating a new Investment Policy. The following issues are discussed:

- The legal and regulatory obligations of the organisation;
- The constitutional obligations of the trustees and management in Cochrane's Articles of Association;
- Obtaining professional advice;
- Cochrane's strategic reserves and programme-related investments;
- Improvements made in Cochrane's Treasury function;
- Assessment of the risk and reward (and duration) profiles the organisation may adopt;
- Projections of the cash needs Cochrane has for the next two years and therefore what funds should be available for financial investments; and
- Recommendations for the development of Cochrane's Investment Policy with external professional investment managers; and an example of a potential portfolio.

## Legal and regulatory obligations

The legal underpinning to the powers and duties of trustees in relation to setting an Investment Policy for a UK Charity are set out in the Charity Commission's document: *Charities and Investment Matters: A Guide for Trustees* (see separate document and: <http://www.charitycommission.gov.uk/detailed-guidance/money-and-accounts/charities-and-investment-matters-a-guide-for-trustees-cc14/legal-underpinning/#p153>).

The key points the Commission stresses are that:

- Trustees can invest in a number of ways to achieve their aims, and there are specific legal duties and decision making processes attached to each; and
- If trustees have considered the relevant issues, taken advice where appropriate and reached a reasonable decision, they are unlikely to be criticised for their decisions or adopting a particular investment policy.

In summarising the legal underpinning, a distinction is made between financial investment and 'programme related investment', while recognising that in practice many investments will be mixed purpose. Cochrane is already making many 'programme related investment' in expenditures approved in the 2015 Plan & Budget, such as the Cochrane Author Support Tool (CAST), EMBASE, Linked Data, Focused Updates and Transform projects (see below).

The purpose of financial investment is to yield the best financial return within the level of risk considered to be acceptable - balanced against factors such as compatibility with the purpose of the charity, potential conflicts of interest and ethics more broadly. The returns on investment are to be spent on the charity's aims. In order to act within the law, trustees must:

- know, and act within their charity's powers to invest;
- exercise care and skill when making investment decisions;
- select investments that are right for their charity. This means taking account of:
  - how suitable any investment is for the charity
  - the need to diversify investments
- take advice from someone experienced in investment matters unless they have good reason for not doing so;
- review investments from time to time;
- explain their investment policy (if they have one) in the trustees' annual report.

There are no other specific restrictions on the investments that Cochrane as a UK charity may make. The trustees may invest in speculative investments (indeed, all investments carry an element of risk), provided that due attention has been paid to investing in a portfolio which balances risk and reward in line with the best interest of the charity.

Trustees do have scope to define an ethical investment policy consistent with the objectives of the organisation. The Commission recommends that trustees should:

- decide on the overall investment policy and objectives for the charity;
- agree the balance between risk and return that is right for their charity;
- have regard to other factors that will influence the level of return, such as the environmental and social impact of the companies invested in and the quality of their governance;
- invest any permanently endowed funds in a way that helps them to meet their short and long-term aims;
- decide whether to adopt an ethical, socially responsible or mission related approach to investment and ensure that it can be justified.

## Cochrane's Articles of Association

The common starting point for individual charities is its governing document: in Cochrane's case our *Articles of Association*. Generally, the trustees of a charity are given very wide powers to invest the funds of the charity with little restriction: Cochrane's *Articles* are no exception. Clause 2.2.6 states that our trustees are empowered 'to invest the moneys of the Charity not immediately required for its purposes in such manner as may be thought fit, and to permit any investments to be held in the name of a nominee for the Charity, and to pay any such nominee reasonable and proper remuneration for acting as such' The *Articles* also give the trustees the power to borrow money (Clause 2.2.3) and to invest in land, buildings and intellectual property assets (Clauses 2.2.4 and 2.2.5).

Cochrane has strict policies on conflict of interest and receipt of cash from commercial organisations, so any policy on investment in securities should be consistent with those policies.

## Obtaining professional advice

The Charities Commission guidelines advise that unless the trustees include individuals who have expertise in investment management, they should obtain professional advice in implementing their investment policy. However, the burden of formulating the investment policy and monitoring how well it is being implemented remains with the trustees. Given that no advisors are able to demonstrate excess investment

returns, they should be chosen on the basis of regulatory compliance, expertise in portfolio construction and low cost.

### Cochrane's strategic reserves and programme-related investments

Cochrane owns the rights to valuable intellectual property which has been generating continuously growing revenues in recent years from our publisher, Wiley; as well as co-ordinating a network of talented people who are capable of generating future value through the provision of products, services and development of new intellectual rights. By the end of December 2014 these reserves had reached £7,559,000 (to be confirmed by the 2014 audit) that were held largely by cash on deposit.

The extent to which this cash can be regarded as surplus must be seen in the context of:

- Cochrane's adoption of its *Strategy to 2020* which entails a number of years of significant expenditure on staff, property and materials in order to achieve ambitious strategic objectives and change; and
- a need to invest in the development of new products and services to exploit the charity's capabilities in other ways;

It is unknown whether the annual operational surpluses that have been generated in recent years can be sustained in the future as a result of the impact of 'Open Access' on Cochrane's publishing revenues. Our commitment to OA and the free availability of Cochrane Systematic Reviews - as well as the expectations of governments, research funders and the general public for free and open intellectual content – therefore require us to develop an alternative sustainable financial model in the next five years.

Cochrane's *2015 Plan & Budget* set out the Senior Management's financial forecasts in managing this transition, which necessitates the drawing down of our strategic reserves in the coming years in order to make 'programme-related' investments that will transform the organisation and increase its capacity and ability to develop this alternative model. These investments include:

- a capital injection into Cochrane Innovations Ltd, a trading company which seeks to develop new products, services and commercial operations;
- development of new products, processes, software and related management structures for improving, facilitating and enhancing the work of Cochrane Groups;
- purchase of intellectual property which is complementary to the existing rights held by the organisation.

These investments are relevant to the investment policy only to the extent that they represent a claim to cash resources which restricts that available to be committed to financial investments (as well as generating a risk profile which should be taken into account when assessing the level of risk which may be countenanced for financial investments). While the investments might lead to financial returns, this aspect of them is only relevant to assessing the overall costing of the programme-related expenditure.

Even with these considerable organisational and programme-related expenditures planned over the next three to four years there will still be a significant portion of our strategic reserves (at least £3 million even by 2017-18) available for financial investments that could provide a higher rate of return for Cochrane.

### Improving the Treasury function

The Treasury function of an organisation is responsible for reducing the cost of providing the cash resources necessary to carry out operations. That entails assessing cash needs in terms of amount, timing, duration, currency and risk, so that excesses or shortfalls may be invested or borrowed at favourable interest rates.

Until last year, Cochrane was holding 16 separate bank accounts, largely for historical reasons associated with a simplistic approach to accounting for and monitoring the funds available for restricted or designated



purposes. The cash in these accounts were automatically transferred (“swept”) to bonus saver accounts, but these provided very low annual rates of interest – less than 0.5%.

Monitoring and controlling all of these accounts on a regular basis was time-consuming and represented an unnecessary financial control risk. In 2014, therefore, the Head of Finance & Core Services closed eight of these accounts and centralised banking to a small number of current accounts (with even fewer of them being actively used on a day-to-day basis). The restricted and designated funds are now reported and monitored through the usual method of management and balance sheet control accounts.

Cochrane has had no Investment Policy until now; and its £7.6 million in strategic reserves are held in cash, with £5 million deposited with Barclays Bank at an annual interest rate of 1.5% (which is quite a competitive rate currently). With the rationalisation of accounts and improved Treasury function now completed, surplus cash is now moved into the Barclays account until portions are required for operational expenditures. These changes will generate at least an extra £30,000 of interest, while improving financial control and reducing the administrative burden.

### **Risk and reward and duration**

All investment policies must include an assessment of risk and reward. Even holding surplus resources as cash entails a small element of risk in that (infamously) financial institutions are not guaranteed to return cash deposits; and a larger historical risk that the purchasing power of cash is eroded by inflation. The rates of return available on cash deposit accounts are therefore low in comparison with riskier investments, such as purchasing government bonds, corporate bonds and equities.

In developing Cochrane’s Investment Policy best practice is to establish a diverse portfolio, since the risk associated with individual investments or categories of investment may be eliminated entirely by spreading investment across a range of investments with uncorrelated returns. As well as the short-term volatility of returns, we should also consider for how long we are prepared to invest. Investments committed for a longer duration generally attract a higher level of return.

Given Cochrane’s more sophisticated annual plans and budgets, the Senior Management Team can predict reasonably accurately how much cash we need to keep on immediately accessible deposit to meet projected needs; plus a further amount which might be needed that can be placed on longer term deposit, subject to a penalty if we have to withdraw it. We should bear in mind that we could even borrow money to cover short-term needs, if the cost of the loan is less than the losses arising from early withdrawal of the longer-term investments.

### **Cash projections and available investment funds**

With predicted annual revenues in 2015 of £5.3 million and an expenditure budget of £6.6 million (which is unlikely to be reached) on the basis of historical spending trends, we are therefore predicting a maximum operating deficit in 2015 of £1.3 million (that would need to be met from cash reserves). In addition, we have set aside £420,000 per year for investments in Cochrane Innovations over the next two years (subject to final approval by the Steering Group in Athens in May 2015) and a maximum of £850,000 over the same period for possible investments in the Strategic Investment Fund (including ‘Game Changers’ and other possible capital investments). In 2016 we are predicting Cochrane’s expenditure exceeding income by £200,000, requiring additional cash needs; and we would maintain a further £300,000 for contingencies. This would leave us requiring £3,490,000 in cash reserves over the coming two years.

This would leave Cochrane, on current financial projections, with £4,069,000 in cash reserves available for investments of two years or longer in securities – shares and bonds.

Following discussions with Cochrane’s Treasurer, Martin Burton, we have consulted with UK legal firm Blake Morgan, shared this ‘Investment Policy’ paper with them, and agreed that Cochrane should appoint

independent financial advisors in 2015 to develop a potential investment portfolio for approval later this year by the Cochrane Steering Group. The Treasurer, CEO and Head of Finance & Core Services intend to approach at least three potential financial investment companies and following an RFP (request for proposals) process later this year select one or more of them to manage part or all of Cochrane's investment portfolio.

Annex A of this paper contains a template provided by Blake Morgan for the Investment Policy that would be agreed and signed by Cochrane with the investment managers.

An *illustrative* example of the overall position might be:

Purpose	Duration	Asset	Amount (£)	Annual Return
Cash available to cover monthly expenditures and payment of quarterly bills such as VAT	Immediate access	Bank current account	250,000	Nil
Cash to cover larger bills and contingency for reduced income	90 day deposit	Bank deposit account	750,000	1.5%
Programme related investment in Cochrane Innovations	5 years	Debt in 100% owned subsidiary	1,500,000	Nil (returns are made as capital appreciation on the commercial success of Innovations)
Financial investment	3 years	AAA rated corporate bonds	1,000,000	4%
Financial investment	10 years	Blue chip ethical shares	1,500,000	6%

## Recommendations

- Cochrane should establish an Investment Policy which recognises that it has substantial cash reserves, even during a period in the near future when operational expenditures are projected to exceed revenues, causing a drawdown in these reserves between now and 2018.
- Subject to holding approximately £3.49 million in cash deposits to fund operations beyond the level of revenues expected in 2015 and 2016 (including funds required for short-term contingencies) this Investment Policy will determine a level of risk/return and duration of investment for Cochrane's remaining cash reserves of £4 million that is appropriate to the organisation and this phase of its development.
- In establishing an Investment Policy we should define a set of restrictions on where money is invested consistent with Cochrane's mission and principles and our policies on conflict of interest and commercial funding.
- Cochrane will appoint professional investment advisers to construct a portfolio of investments in shares and bonds consistent with that overall profile.
- The Treasurer, CEO and Head of Finance & Core Services will select these investment advisors, subject to approval by the Steering Group.
- A proposed Investment Policy and accompanying portfolio will be prepared for the Steering Group's consideration by October 2015.

## Annex A: Sample Investment Policy Document from Blake Morgan

### Investment Policy: The Cochrane Collaboration

Charity No: 1045921

#### GENERAL BACKGROUND

The Cochrane Collaboration is an international incorporated charity that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. It provides reliable scientific evidence in electronic form via the *Cochrane Library* ([www.cochranelibrary.com](http://www.cochranelibrary.com)) which contains several thousand systematic reviews, upon which users, providers and funders of health care can make informed decisions. The charity measures its success by the number of up-to-date high quality Cochrane Reviews, and their accessibility to users and providers of healthcare evidence.

#### FINANCIAL BACKGROUND

The charity owns rights to intellectual property and has been generating continuously growing revenues in recent years through its publishing activities. In addition the charity has a coordinated network of talented people who are capable of generating future value through the provision of products, services and the development of new intellectual property rights.

In 2010 the charity had an income of £2,532,601. By 2014 the charity's income had risen to £4,558,815. The charity has traditionally held its strategic reserves as cash in a Barclays Bank account. The charity currently has cash reserves of approximately £7.6 million. The charity has now decided to review its approach to investments and this written policy sets out the future approach to its investments.

The Charity's reserves policy is [ ].

#### INVESTMENT POWERS

The assets of the charity must be invested in accordance with the governing instrument and the Trustee Act 2000.

The charity's Articles of Association provide that the trustees are empowered to invest the monies of the charity not immediately required for its purposes in such manner as may be thought fit. The trustees therefore have wide powers of investment and the power to borrow money and to invest in land, buildings and intellectual property assets in order to achieve the charities aims.

#### INVESTMENT POLICY

The charity's commitment to Open Access and the free availability of Cochrane Systematic Reviews - together with the expectations of governments, research funders and the general public for free and open intellectual property content – has led the charity to consider the need to develop an alternative sustainable financial model in the next five years.

The overall objectives are to create sufficient income and capital growth to enable the charity to carry out its purposes consistently year by year with due and proper consideration for future needs and the maintenance of, and if possible, enhancement of the value of the invested funds while they are retained.

The inflation measure most relevant to the Charity's expenditure is the [Retail Price Index].

The Charity seeks to produce the best financial return within an acceptable level of risk.

The investment objective is to generate a return of inflation plus [x]% per annum over the long term, after expenses. This should allow the Charity to at least maintain the real value of the assets, whilst funding annual expenditure in the region of [x]% per annum.

[The Charity adopts a total return approach to investment, generating the investment return from income and capital gains or losses. It is expected that if in any one year the total return is insufficient to meet the budgeted expenditure, in the long term the real value of the Charity will still be maintained in accordance with the investment objective above.]

## **RISK**

The key risk to the long-term sustainability of the Charity is [inflation, and the assets should be invested to mitigate this risk over the long term. The trustees understand that this is likely to mean that investment will be concentrated in real assets and that the capital value will fluctuate.]

## **ASSETS**

The Charity's assets can be invested widely and should be diversified by asset class, by manager and by security. Asset classes could include cash, bonds, equities, property, hedge funds, structured products, private equity, commodities and any other asset that is deemed suitable for the Charity.

The investment committee is charged with agreeing a suitable asset allocation strategy with the investment managers, which is set so as to achieve the overall Charity investment objective.

## **CURRENCY**

The base currency of the investment portfolio is Sterling.

Investment may be made in non-Sterling assets, but should not exceed [x]% of the total investment portfolio value.

Hedging [is/is not] permitted.

## **CREDIT**

The Charity's cash balances should be deposited with institutions with a minimum rating of [A] or invested in a diversified money market fund.

Deposits should be spread by counterparty, subject to a maximum exposure of £200,000 per institution.

Bond exposure should be focused on investment grade issuers.

## **LIQUIDITY REQUIREMENTS**

The Charity aims to spend between £[x] and £[y] per annum. This can be funded from both income and capital.

The trustees wish to keep at least [x] % of the assets in investments that can be realised within three months.

A minimum of [x] % of the total assets should be kept in cash or near cash investments at all times.

#### **TIME HORIZON**

The Charity is expected to exist in perpetuity and investments should be managed to meet the investment objective and ensure this sustainability.

The Charity can adopt a long-term investment time horizon.

#### **ETHICAL INVESTMENT POLICY**

The Charity assets should be invested in line with its aims. The trustees do not wish to adopt an exclusionary policy, but individual investments may be excluded if perceived to conflict with the Charity's purpose.

#### **MANAGEMENT, REPORTING AND MONITORING**

The Charity has appointed [ ], a professional investment management firm, to manage the assets (excluding the direct property) on a discretionary basis in line with this policy.

Investment managers provide custody of assets. Managers are required to produce a valuation and performance report quarterly. The Charity has nominated a list of authorised signatories, two of which are required to sign instructions to the investment manager.

The [trustees/Investment Policy Committee] have/has responsibility for agreeing strategy and monitoring the investment assets. The [trustees/Investment Policy Committee] meets six monthly to review the portfolio, including an analysis of return, risk and asset allocation. Performance will be monitored against agreed market benchmarks, and against the investment objective of inflation plus [x]% over the long term.

Each investment manager is required to present to the [trustees/Investment Policy Committee] on a six monthly basis.

[The Investment Policy Committee is to report formally to the full trustee board on at least an annual basis.] This report should include a review of asset allocation strategy, performance, risk profile and consistency with long-term investment objective.

#### **INVESTMENT MANAGER**

The investment manager will provide a quarterly review of performance and a review of activity and background markets. They will attend meetings at least annually, as requested.

#### **POLICY REVIEW**

The foregoing policy and arrangements will be reviewed regularly by the trustees. Any changes must be given in writing.

#### **AUTHORISED PARTIES**

The following parties are authorised by the trustees to issue instructions to [name]

[The Charity have delegated decision making on investment matters to the investment committee.]

#### **Approval and Review**

This Investment Policy Statement was prepared by the trustees of The Cochrane Collaboration to provide a framework for the management of its investment assets. It will be reviewed on an annual basis to ensure continuing appropriateness.

Approved by the trustees

Signed Chair [ ]

Dated

Reference Minute

.....

.....

**Signed:** .....

*(on behalf of The Cochrane Collaborative)*

**[name]** is an authorised person within the meaning of the Financial Services and Markets Act 2000 and by signing this document agrees to manage the investment portfolio on the basis of the above instructions.

**Countersigned:** .....

*(on behalf of [name])*

**[address]**

Tel: **[xx]**

**Date:** .....

# Cochrane Events Strategic Review Recommendation Paper: Event Audiences, Purposes and Objectives

<b>Prepared by:</b>	Cochrane Events Review Project Board: Maria Burgess, Steve McDonald, Jordi Pardo, Juliane Ried, Mark Wilson, and Julie Wood; and Ethicore Limited: Rachael Clay and Jane Thurlow.
<b>Date:</b>	16 April 2015
<b>Purpose:</b>	1. This paper proposes a framework for considering the different audiences, purposes and participant needs for Cochrane events; to seek CSG endorsement of the framework and CSG approval for the next phase of the Cochrane Events Strategic Review.
<b>Urgency:</b>	2. Medium
<b>Access:</b>	3. Open
<b>Decision required by the Steering Group:</b>	Yes (see paper).

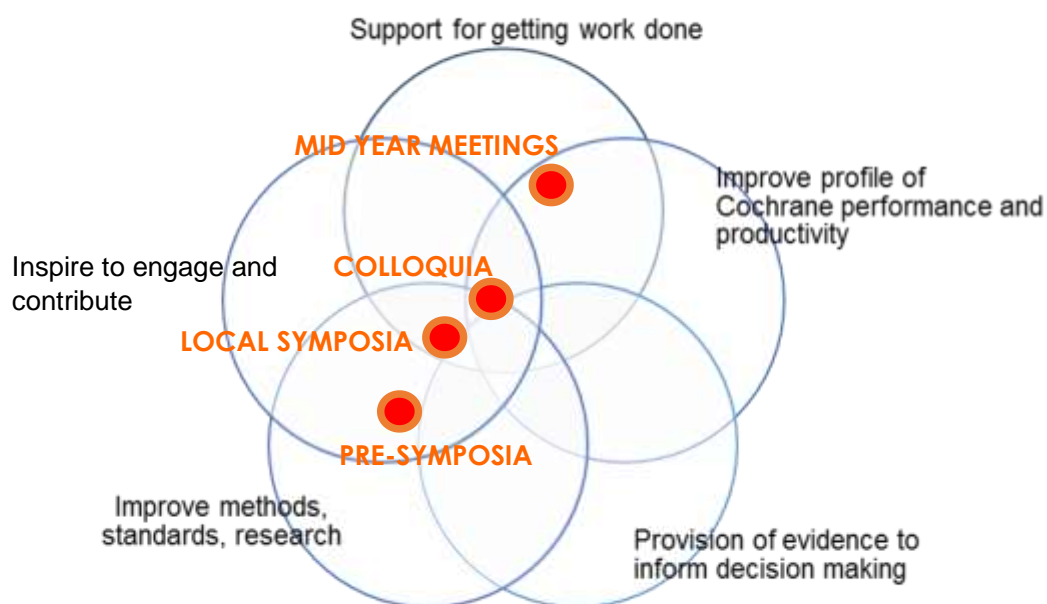
## Background:

4. In Hyderabad in September 2014, CSG agreed to a review of Cochrane events, with a particular focus on Colloquia. The Project Board commissioned a strategic review of Cochrane events and meetings to ensure that the portfolio of events and meetings supports the *Strategy to 2020*. We have now completed the first stage of the review: an evaluation of the current performance and perceptions of Cochrane events and the development of a new framework for considering Cochrane events. (See Appendix I: Cochrane Events Strategic Review Research Summary and Appendix II: Events Strategic Review Research Methodology.)

5. If approved, the framework will be used as a basis for the development of different event models, which will feed into an open consultation with the Cochrane community. Once tested, the Project Board will recommend the optimum direction for events and meetings.

## Proposals and discussion:

6. Based on the events evaluation we mapped the current purpose of Cochrane events. This highlighted the fact that events often serve multiple purposes for multiple audiences, overburdening individual event formats and leading to duplication and overlap between event objectives. Business purposes around getting things done and improving organisational performance can compete with the need to inspire and engage. Content and formats for advancing systematic review methods and training conflict with sessions needed to engage external audiences that provide evidence for decision making. (See Figure 1).

**Figure 1: Current Event Map by Purpose:****7. Key issues/gaps are:**

- Cochrane events and meetings have evolved and fused over time. They are now overlapping and largely undifferentiated. The purpose and needs of the events are not clear and they are not fully serving either organisational or participant needs.
- Cochrane events offer internal Cochrane experiences for staff and Cochrane contributors. There is limited external engagement for health practitioners and policy makers who have distinct needs around health knowledge and contextualisation of issues.
- There is an inherent tension between being world class, hosting leading edge research discussions and being inclusive for new participants and external audiences.
- Event assets (session content, networking, access to world class researchers and methodologists) can be amplified and extended to a larger network through fully utilising online channels (See appendix I: Cochrane Events Strategic Review Research Summary for detail).

**8. A Cochrane event portfolio needs to be informed by audience needs as well as business objectives to work effectively.** This will simplify the process of connecting with the Cochrane community through clear access points for participants and liberate event formats. To ensure events and meetings are targeted effectively, clarity is needed in two key areas:

- A differentiation of audiences and their purpose, by proximity to Cochrane: (Cochrane staff; involved community; potential participants; external audiences).
- A clear understanding of the needs of these distinct audiences to achieve the purpose for Cochrane and for participants.

To achieve this, a clear framework for Cochrane events has been developed (See Figure 2).





**Impact statement**

10. No extra costs at this stage. The Project Board's development of a focused strategy for Cochrane's events resulting from CSG approval of this paper's recommendations will lead to an effective and sustainable events portfolio, in line with the *Strategy to 2020*.

**Decision required of the Steering Group**

11. The CSG is requested to:

- Agree the framework for Cochrane events based on audiences, purposes and participant needs
- Approve the recommendations of this paper for next steps of event model development

## **APPENDIX I: COCHRANE EVENTS STRATEGIC REVIEW RESEARCH SUMMARY**

### **A) RESEARCH METHODOLOGY**

Ethicore Limited conducted desk research to understand the current performance of events and meetings and to learn from comparable and leading events.

Specifically, the methodology included:

- Online Analysis of Google Analytics data for Event, Abstracts and Community websites
- Analysis of Cochrane event evaluation materials
- External Scan of scientific/academic and ideas based events.

In order to understand the Cochrane experience in detail, 11 telephone interviews with key stakeholders were conducted between 27 February and 20 March 2015. The qualitative interviews explored the connection, experience and aspirations for Cochrane events and meetings.

### **B) MAIN FINDINGS**

- 1. There is great pride but also a burden in organising events. Colloquia are a significant undertaking for centre staff and directors. Local control is desired for targeted format and local connections but there is scope for capacity building around process and sharing best practice at the centre to maximise utility.**
  - a. Opportunity to improve learning by standardisation of accounting and IT best practice.
  - b. Desire for Central Executive structure to support but not dictate.
  - c. External events offer supported 'franchised' local formats (e.g. TED x).
- 2. A great deal of loyalty extends to Cochrane, its meetings and events, particularly to Colloquia. However, there is an acceptance from the majority of respondents for change to Colloquia to reduce the burden, release the joy and improve the effectiveness of collaboration.**
  - a. Over 30% people attending the Quebec Colloquium had attended at least six previous Colloquia.
  - b. Stakeholders talk of a tremendous personal connection to Cochrane, Colloquia, the people and experiences.
  - c. The event experience offers an opportunity to re-energise but often leaves people overwhelmed.
- 3. Cochrane events and meetings have evolved and fused. They are now overlapping and undifferentiated. Content has expanded and is overwhelming as a result. The purpose and needs of the events are not clear and they are not fully serving either organisational or participant needs.**
  - a. Stakeholder evaluations demonstrate the opportunity for connection and energy at Colloquia, but multiple competing formats and sheer volume leads to exhaustion.
  - b. Stakeholders desire clear objectives and outputs by event to match participant needs, which are distinct. (
- 4. Cochrane events offer internal Cochrane experiences (Colloquia, Mid-year meetings and Symposia) with limited external engagement. The internal focus is supported while external stakeholders (health practitioners and policy makers) have distinct needs around specialist (health) knowledge and contextualisation of an issue, which are not currently served.**
  - a. Participant lists indicate similar composition for Colloquia and Symposia (dominated by Cochrane staff and authors).
  - b. Stakeholders aware of the danger of 'being all things to all people', but identify external audience as an important group.
  - c. Event formats and content often focus on organisational objectives: getting work done/increasing organisational performance or research methodologies/training and lack relevance to external audiences (the perceived need being more around an area of specialised health practice or more qualitative/contextual in nature)

5. **Cochrane collaborators and staff are the key audiences for Colloquia, including world-class experts. However, there is an inherent tension between being world class, hosting leading edge research discussions, and being inclusive for new participants and external audiences.**
  - a. Stakeholders acknowledge Colloquia as important venues for methods.
  - b. High quality of plenaries and orals are valued. However, volume of posters (often 300+) and level of workshop training can be patchy and lack focus on learning output.
  - c. External audiences' needs are distinct and specialised and not currently well served.
6. **Other Cochrane events suffer from the same challenges of competing and undifferentiated objectives. This adds to the burden of meetings individuals feel compelled to attend.**
  - a. With competing formats, senior staff forced to prioritise and 'skip' meetings.
  - b. Face to face is valued but more purposeful interactions are required.
  - c. Desire for content at Symposia to meet the needs of those who are newer to Cochrane than Colloquia.
7. **The drive to get things done at Colloquia is undermining the participant experience. External events are much more participant focused, designing formats to support their needs.**
  - a. Collaborative and participative formats to support required content (co-creation, visual storytelling).
  - b. Successful networking opportunities facilitated for shared interests (cohort discussions, facilitated meet-ups).
  - c. Access to people and visibility for speakers and participants (social media introductions and networks).
8. **Business meetings are ineffective. Decision-making can be deferred to mid-year meetings, but with a lack of decision points in between there is limited progress. Organisational processes lack the decision-making structures and governance to enable effective use of meetings.**
  - a. Business meetings (mid-year) can be considered inefficient as not everyone on the executive boards attends and therefore, it can be difficult if there isn't a quorum.
  - b. Lack of structure and focus on clear outputs for meetings.
  - c. Volume of meetings at Colloquia and mid-years deny time for reflection.
9. **The trend is for event experiences to be extended online, enabling participants to realise their goals. The external picture is mirrored by a call for more in this area from Cochrane stakeholders and evaluations.**
  - a. Assets of events are being leveraged much more to maximise reach and value.
  - b. Blending online and offline content increases reach, longevity and can mitigate against scheduling frustrations.
  - c. Cochrane stakeholders show enthusiasm for online tools to enhance meetings and create access to the Cochrane network.
10. **Cochrane is not making use of its assets.**
  - a. Analytics data suggests a longer than average window for engagement (1 month build and 1 month post with potential for year round engagement), but assets not currently exploited: online content, connections and collaborations.
  - b. Stakeholders identified opportunity to push online content and access.

## C) IMPLICATIONS

1. **A global event portfolio is needed, designed by audience, purpose and needs.**
2. **Consider the needs of internal and external audiences; the optimum level to engage (global vs local) and design differentiated formats for each.**
3. **Design a portfolio that promotes inclusivity: the next generation building through Symposia with local support, rising stars accessing Colloquia.**

## **APPENDIX II: EVENTS STRATEGIC REVIEW RESEARCH METHODOLOGY**

### **A) EVALUATION AND EXTERNAL SCAN METHODOLOGY**

#### **i) ONLINE ANALYSIS: ANALYSIS OF GOOGLE ANALYTICS DATA FOR COCHRANE EVENTS' WEBSITES:**

- Cochrane Colloquia website, Cochrane Abstracts, Cochrane Community

#### **ii) EVALUATION ANALYSIS: ANALYSIS OF COCHRANE EVENT EVALUATION MATERIALS (QUALITATIVE AND QUANTITATIVE)**

- Colloquia reports 2011-2013
- Canadian regional symposium 2010-2012
- Australian symposium 2011
- African Cochrane Indaba report
- Steering Group Decision on location of Cochrane Mid-Year Meetings, Sept 2014 Hyderabad
- Scan of additional reports supplied\*

\*Analysis of Cochrane events was limited to data available at the time of writing (February- March 2015). Recent colloquia reports were analysed (from 2011 onward) to keep the analysis current, other available reports were scanned for any additional insights

#### **iii) EXTERNAL SCAN of scientific/academic and ideas based events: Campbell; Guidelines International Network (GIN); International Society for Evidence Based Health Care (ISEBHC); TED and TEDx; Social Capital Markets (SOCAP); World Economic Forum (WEF), Wikimania; Health Technology Assessment International (HTAi); Evidence Live; Joanna Briggs International (JBI) Colloquium; The Evidence for Policy and Practice Information and Coordinating Centre (EPPI) Seminars; Agency for Healthcare Research and Quality (AHRQ) Annual Conference; Bond Annual Conference; Royal Society of the Arts (RSA) Thematic Events; Skoll World Forum on Social Entrepreneurship; Smith School World Forum on Enterprise and the Environment**

### **B) STAKEHOLDER RESEARCH METHODOLOGY**

11 qualitative telephone interviews, conducted 27 February – 20 March, with key stakeholder groups:

- External stakeholders (with Cochrane connection)
- Cochrane constituencies
- Regional representatives
- CET

Interviews conducted with:

- Xavier Bonfill, Director, Ibero-American Cochrane Centre
- Sally Green, Co-Director, Australasia Cochrane Centre
- Lorne Becker, Director, Cochrane Innovations
- Ian Shemilt, Member, Cochrane Methods Executive
- Mike Clarke, Coordinating Editor, Cochrane Methods Review Group; former Chair, Cochrane Steering Group; former Director, UK Cochrane Centre
- Susan Norris, Guidelines Review Committee, WHO
- Paul Garner, Professor Liverpool University, Coordinating Editor, Cochrane Infectious Diseases Group
- Ashraf Nabhan, Author, Pregnancy and Childbirth Group
- David Tovey, Cochrane Editor-in-Chief

- Claire Glenton, Director, Norwegian Branch of the Nordic Cochrane Centre
- Mary Ellen Schaafsma, former Executive Director, Canadian Cochrane Centre

# 2016 Mid-Year Business Meeting Proposal

<b>Prepared by:</b>	Mark Wilson
<b>Date:</b>	14 <sup>th</sup> April 2015
<b>Purpose:</b>	To recommend to the CSG that the 2016 Mid-Year Business meetings be held in London, UK.
<b>Urgency:</b>	Low
<b>Access:</b>	Open
<b>Decision required by the Steering Group:</b>	Decision required by CSG on the recommendations detailed in this paper.

## Background

In Hyderabad in September 2014 the CSG approved the following recommendations on Cochrane's Mid-Year Business meetings:

- They are held in the UK, Europe or easily accessible locations in the foreseeable future.
- The Central Executive lead on the organisation of the meetings, preferably in partnership with a host Cochrane Group or supporting institution.
- Cochrane's central budget bears the costs of organising the Mid-Year business meetings where these cannot be met by a host organisation or where no host is found.

A review of Cochrane's Colloquium, events and business meetings was also approved by the CSG; and this review is expected to complete its work and make recommendations on changes to the form and structure of Mid-Year Business meetings before the next Colloquium in Vienna in October.

## Our proposal for 2016

In the light of the CSG decisions in Hyderabad and the certainty that the Colloquium, events and business meetings review will change in some way the preparations and planning required for future Mid-Year Business meetings; and considering that the Central Executive team (based in the UK) is now established in its new Cochrane Office in London, the Senior Management Team is proposing that Cochrane's 2016 Mid-Year Business meetings be held in London and organised by the Central Executive.

This would be advantageous because:

- The CSG's decision that Cochrane's Central Executive takes a more integral role in organising the meetings means it would be helpful to organise one on our own to assess the full impact on resources, obtain a clear view of the costs involved, and be well placed to make recommendations and advise future hosts on relevant issues.
- London is a major international hub and is therefore easily accessible to those required to attend the Mid-Year Business meetings.

- The Central Executive will try to implement as many of the approved recommendations as possible from the Colloquium, events and business meetings review between October 2015 and the Mid-Year Business meetings in 2016; something it would be unfair and may be difficult for other organisations hosting the 2016 Mid-Year meetings to do.

The Central Executive will not organise a symposium to coincide with the meetings. The CSG, Group Executive and Board meetings and all other required events would be organised within the tightest possible timetable.

The precise location has yet to be determined. It could be Central London or a venue at Heathrow or on the outskirts of London near to London's two main airports.

### **Risks**

The demands on the Central Executive – particularly the Finance & Core Services Department - will be increased because of the responsibility to organise the meetings, at a time of very high activity already in support of Cochrane's on-going work. However, the CE does have the capacity to organise the meetings effectively and efficiently.

### **Future meetings**

We have already received one expression of interest for hosting the 2017 Mid-Year meetings from Cochrane Hungary (as part of the 650-year celebration of the University of Pecs) and the Central Executive proposes to open a formal invitation to host the meetings in case there are other interested candidates.

### **Resource implications**

The costs of the meeting will be incorporated into the Central Executive's 2016 Budget. The CSG September 2014 decision already recommends that Cochrane's central budget absorb potentially more of the Mid-Year Business meetings' costs.

### **Recommendation**

**That the CSG approves the proposal for the Central Executive to organise the 2016 Mid-Year Business meetings in London.**



# Should Cochrane develop a group dedicated to exploring reviews of animal studies and their development within Cochrane? If so, what group type would be appropriate?

<b>Prepared by:</b>	Jackie Chandler, Methods Coordinator on behalf of the Methods Executive, Holger Schunemann, David Tovey
<b>Date:</b>	8 <sup>th</sup> April 2015
<b>Purpose:</b>	To decide on whether Cochrane should agree to the setting up of a group within Cochrane to explore systematic reviews of animal studies with the longer-term aim of including reviews of animal studies within the Cochrane Library
<b>Urgency:</b>	Medium
<b>Access:</b>	Open
<b>Decision required by the Steering Group:</b>	Yes (see paper).

## Background:

Cochrane Methods received a request for a Methods Group for Animal Studies from Merel Ritskes-Hoitinga, Head of [SYRCLE](#), Radboud University MC, Nymegen, The Netherlands. Discussions with Merel and colleagues, and clarifications sought by the Methods Executive have resulted in this requirement for a high level decision. The proposed rationale is:

- Animal intervention studies test safety and/or efficacy of treatments and exposures for extrapolation to humans. Other types of animal studies are 'fundamental' and 'mechanistic studies'. When the ultimate aim is to develop new therapies for humans, it is crucial to evaluate the parallels/(dis)similarities to the human process.
- SRs of animal studies can contribute to (1) a more evidence-based selection of animal models; (2) improved methodological quality and relevance of animal studies; (3) summarizing whether there is sufficient and relevant preclinical evidence to justify new clinical trials; (4) decisions about harms from environmental exposures.
- This is a rapidly expanding field of research synthesis.
- Creating these reviews within Cochrane would potentially improve their overall quality.

Merel and her colleagues have met with a number of Cochrane people who are supportive, and held positive meetings during Cochrane Colloquia. Before a formal proposal is requested we suggest the following key decisions are considered.

### Two key decisions are:

1. **A strategic decision:** Does the inclusion of a group considering reviews of animal studies fit within the scope and strategy of Cochrane? If yes, what is the CSG view on the nature of this group?
2. **Best approach:** The initial approach was to create a Methods Group within Cochrane. Both Methods and the Co-ordinating Editors Executives expressed the view that a Methods Group was inappropriate. In summary, the rationale from the Methods Executive was that there were insufficient specific methodological differences between animal and human study synthesis, and from the Co-Eds Executive there was a view that reviews of animal studies would not be priority for most CRGs, so that a distinct group could be tasked with conducting them. However, there is also a question as to whether authors who feel animal data are informative, could in agreed circumstances be allowed to include animal studies in other reviews.

If CSG determines that it is appropriate to construct a group within Cochrane responsible for considering reviews of animal studies the options are:

- a. **Animal Studies CRG:** This would have the advantage of being supported by both the Co-Eds and Methods Executives. It would imply support from CSG for reviews of animal studies to be conducted within Cochrane as soon as the group is registered, for inclusion within the Cochrane Library. A disadvantage might be that people whose primary interest is in studying and exploring new methods were discouraged from becoming involved. In addition, it is contrary to the original proposal that was made by the animal studies researchers, although we have reason to believe that they are willing to be flexible on this.
- b. **Animal Studies Methods Group:** This is consistent with the application made by the animal studies researchers but runs contrary to the expressed views of the Co-Ed and Methods Executive Groups. It also could be seen to contravene the rule that methods groups should not overlap in scope. However, it would permit exploration of the appropriate methodological approaches and also permits a more cautious approach to the strategic decision on whether reviews of animal studies should be included within the Cochrane Library.
- c. **Animal Studies Field:** This seems a potential compromise, allowing for an inclusive approach to be taken that supports work in a range of areas under the banner of animal studies research.

An alternative approach could be that CSG supports the encouragement of a group dedicated to animal studies research within Cochrane but explicitly declines to be prescriptive of the type of group. This could be justified by the uncertainty around the conclusions of the current structure and function review, and it would allow an opportunity for members of the animal studies research community to meet further with Cochrane representatives before submitting a formal application.

### Summary of recommendations

We recommend that the CSG provides support for the development of a group for animal studies researchers within Cochrane. If the CSG support this, it is free to either specify the nature of such a group, or to recommend that this is the subject of ongoing discussion following the reviews of structure and function of groups. In addition, the CSG may wish to specify its view on the inclusion of reviews of animal studies within Cochrane. Finally the CSG should specify a framework for future decisions e.g. should an application for a specific group come back to CSG, or could it be delegated to a specific group or individuals?

**Resource implications**

No current resource implications. Future resource needs would have to be included in an agreed budget.

**Impact statement**

Cochrane's strategy includes the aspiration to be "the home of evidence". Including animal studies researchers within Cochrane could provide support for this, broadening the Cochrane umbrella and its influence in the area of animal research.

**Decision required of the CSG**

The CSG is asked to support the principle of accommodating researchers involved in conducting reviews of animal studies within Cochrane. Further to this it is asked to consider the question of group type and to support the recommendation above. It is also asked to give its guidance on future decision making in respect of this issue.

# Policy Development Framework

<b>Prepared by:</b>	Julie Wood
<b>Date:</b>	16 April 2015
<b>Purpose:</b>	<ol style="list-style-type: none"> <li>1. This paper proposes a framework for policy development by Cochrane. This framework provides a transparent mechanism for anyone in Cochrane to propose a policy and outline how policy decisions are made.</li> <li>2. This paper has been through a consultation process, with CSG, then all relevant executives, and with the Cochrane community.</li> <li>3. In order to help with implementation and adherence, some executives have requested further discussion in Athens, so there may be further amendments to this paper. An updated draft will be provided at the CSG meeting when this issue is discussed.</li> </ol>
<b>Urgency:</b>	Medium
<b>Access:</b>	Open
<b>Decision required by the Steering Group:</b>	Decision required by CSG to approve this policy.

“Development of good policy is carried out by and with people, not on or to people. It improves both the ability of individuals to take action and the capacity of groups, organizations or committees to influence.”<sup>1</sup>

## What is a policy?

“A policy is a declaration that defines the intention of a community, organization or government’s goals and priorities. Policies outline the role, rules and procedures. They create a framework within which the administration and staff can perform their assigned duties.”<sup>2</sup>

## Rational for a policy development framework

As Cochrane aims to achieve *Strategy to 2020*, we need to develop clear, structured ways that it can develop and establish organizational policies, ensuring that the Cochrane community can contribute to the policy development. This framework provides such a clear, transparent and inclusive decision-making structure.

## The scope

This framework covers policy making for Cochrane at a global level; including developing Cochrane’s own policy or endorsing the policy of others. These include policies that reflect our values, guide our internal decision-making and how Cochrane interacts with the wider world.<sup>3</sup> (For example, the AllTrials policy that aims to mandate the registration of all clinical trials.)

<sup>1</sup> The Jakarta Declaration, World Health Organization, 1997.

<sup>2</sup> Mayer & Thompson, 1982.

<sup>3</sup> Editorial and methods policies are also outside of the scope of this paper as they have their own governance.

Policies that are local in their scope and/or geography (such as national boundaries) do not have to go through this extensive consultation process, but they must not conflict with a global Cochrane policy.<sup>4</sup> As many Cochrane groups are housed within academic institutions they would, of course, need to follow the policies of those institutions as well as local laws.

## Cochrane policy hierarchy



The framework includes sections on how to: develop a proposed policy; consult about a proposed policy; achieve approval and 'sign-off' for the policy; and implement and communicate about the agreed policy to stakeholders.

It is important to note that as a UK-registered charity,<sup>5</sup> Cochrane can only develop policies or campaign on issues that advance our mission:

*'To promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.'*

Given the nature of our mission, it should be fairly straightforward to link any policy we might want to our mission. We just need to show the link between any policy and the advancement of our mission. (See Appendix D, where an example policy has been developed).

### The policy development process

The process of developing a Cochrane policy will often be complex and organic; however, there are five essential stages to developing a robust policy document:

1. Justify the need for a policy, define its scope, research and write it;
2. Consultation;
3. Approval, including the governance arrangements for formal 'sign-off' of a policy position;
4. Communicate and implement the new policy;
5. Policy review and revision.

#### 1. Getting started: the process of policy development

Anyone within Cochrane can develop a policy (termed the 'policy sponsor'), as long as he/she addresses the key areas outlined below. These are:

<sup>4</sup> For example, there may be a national debate on the level and scope of national research funding and the national Cochrane policy position on this would lie within the domain of the relevant Cochrane Centre or Branch to decide and would not need to go through this consultation process.

<sup>5</sup> Speaking out: guidance on campaigning and political activity by charities  
<https://www.gov.uk/government/publications/speaking-out-guidance-on-campaigning-and-political-activity-by-charities-cg/speaking-out-guidance-on-campaigning-and-political-activity-by-charities>

- a. **The policy justification** - At the beginning of policy development it is essential to be clear about the purpose of the policy: why there is a need for Cochrane to develop this policy; and how it links to our mission. In other words, how is this policy 'fit for purpose'? Please see Appendix A for more information on the fitness for purpose criteria.
- b. **Research, analysis & direction setting** - It is essential to spend time gathering and analysing information about what we currently know about an issue; to gain global views and external ideas; and to analyse information and perspectives from within Cochrane. It is also useful to test out any assumptions that have been made at this stage.
- c. **Policy design** - In reaching this stage, it should be apparent how the policy will support Cochrane's mission. Understanding this should inform assessment of any risks and opportunities associated with Cochrane adopting this approach, and help resolve any outstanding questions or conflicts. Therefore, this stage usually involves the identification of what policy position would be most appropriate for Cochrane. The policy design needs to work through any implications of implementation, including the level of effort required by Cochrane to actually comply with this policy and whether it justifies the change.

## 2. Consultation

When a draft policy position is crafted, it is important to create the opportunity for others to scrutinise it and provide feedback. This process makes the final policy more robust as it benefits from a wider range of views, knowledge and challenge. The extent of the consultation process will depend on a number of factors: including the nature and complexity of the policy, the extent to which it will require change, and the number of other stakeholders upon whom the policy is likely to impact. The consultation should also include looking at the effort required for implementation.

The consultation usually takes place when a draft version of the proposed policy is complete and demonstrates how it fits within Cochrane's mission and the 'fit for purpose' criteria.

When policy sponsors propose a Cochrane policy (based on the policy development process set out above) they must submit it to Cochrane's new 'Policy Committee' (see Appendix B), to agree the level of consultation needed. Usually, this process will include a mechanism to solicit feedback from the appropriate Cochrane executive committees. The Communications and External Affairs Department (CEAD) will provide administrative support to this committee and will be responsible for carrying out the consultation. Each policy consultation will be on a case-by-case basis. As a minimum, the draft policy will go to all relevant executive committees and then to the wider Cochrane community website for at least two weeks of consultation.

Following the consultation, the fit for purpose criteria and the policy position are re-drafted by the policy sponsor in consultation with CEAD to incorporate relevant feedback.

## 3. Signing off the policy

The final policy proposal, fit for purpose document and a summary of any changes made during the consultation by the policy sponsor then go to the Cochrane Policy Committee for discussion and comment. The Policy Committee may request further changes before making a recommendation to the Cochrane Steering Group (CSG) to adopt the policy request. The CSG then makes a final decision or requests that the policy goes back to the Policy Committee for further re-drafting or consultation. If that is required, the draft policy then returns to the CSG for a final decision. At any stage, the recommendations of the Policy Committee can be appealed by the 'policy sponsor' or other member of the Cochrane community and this appeal will be referred to the CSG. The decision of the CSG is final. (See Appendix C for a process diagram of the decision-making process.).

#### **4. Communicating and implementing the policy**

The final policy decision will be shared with the policy sponsor, the stakeholder groups consulted, the Cochrane community via the Community website and newsletter, any interested partner organisations and the wider world. CEAD is responsible for ensuring this information is shared. It is the responsibility of the Cochrane community, especially those with official responsibilities, to be aware of the latest policy positions.

Implementation of the policy will be the responsibility of the Central Executive and all affected groups. The Central Executive will support groups in implementing this change, for instance, by establishing a project implementation lead, implementation plan and timeline for making any changes.

#### **5. Policy review and revision**

Cochrane should review its policies if there is a change in internal governance or the external landscape. This will be led by the Cochrane Policy Committee and, at a minimum, must be reviewed every three years. This may lead to a policy revision or a change in how the policy is implemented. If this is the case, the policy revision will undergo a shortened version of the full development process by reviewing the fit for purpose document, consulting with key groups as needed and then a decision by the Policy Committee. Any changes that occur from a policy will be communicated to the Cochrane community and an updated implementation plan completed.

The level of consultation needed to review a policy is the decision of the Policy Committee.

## Appendix A 'Fit for purpose' questions

A policy's fitness for purpose means that it is clear about what outcome it should achieve and sets out clearly how this will be delivered. To do this effectively the policy must support the work of Cochrane and its mission. It must be easily understandable and accessible to the people who will need to use it.

When developing a policy, the following questions need to be answered.

1. **What prompted the need for this policy?**
2. **How does this policy support our mission?**
3. **Does the proposed policy support any of the goals of *Strategy to 2020*?**
4. **What is the basic position of this policy?**
5. Has the policy been shaped by the involvement and consultation of a range of stakeholders? If so, who?
6. What are the levels of effort and other resources required to implement this policy? Are there any major considerations for implementation at a local or global level? Do the levels of effort and resources required justify this change?
7. Does the policy draw on a relevant evidence base to support assertions?
8. What are the opportunities if Cochrane adopts this policy?
9. What are the risks? Be sure to consider any known conflicts of interest or disagreements around this policy?
10. Does the policy have any clear links to other relevant Cochrane policies so that it 'fits' with the overall direction of the collaboration and avoids giving out contradictory messages?
11. Is the policy statement clear and concise?



## Appendix B            Cochrane Policy Committee - Terms of Reference

The Cochrane Policy Committee is made up of a panel of senior individuals (internal and external to Cochrane) with the expertise to make a first assessment of the proposed policy position and consultation process. Their responsibility is to provide guidance on policy decision-making within Cochrane, review a proposed policy in relation to the 'Fit for Purpose' criteria, advise on the process of consultation, and make a recommendation to the Cochrane Steering Group (CSG).

### Membership

This committee is composed of five members. The convenor is appointed by the CSG. The other four panel members are identified by the convenor in consultation with the Co-Chairs of the CSG, and are approved by the whole CSG. At least one of the panel members must be from the CSG and another member must be from outside Cochrane.

Administrative support and coordination are provided as a special function by the CEAD team and wider Central Executive (CE) as needed.

The Policy Committee will decide on each referral after individual panel members have considered it, and then reach a consensus (either by e-mail discussion or teleconference). The final decision must have the agreement of at least three (of the five) panel members. If the panel members are unable to reach a consensus, then the convenor will pass the decision to the CSG and share the views of the committee. In circumstances in which one member of the panel is unable to participate (e.g. due to a conflict of interest) the final decision must have the agreement of at least three (of the remaining four) panel members.

The Policy Committee will determine all recommendations after referring to the 'Cochrane Policy Development Framework'. All deliberations will be documented.

### Appeals

Appeals against recommendations made by the Policy Committee should be made directly to the CSG, using the following procedure:

1.        Written appeals should be submitted through the Policy Committee e-mail address.
2.        The written appeal and all relevant correspondence are forwarded to all the members of the CSG who are given a deadline by which to provide feedback.
3.        CSG then reaches a decision and they communicate this decision directly to the appellant(s).

### Term of office

All panel members can serve a maximum of two three-year terms. Preferably, no two panel members should leave the panel at the same time or within 12 months of each other, i.e., panel membership should be staggered so that there is continuity within the panel.

### Appendix C Policy process decision-making diagram



## Appendix D 'Fit for purpose' example: AllTrials

Fitness for purpose for a policy means that the policy is clear about what outcome it should achieve and sets out clearly how this will be delivered. To do this effectively the policy must support the work of Cochrane and its vision and mission. It must be easily understandable and accessible to the people who will need to use it.

When developing a policy, the following questions need to be answered.

**1. What prompted the need for this policy?**

**Cochrane has been approached by the AllTrials to sign up to its campaign to ensure that all clinical trials are registered.**

**2. How does this policy support our mission?**

**Our mission is to support evidence-informed health decision-making and by making all trials registered, there will be more evidence to synthesize, thus improving the amount of evidence available to synthesize in Cochrane Reviews.**

**3. Does this support any of the goals of Strategy to 2020?**

**This supports Goal 3 to advocate for evidence.**

**4. What is the basic position of this policy?**

It's time all clinical trial results are reported.

Patients, researchers, pharmacists, doctors and regulators everywhere will benefit from publication of clinical trial results. Wherever you are in the world please sign the petition:

Thousands of clinical trials have not reported their results; some have not even been registered.

Information on what was done and what was found in these trials could be lost forever to doctors and researchers, leading to bad treatment decisions, missed opportunities for good medicine, and trials being repeated.

All trials past and present should be registered, and the full methods and the results reported.

We call on governments, regulators and research bodies to implement measures to achieve this.

(For a fuller explanation, go to [alltrials.net](http://alltrials.net))

**5. Has the policy been shaped by the involvement and consultation of a range of stakeholders? If so, who?**

A range of organisations has shaped this policy and stakeholders including the BMJ, Ben Goldacre, Sense about Science, Iain Chalmers and many others.

**6. What is the level of effort required to implement this policy?**

AllTrials require us to link to their website and draw attention to their aims. As the campaign evolves, we may be asked for more involvement from Cochrane to make this a truly international campaign. Centrally, we will have to commit funds to supporting this campaign.

**7. Does the policy draw on a relevant evidence base to support assertions?**

Yes see <http://www.alltrials.net/find-out-more/all-trials/> for a full list of citations.

**8. What are the opportunities if Cochrane adopts this policy?**

The opportunity is that Cochrane will be seen as adding its voice to a campaign and will strengthen our credibility as we begin to explore what it means for Cochrane to take a more active role as a leading advocate for evidence.

**9. What are the risks?**

This is a coalition of voices, we won't always be able to control what AllTrials says and it may cause friction with other partnerships, including as an NGO in official relations with the WHO.

**10. Does the policy have any clear links to other relevant Cochrane policies so that it 'fits' with the overall direction of the collaboration and avoids giving out contradictory messages?**

No clear links at this time, but as we move in this direction, we will need to be mindful that this could happen.

**11. Is the policy statement clear and concise?**

Yes.

## Appendix E Substantive comments received during consultation with Cochrane Community (March 24-April 14, 2015)

Comment	Response
Make clear this document doesn't cover editorial policies and methods as they have a separate governance	Footnote added
To me it is not exactly clear yet what would be called a 'policy'. The example given is of AllTrials – signing up to its campaign. Is that a policy, or more a position statement? Would commenting, jointly with other NGOs, on a resolution during the WHA (or other international meetings) then also be considered a policy? If yes, the framework would not allow rapid response, and a rapid review process may need to be considered in order to facilitate rapid response when needed. I think it may be necessary to give categories of policies for which this policy framework applies: i.e. internal organisational level policies; policies with an external focus/impact. It may also be useful to specify which issues are not considered a policy.	Issue to be dealt with during implementation as there is a level of education required within the Cochrane Community about what we mean by policy, especially as it relates to Advocacy. At this stage, rapid response, review team feels unnecessary as it is covered in the spokesperson policy when we have to react quickly and how that decision is handled.
How does this fit with the organizational policy manual?	Issue to be dealt with during implementation to ensure that new policies are included in the manual.
Amended Fit for Purpose questions to be explicit about COI or disagreements	Amended

# Official Spokesperson Policy

**Prepared by:** Julie Wood

**Date:** 16 April 2015

**Purpose:**

1. This paper proposes an official spokesperson policy. As a registered UK charity, we are governed by laws about what we can speak out about and this policy is intended to keep Cochrane in compliance.
2. This paper has been through a consultation process, with CSG, then all relevant executives, and with the Cochrane community.
3. In order to help with implementation and adherence, some executives have requested further discussion in Athens, so there may be further amendments to this paper. An updated draft will be provided at the CSG meeting when this issue is discussed.

**Urgency:** Medium

**Access:** Open

**Decision required by the Steering Group:** Decision required by CSG to approve this policy.

## Rationale — What is the purpose of this policy?

Cochrane is an international collaboration involving more than 34,000 individuals from many different institutions and organizations. These individuals are our most valuable asset and play an important role in helping Cochrane achieve *Strategy to 2020*. Because individuals who contribute to Cochrane often have multiple affiliations (both inside and outside of Cochrane), it is important we establish clear guidance about who can speak officially on behalf of Cochrane and the circumstances when it is appropriate to do so.

We have drafted this policy to help clarify who can represent, write and speak officially on behalf of Cochrane.<sup>1</sup> For the purposes of this policy we define an official spokesperson as an individual who has the authority to speak formally on behalf of Cochrane.

As Cochrane grows and our profile increases, failure to differentiate between official Cochrane policy and personal views could cause misunderstandings about our positions, potentially damage our reputation and credibility, and in extreme cases, lead to financial losses and legal action. While there will always be some people who deliberately misconstrue whether someone is speaking officially on behalf of Cochrane, we can protect against this by clarifying when we are speaking on Cochrane's behalf or in a personal capacity. This is particularly relevant if there is reason to believe that what is being said could be misinterpreted as official Cochrane policy.

## Cochrane policies and positions

---

<sup>1</sup>While individual conduct is outside of this policy, it is still expected that Cochrane contributors will follow the principles of the collaboration and will respect the laws and customs of the country in which they are speaking.

As a registered UK charity, we are governed by laws on what we can and cannot speak about, as it must be based on advancing our mission.<sup>2</sup> To that end, Cochrane must develop policies to guide who speaks officially for it. In terms of how we develop policies, please refer to the Policy Development Framework as this will guide how we formulate policy positions.

The bulk of the responsibilities to be the 'official' spokesperson will fall to Co-Chairs of CSG, Editor in Chief, CEO, Directors of Centres, Branches and Networks and Coordinating Editors.

### **Balancing official responsibilities and academic freedom**

Many Cochrane contributors are experts in their field and have every right to discuss their work and express their personal views – this may include expressing opinions on Cochrane policies and Cochrane Reviews. This policy is not intended to infringe the long-standing tradition of rigorous academic and scientific debate, but to provide guidance, in line with our standing as a charity, on when an individual can represent Cochrane as an official spokesperson.

In short, Cochrane contributors have the liberty to say whatever they like within the bounds of the principles the collaboration, you just can't say whatever you like *on behalf of Cochrane*. Members of the collaboration need to respect Cochrane's official policies and positions, even when they might individually disagree.

In balancing our obligations to Cochrane with our academic freedom as individuals, the more senior an individual is within Cochrane, the greater their obligation to clarify in what capacity they are speaking – in their Cochrane capacity, in another professional capacity, or in a personal capacity. The best practice is for everyone in Cochrane to clarify which "hat" they are wearing when they speak.

In some instances, due to an individual's position, whatever that person says could be construed as official policy. Such individuals must be even more diligent in clarifying when they are speaking on behalf of Cochrane (see Appendix A).

### **How to make clear you are speaking in a personal capacity about Cochrane**

If you are expressing your opinion about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent Cochrane. If you are unsure if you have been authorised to speak on behalf of Cochrane, you should be clear that you are speaking in a personal (or other professional) capacity and your views do not necessarily represent the views of Cochrane as a whole.<sup>3</sup>

If you have multiple affiliations or positions, it is better not to use your Cochrane affiliation if this may cause confusion.<sup>4</sup> If Cochrane is the only title or affiliation you have, it is incumbent upon you to make it clear, especially if you are commenting on issues where Cochrane has no policy or you are disagreeing with an agreed Cochrane policy, that you are expressing personal views.

---

<sup>2</sup> Speaking out: guidance on campaigning and political activity by charities

<https://www.gov.uk/government/publications/speaking-out-guidance-on-campaigning-and-political-activity-by-charities-cc9/speaking-out-guidance-on-campaigning-and-political-activity-by-charities>

General guidance of meeting our charitable obligations in this area is that as long as our policy positions are grounded in evidence and we can link this back to our mission, we can say it.

<sup>3</sup> How to make clear that you are speaking in a personal capacity is a matter of local custom and culture and this policy asks that you make an honest attempt to do so.

<sup>4</sup> That doesn't mean you need to "hide" your position or affiliation with Cochrane. On the contrary, we should be transparent about associations with Cochrane and other organisations, but if you do mention your official title, it is even more important that you are clear whether you are speaking on behalf of Cochrane.

If you did not make it clear at the time of speaking that your views were your personal opinion, please do so at the earliest possible opportunity. If the Central Executive is approached for clarification or comes across occasions where the position is unclear a member of the Communications & External Affairs Department (CEAD) will contact the individual involved and ask them to clarify.

### **Who “authorizes” an official spokesperson**

#### *For Cochrane Reviews at a global level*

Authors and members of review group editorial teams are already free to discuss the findings of their reviews and don't need to seek permission. However, there are times when other people will also speak about a review's findings. As a general rule, when officially speaking about the findings of a Cochrane

Review at a global level, official spokespersons (in order of preference) will be the review authors, the respective group's Coordinating Editors (or nominee), and the Editor in Chief (or nominee).

Cochrane contributors may sometimes be asked or wish to comment on published reviews. In doing so they can speak freely, including expressing views that are critical. This is in line with the tradition of academic and scientific debate, as outlined previously. However, the contributors should make clear that they are expressing personal opinions and statements should be consistent with Cochrane policies on respect. They should not be libellous or offensive.

#### *Global*

The decision about who can speak on behalf of Cochrane globally (on matters other than specific Cochrane Reviews) will be taken by CEAD, in consultation with relevant individuals, such as the Co-Chairs of the CSG and the Central Executive Team (CET). In many cases, this is likely to be the Co-Chairs of the Cochrane Steering Committee or a senior member of the CET, such as the Editor in Chief or CEO. However, depending on the issue, it may also be appropriate to nominate other individuals within Cochrane who have specialist expertise.

#### *Country or regional level*

In a specific country or region, the spokesperson will be the Director or Co-ordinator<sup>5</sup> of the Cochrane Centre, Branch or Network, or a member of his or her team designated by the Director/Co-ordinator. CEAD and other members of CET will provide support as needed.

Please note that it is common courtesy and best practice, if you are speaking in a country or have been interviewed by media within a country<sup>6</sup> with a Cochrane presence - and are referring to Cochrane - to inform the Director or Co-ordinator responsible for Cochrane activities in that country at the earliest convenience (<http://www.cochrane.org/contact/country>).

If you are meeting with funders to support your Cochrane or Cochrane-related work outside of the ones that already fund your Cochrane activities, it is your responsibility to inform the Director or Coordinator<sup>7</sup> responsible for Cochrane activities in that country of your discussions and other groups that receive funds from that funder. You should make clear to those funders that you are not speaking on behalf of Cochrane, unless you are given express authorization from that group.

#### *Timing*

In a 24/7 news environment, there will be times when Cochrane needs to respond quickly to breaking news or allegations in the media. If you find instances where Cochrane's reputation is called into question,

---

<sup>5</sup> Coordinator refers to instances where we may be part of a network.

<sup>6</sup> This may not be practical in all cases, so please do your best.

<sup>7</sup> Coordinator in the case of being in a country that is part of a Cochrane network.



please inform a member of the CEAD team, who will work with other members of the CET, Cochrane groups and CSG Co-Chairs as needed to develop a response. When appropriate, we will publish our response on [cochrane.org](http://cochrane.org) so that Cochrane members can share this information as well.

### *Channels*

All of this guidance applies across communications channels. Specific guidance is listed for social media in Appendix A

### **Compliance**

The intent of this policy is to establish guidelines for members of Cochrane. Given the complexity, scale, scope and culture of our work, this is challenging. However, the organization also needs to protect its reputation and ensure clarity and coherence in conveying its official policies, positions and key messages to the world. Therefore, the Cochrane Steering Group supports compliance with the policy and will, if required, reinforce this with further action.

### **Where to go for further guidance—**

If you are unsure of anything in this policy or have questions about how to apply it, please email the Communications & External Affairs team at: [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org) and we will be happy to help.



# Cochrane Membership

Initial Concept Document

Trusted evidence.  
Informed decisions.  
Better health.



# Contents

<b>Basic principles of membership</b>	<b>3</b>	<b>Opening the doors of Cochrane</b>	<b>10</b>
Purpose	3	<b>New pathways for engagement</b>	<b>11</b>
The problem	3	<b>Recognition of Contribution</b>	<b>14</b>
Why is this important to Cochrane?	4	<b>How will this work for existing contributors?</b>	<b>15</b>
What is not included?	4	<b>Institutional members</b>	<b>15</b>
How will it be different to the present?	4	<b>Paid for or premium membership options</b>	<b>17</b>
Project Transform and Cochrane Membership	5	<b>Next steps</b>	<b>19</b>
Additional paid concepts of membership	5	Consultation	19
Development over time	6	Other tasks	19
<b>Free membership</b>	<b>8</b>	<b>Points for discussion</b>	<b>20</b>
<b>The essential user journey</b>	<b>9</b>		

# Basic principles of membership

Cochrane wants to redefine how people engage with us so that anyone can get involved and become part of the organization. Whether an individual is an experienced producer of reviews, a keen advocate of EBM, a translator of Cochrane evidence, or simply someone who wants to support our work there will be a place for them as a Cochrane member.

The idea for a Cochrane Membership scheme was first raised and approved in the strategic review of 2008-09. In 2013, after further consultation, it was reaffirmed as one of the key objectives of Cochrane's *Strategy to 2020*. Contributing to the goal of building an effective and sustainable organization by becoming more inclusive and open, our objective is to 'establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved'. This paper outlines our initial thoughts on how we should implement a membership scheme in Cochrane.

## Purpose

Through the establishment of a membership scheme we hope to open Cochrane up to the world by allowing anyone to support and become involved in our work. The guiding principle will be inclusivity and the outcome we want to achieve is a vibrant worldwide community of members who feel part of Cochrane and who have clear, easy and varied ways to contribute to our mission if they wish to. Becoming a Cochrane member should be the beginning of a journey of engagement with us that we hope lasts for many years.

## The problem

Currently, people coming to Cochrane sometimes feel it is hard to identify opportunities to get involved, or have an unsatisfactory experience of trying to engage with our complex and inflexible structure. Many feel excluded because they don't have review production skills. Those that do contribute to our work join a group of very hard working and dedicated contributors, but receive little recognition for their hard work and loyalty despite being essential to Cochrane's success and future sustainability.

To address these issues we have identified three areas of focus for membership:

Open the doors to anyone	We will make it possible for anyone to be a Cochrane Member, so that being part of Cochrane is no longer limited to writing reviews or other tasks requiring specialised skills.
Pathways to engagement	For people who want to engage with Cochrane and contribute to our work we will provide clear information and pathways for becoming involved, such that anyone can find a task suitable for them and start on a journey to greater contribution to the work of Cochrane.
Recognise contribution	Membership will provide more opportunities to recognise the valuable contribution of our existing and future collaborators. In addition, we feel it is appropriate to acknowledge those that have gone further than most in their dedication to Cochrane: whether they have contributed to 50 reviews, served on dozens of committees, or brought hundreds of new young people into Cochrane. Their contributions are critical to Cochrane and this should be recognised, if only in a small way, through the membership scheme.

### Why is this important to Cochrane?

Several of our Core Principles stress the importance of inclusivity and collaboration, building on the enthusiasm of individuals, and enabling wide participation, so a membership scheme will be in line with and help us to be true to these principles. Cochrane is also reliant on people contributing without remuneration, and if we are to continue to retain our current contributors and recruit talented new ones we need to offer everyone involved with Cochrane a better, more fulfilling experience of engaging with the organisation.

### What is not included?

#### 1. Membership is not designed to be revenue generating

We will consider the options around having additional paid membership packages that include access to tools and products, which we would otherwise be selling, but the purpose of establishing a membership scheme is not to make money. This does necessitate that we need to protect certain elements of the organisation though, e.g. training. This is an area where we should be able to generate revenue in future, so we need to ensure that membership does not adversely affect that opportunity by making training widely available to non-Cochrane authors for free.

#### 2. Membership is not a route to governance of the organisation

Cochrane does not intend to replace its Steering Group or radically amend its governance powers through the adoption of a completely open membership-elected model. However, the Steering Group is currently undertaking a review of its composition, which will take into consideration any need to revise the current representative model, and it may outline new pathways for members of different kinds to participate in Cochrane's governance and advisory structures.

**How will it be different to the present?**

Cochrane Membership will be building on and formalising a lot of work already in existence, but we will create more opportunities to get involved or be part of Cochrane and make it clearer how you find these opportunities.

- Existing contributors will automatically have membership (see 'How will this work for existing contributors?', p.??).
- New members will be able to register on our website without establishing a personal relationship with a specific Cochrane Group. Signing up will be free, but members will have to provide some basic personal information.
- There will be a single 'Cochrane account' system encompassing existing Archie accounts and new members. (New members will not have access to any Archie roles or permissions that they would not otherwise have).
- There will be a single online home for members where they can maintain a profile, access opportunities, contribute to our work and find information.
- Members will be supported to get involved in a variety of ways, with clear avenues to participate as appropriate to interests, levels of skill and time available.
- Through the scheme Cochrane will reward members and acknowledge their support/contribution.

**Project Transform and Cochrane Membership**

In addition to improving pathways to existing ways to get involved, the new 'Game Changer' project, Transform, that is being implemented now, will allow people to contribute in innovative new ways to the Cochrane review process. These will include crowdsourcing of appropriate tasks, and a task exchange allowing Groups and author teams to find individuals with skills and availability to contribute to specific projects, such as a review in progress, a translation project, etc. Whilst the membership scheme is broader than this, we will be working closely with Project Transform to

integrate these new pathways for people to get involved into our broader structures.

**Additional paid concepts of membership, i.e., products or services we would otherwise sell**

The purpose of Cochrane Membership is not to generate revenue. However, we need to consider whether it is desirable for both Cochrane and its future members to include paid membership packages as well. These packages would include tools, products or services that would otherwise be sold to non-Cochrane authors or other external users. This would in no way affect the core membership concept, which would remain free, but it may be a way to provide an attractive package of benefits to specific user segments that would profit the users and the organisation. Items that might be included in these packages are:

- Access to software such as RevMan and CAST for non-Cochrane reviews
- Access to accredited CMEs
- Access to premium training options such as access for non-Cochrane authors, personalised tutor support, assessment and accreditation/certification.
- Access to certain functions within the Cochrane Library
- Access to derivative products

Please note: Cochrane authors will continue to be provided with the tools to produce their Cochrane reviews free of charge, e.g. RevMan, CAST and training. This possible paid model would be aimed at other members, such as those producing systematic reviews outside of Cochrane, or those who are primarily users of reviews.

Because of their potential for generating revenue, access to these saleable products is unlikely to be included in the initial free membership offer to those who are not active Cochrane contributors.

### **Development over time**

We are committed to delivering a free, core membership concept in this first stage, but we may expand the options available over time. Some ideas in this document may form part of the long-term vision for membership to be achieved by 2020 rather than be part of an initial membership offering.

Who might be a Cochrane Member?





## Free membership

What will it look like?



# The essential user journey

## Meeting Cochrane

This is primarily where new members will start: learning about Cochrane and what we do as an organisation. Some new members will already be knowledgeable and experienced in this field. For others, this may be their first introduction to evidence-based healthcare.

## Becoming part of the community

Having a made a decision to join Cochrane, members will have the opportunity to engage with us through newsletters and websites, and connect with other contributors either online or at face-to-face events.

There may be contributors, both new and old, who wish to stop their journey at this point as an interested supporter and not an active contributor.

## Contributing

Ultimately we want as many Cochrane Members as possible to make an active contribution in whatever way is most appropriate for them. Here are some examples of ways in which we hope that they would contribute:

- Crowdsourcing projects
- Becoming a Cochrane author
- Other review production tasks
- Editorial tasks
- Advocacy & dissemination work
- Donating money
- Translating Cochrane evidence
- Contributing to priority setting

# Opening the doors of Cochrane

Cochrane Membership will be open to all. Through the new pathways to engagement, ways to contribute other than review authorship will be more clearly visible and accessible. Those who do not want to join an author team – and may never do so - will for the first time be able to become part of Cochrane.

Through this open approach to being a Cochrane Member we can also formalise the role of many contributors whose because their roles are not well acknowledged or do not fit with a particular Cochrane Group, such as translators.

We will also for the first time be welcoming Members who simply want to join as keen supporters of Cochrane's work. These people are often ambassadors for Cochrane in their area of expertise, or advocates for the use of Cochrane Evidence, but due to our current engagement process they have no way of being are not involved in review production.

Offering these new opportunities and possibilities to join Cochrane will help us build a larger, more vibrant community of people committed to our mission and the greater use of Cochrane evidence; and will allow us to provide resources, tools and information to anyone who wants to support Cochrane's work, whether they are interested in producing evidence, making it accessible or advocating for its use in policy and practice.

**Discussion Point 1:**  
Is there more we could do through the membership scheme to attract new Cochrane members?

# New pathways for engagement

The Cochrane website will provide a co-ordinated place for members to engage with Cochrane, with our work and with each other. Cochrane.org will continue to provide our first point of contact, with introductory and open information for all audiences. Clear signposts and invitations will allow those who wish to become more involved to do so, as appropriate for their interests. Logging in as a member will enable access to personalised information and resources, opportunities for active engagement, and learning pathways.

The features and resources made available to members here would fall into eight categories:

1. Learning about Cochrane and EBM
2. Community: primarily focussed around networking
3. Advocacy and dissemination opportunities and tools
4. Contributing to the review process
5. User specific segments, e.g. Translating Cochrane; Young Cochrane
6. Profile
7. Communication, newsletters, alerts
8. Donations

## Cochrane.org – freely available

## Cochrane Membership

Learning about  
Cochrane and EBM

- About Cochrane and our *Strategy to 2020*
- About evidence-based healthcare
- What is a systematic review?
- How to read a Cochrane Review
- Recorded events to watch on demand
- Information about pathways to getting involved and introductory activities
- Information about local communities and Cochrane in-person events around the world

Communications,  
newsletters, alerts

- Read and sign up for newsletters, general (e.g. *Cochrane Connect*) and by topic
- Sign up for alerts regarding new reviews of interest
- Events and News

## Profile

- Complete my profile
- Connect to LinkedIn Profile
- Manage my membership
- Request a membership card
- Volunteer services in REX, such as translation or assistance with review tasks.
- Record certificates for training activities and maintain a track record of other contributions to Cochrane
- Membership points, recommendations, etc. (points could be earned in many ways, such as through REX activities, translating reviews, mentoring others, etc.)

## Community

- Forums
- Virtual networking
- Engage in Cochrane projects / consultations
- Beta testing / piloting new ideas or software
- Create or join community groups such as students, trainers, communicators, etc.
- Cochrane Consumer Network
- Cochrane Methods Groups
- Cochrane Blog and other social media
- Stipends, bursaries, etc.
- Jobs, events, news, research opportunities
- Reviews soon to be published (just titles)

## Discussion Point 2:

Do these pathways to engagement represent a clear view of how people might want to engage with Cochrane? Is there anything notable missing from these lists?

## Cochrane Membership

### Advocacy and dissemination

- Toolkit to talk about Cochrane
- Current Campaigns (e.g. AllTrials)
- Toolkit for disseminating Cochrane evidence
- Contribute an impact story

### Contributing to the review process

- Introductory training resources on producing a Cochrane review
- Crowd-sourcing: try some Cochrane work
- Complete a task for a review on REX
- Propose a new Cochrane review
- Authors: online access to your reviews and the latest Cochrane software tools
- Sign up as a peer or consumer referee
- Sign up as a lay summary writer
- Contribute to prioritisation of review topics
- Information about further training available for contributing to the review process

### User Specific Segments, e.g.:

#### Translating Cochrane

- Join a translation community
- Read about current projects
- Discuss translation projects in your language
- Find out about our translation process
- Translation Management System (TMS) training for translators

#### Young Cochrane

- How to engage with the Young Cochrane community
- Read about current Young Cochrane projects
- View opportunities for Young Cochrane

### Donations

- Make a one-off donation to the work of Cochrane
- Make a regular donation to the work of Cochrane
- Manage my donations (e.g. record of donations, receipts, etc.)

# Recognition of contribution

We will establish a system for recognising achievement in Cochrane and rewarding dedication and hard work. Some examples of the work we might acknowledge are as follows:

- Being a published Cochrane author
- Other volunteer activities, e.g. as an editor, consumer referee or translator.
- Having a large number of Cochrane publications to your name, e.g., more than 10, more than 20, etc.
- Long-standing service to Cochrane, e.g., service as a member of staff or Group leader, or having served on many different Cochrane committees
- Having mentored many new authors

There are various options for how we might acknowledge these contributions: such as having tiers of membership that entitle that person to greater benefits; or awards or status levels.

## Membership Tiers

A tiered membership model could work through direct association with specific contributions (such as being a published review author, or an active Editor). To recognise an accumulation of contributions, one possibility could be a points based system. Points could be accumulated through undertaking tasks such as contributing to crowd-sourcing or peer review. These points could be connected to a tier system that would allow members to access additional benefits as they reach successive tiers. For example, a person may get involved in translating Cochrane evidence into their language with a long-term goal of training to become a Cochrane author. Once they had accumulated sufficient points through translation we could reward

this person with access to Cochrane training that is currently only available to registered authors, or for a fee, to help them further their learning and achieve their goal of becoming a Cochrane author.

Establishing what benefits would come with each tier would need to be carefully considered. Other potential benefits that could be allocated to tiers might be member-only events, member discounts at key Cochrane events, subsidised access to paid- features such as CMEs, etc.

Devising a points system would be complex, and probably be similar to Air Miles and other membership schemes in that as you accumulate more points you can achieve higher tiers of membership. As with other membership models we would have to consider whether membership benefits decrease through inactivity as well: i.e., if published reviews become out of date or are transferred to other author teams, or if a contributor accumulates no points for a period of time.

## Awards and statuses

As well as a points system that might work well for contribution based on tasks undertaken, we might also consider other elements whereby members can receive different awards or statuses as recognition, for example through peer reviewing a certain number of manuscripts, screening a certain number of Embase records, or membership for a certain number of years. This would not necessarily entitle them to a specific benefit, but it would highlight publicly their contribution.

### Discussion Point 3:

Are these concepts of recognising contribution likely to be motivating and of interest to our potential members? Are there other ideas for how we could set up a system to recognise contribution?

# How will this work for existing contributors?

Existing collaborators would form Cochrane's initial membership base, and would be transitioned automatically based on their Archie record. If a tiered membership scheme was introduced, an individual's membership level would be worked out based on their contribution to date and applied automatically.

This may present an opportunity to review Archie's historical records and in some cases clean the data. For example, people with incomplete or inaccurate contact information; people who have not been actively involved for many years; and people who are deceased will not require automatic membership. The convenience of creating automatic membership for those without an obvious active role, and in some cases providing a perfect means to become more actively involved, will need to be balanced against the possibility that this could be viewed as either spam or an invasion of privacy, and so the option may be considered to issue an invitation for membership for some Archie records. These decisions will require further thought.

Existing Cochrane accounts (generated by Archie) will be kept private by default, unless the member chooses to make their profile viewable by all members on the new members' website.

**Existing benefits for authors that are currently free and will remain free for current and future registered authors when undertaking Cochrane reviews:**

- Use of RevMan
- Use of Archie cloud storage for review files
- Use of CAST (in process of being implemented)
- Online training
- *Cochrane Library* access (contact person only; for two years only)

Note that access to face-to-face training for authors is currently at the discretion of local trainers, and cannot be guaranteed as a benefit of membership.

## Institutional members

It is likely that we would want to create a system for institutional membership in due course. For example, we would want to reward host organisations of Cochrane groups or frequent users such as guideline developers in the same way that we want to reward our dedicated Cochrane authors. This is likely to be considered in more detail once the Cochrane Partnership Strategy is in place.

### Discussion Point 4:


How existing contributors map to the new membership scheme is very important. Are there any other considerations we need to keep in mind with regard to existing contributors?

### Discussion Point 5:

Do you think institutional membership is important? What considerations might we need to keep in mind when deciding on an institutional offering?



In practice the different levels of free membership might work as follows



Not A Member	Standard Membership	Elevated tiers <sup>1</sup>
Cochrane Account	Cochrane Member	Silver/Gold level contributor
(e-mail address and password)	(Name, e-mail address, basic profile details as a minimum)	(Cochrane member who has achieved a certain threshold through his/her contributions)
Minimal access to Cochrane resources. This may apply where someone has given minimal details to try Cochrane out, for example, a crowd-sourcing project. We would hope that following positive experiences they would become members.	A member would get access to all the free resources and opportunities available in the membership scheme. There would be certain items that have minimum requirements though, such as training resources beyond the introductory level, which would not be available to non-authors by default.	<p data-bbox="1507 778 1850 818">Cochrane Mentor</p> <p data-bbox="1507 882 2063 946">(Cochrane member who has mentored more than 20 new authors)</p> <p data-bbox="1507 986 1832 1026">Cochrane Fellow</p> <p data-bbox="1507 1074 2063 1174">(Long-standing Cochrane member who has contributed well above the average, e.g. Co-Ed for 20 years)</p>

---

<sup>1</sup> These are examples for illustration. Hopefully these will reflect aspirational levels that members wish to achieve

## Paid for or premium\* membership options

What could it look like?

\* *Premium* might not be the right word, so like many other terms in this document it is quite possible that the terminology will change, but we are interested in the concept at present



# Premium offerings

Whilst a membership scheme breaks down barriers to people becoming involved in Cochrane, it also represents an opportunity to offer 'premium' services where products and services are sold as part of a membership offering

**Discussion Point 6:**  
Should these 'premium' tools and services be integrated within a membership scheme; or should we draw a clear line between membership and these elements that we wish to offer in future to generate revenue?

## Rationale for offering premium membership

Many societies and other bodies offer paid for membership options that entitle members to a certain status (often essential to their industry) and regularly offer them benefits such as access to society publications, access to society events, etc. Wiley has recently conducted a large piece of research on society membership that we will draw on when considering this concept in detail.

This concept is different from the core concept of a Cochrane membership scheme, and would have to work differently.

The features, products and services that could be included here are all items that we would look to be selling in future to the outside world, regardless of whether they form part of a membership scheme. In some cases, these would only ever be available for a fee. In other cases, they are free in a limited way (e.g. to registered authors). The decisions around which, if any, should be included within a membership scheme will depend on whether we are making a sufficiently attractive package for users and whether it makes financial sense to package these services in this way.

## What sort of categories might exist in premium membership?

- A 'Professional' offering for health professionals seeking professional development and accreditation
- A 'Professional' offering for researchers, academics and methodologists seeking professional development and accreditation
- A non-Cochrane systematic review package for authors publishing elsewhere (SR tools, resources and training)

## What products and services might be offered within these packages?

- RevMan
- CAST / Covidence
- APIs to services or data
- Cochrane Training
- Continued professional development for researchers, e.g. diploma for SR
- CMEs or accreditation
- Derivative products such as CCAs
- *Cochrane Library* features such as Editorials, special collections and the iPad app.

## Next steps

### Consultation

We need to consult with Cochrane collaborators to see whether the ideas of membership outlined in this paper meet with their expectations. We hope - through this process - to define a membership scheme that will recognise and excite existing Cochrane collaborators and attract and enthuse new contributors to our work. To do that we want to understand better why people contribute to Cochrane so that we can be assured that our membership offerings are appropriate in terms of what motivates people. We also need to design a scheme that can be implemented without huge set up and running costs.

### Other tasks

- Develop requirements for key potential member types, e.g. translators.
- Map membership journeys for each potential member type.
- Look at all the 'Getting Involved' work that has been done to date and ensure it is captured in this project, including work on website redesign, the Cochrane Training and Professional Development Strategy, Project Transform, the review of CRG Structure and Function, surveys conducted by the Authors' Forum and the Consumer Network, and analysis of factors affecting comparable member organisations.
- Members will expect tailored communications based on topics that make sense externally, so we need to think how we will provide this (Topics List, Alliances, networks of CRGs, Fields).
- Revise our data policy to explain how we store personal data and what we do with it.
- Continue development work on elements of possible benefits package that are not yet available.
- Consider administrative structures and systems required to provide on-going support for membership.

# Points for discussion

We would welcome any feedback on this document through the Athens meeting. Alternatively you can email comments to Chris Champion ([cchampion@cochrane.org](mailto:cchampion@cochrane.org)).

We have highlighted various questions throughout to guide feedback and these are repeated here.

Central Executive

15 April 2015

## Discussion point 1:

Is there more we could do through the membership scheme to open the doors to attract new Cochrane members?

## Discussion point 2:

Do these pathways to engagement this represent a clear view of how people might want to engage with Cochrane? Is there anything notable missing from these lists?

## Discussion point 3:

Are these concepts of recognising contribution likely to be motivating and of interest to our potential members? Are there other ideas for how we could set up a system to recognise contribution?

## Discussion point 4:

How existing contributors map to the new membership scheme is very important. Are there any other considerations we need to keep in mind with regard to existing contributors?

## Discussion point 5:

Do you think institutional membership is important? What considerations might we need to keep in mind when deciding on an institutional offering?

## Discussion point 6:

Should these 'premium' tools and services be integrated within a membership scheme; or should we draw a clear line between membership and these elements that we wish to offer in future to generate revenue?



# Group Executive CSG Report

## 1. PRELIMINARY INFORMATION

- **Entity Executive:** TSCs' Executive
- **Meeting:** Mid-Year Meeting, Athens, 03-07 May 2015
- **Report period:** September 2014-April 2015
- **Members of the Executive for this period:**
  - Liz Stovold (convenor & CSG rep)
  - Rene Spijker (co-convenor)
  - Anna Noel-Storr
  - Doug Salzwedel
  - Deirdre Beecher
  - Samantha Faulkner
  - Sarah Dawson
  - Colleen Ovelman
- **Report prepared by:** Liz Stovold on behalf of the Executive
- **Report prepared on:** 14<sup>th</sup> April 2015
- **Access:** open
- **Purpose of report:**
  - Scheduled update
  - Low urgency

## 2. WORKPLAN UPDATE

### i) Descriptive summary:

During the reporting period we said goodbye to two Exec members: Michelle Fiander and Karen Hovhannisyan. We greatly appreciate their contributions to the Exec. We have welcomed two new members: Samantha Faulkner and Colleen Ovelman.

Our work over this period includes:

- Co-ordination of TSC representatives on Cochrane committees. A new TSC rep was recruited for the Editorial Resources Committee (DB); a TSC rep was recruited to the Colloquium workshops committee (SF); our committee list was updated and posted to TSC list.
- A member of the Exec (DB) sat on the interview panel for the TSC support Team. Appointments have been made but contract negotiations are ongoing.
- Working with IRMG to ensure there is adequate TSC input to the update of Chapter 6 in the handbook: searching for studies.
- Two member of the Exec (LS & ANS) are on the Linked Data editorial delivery team, providing TSC input into the project, and helping to test the PICO annotator tool.
- The HarmoniSR project. Co-convened by LS & ANS, with input from Exec and consultation with wider TSC community. Plans to apply for some funding to complete the project. Aims:

## OPEN ACCESS

standardise fields and field content across groups in CRS reference & study records, and working to ensure they are compatible with RevMan & the Linked data annotator and vocabularies

- Provided input into CEU proposal for a pilot centralised search/screening service.
- Work with Project Transform team to help engage TSC community in the project. A member of the Exec (ANS) is on the team.
- Produced a newsletter for the TSC community. The first was sent out in March. Being co-ordinated by CO.
- Provide TSC input in the reference section of the Cochrane Style Guide update.
- Explore the possibility of a job title change to better reflect the current role. Survey sent out to TSC community in February to determine if there is support for this.
- Responded to request for feedback on the idea of reviving the DTA register (RS & ANS)
- Liaise with Ruth Foxlee at the CEU over CRS development/training/testing; providing feedback as required.
- Responded to request for feedback on proposal for Insurance Medical Field.
- Organisation of the annual TSC meeting held at the 2015 UK & Ireland Symposium (SD; DB; SF)

### ii) Full breakdown of expenditure:

Activity	Amount allocated
Supporting face to face attendance at Exec mid-year meetings and Colloquia (travel and hotel)	10, 000

### iii) Meetings, teleconferences and other communication:

- Face-to-face meeting at Hyderabad Colloquium: 23<sup>rd</sup> & 25<sup>th</sup> September 2014
- Conference call: 5<sup>th</sup> November 2014
- Conference call: 10<sup>th</sup> December 2014
- Conference call: 29<sup>th</sup> January 2015
- Conference call: 12<sup>th</sup> March 2015
- Email discussion and ad hoc Skype calls throughout the reporting period

## 3. OBJECTIVE PLANNING

### i) For the next reporting period and beyond:

We will continue to provide consultation, advice and feedback from the Exec and wider TSC community as required, and continue to work with relevant projects/groups, in particular; Project Transform, Linked Data, CRS Web, the IRMG and the TSC Support Team. We would like to complete the HarmoniSR project in time for the Vienna colloquium.

## 4. FUNDING AND/OR POLICY DECISION REQUESTS

None

## 5. ANNEXES TO THIS REPORT

None

## Report to the CSG from MEs' representative on behalf of the MEs' Executive – Sally Bell-Syer and Karin Dearness

### PRELIMINARY INFORMATION

---

- **Meeting:** 2015 Mid-year meeting (Athens, Greece)
- **Report period:** September 2014 - April 2015
- **Members of the Executive for this period:** Karin Dearness (Co-convenor and ME CCSG representative), Sally Bell-Syer (Co-convenor), Liz Dooley, Jordi Pardo Pardo, Anupa Shah, Anne-Marie Stephani, Marlene Stewart, Emma Welsh, Andrea Will.
- **Report prepared by:** Sally Bell-Syer and Karin Dearness (Co-convenors)
- **Access:** Open
- **Purpose of report:** Scheduled update, low urgency

The purpose of the MEs' Executive is to be a conduit for communication and information flow to and from MEs to the Cochrane Steering Group (CSG) and the Editor in Chief (EiC).

### WORKPLAN UPDATE

---

#### **Expenditure:**

We have been allocated an annual budget of £10,000 and funds not spent in the previous financial period are rolled over. We are within our budgeted spend for this period since the major expense is funding members of the Executive to attend the mid-year meeting. We have allocated a small amount of funding to assist members of the Executive to attend the Mid-year meeting in Vienna, this funding is a contribution towards the total expense.

Anupa Shah will shortly complete her two terms as a member of the Executive and we would like to recognize her contribution. We welcome Andrea Will to the Executive in Anupa's place.

Welcome new Assistant ME, Editorial assistant and ME respectively – Kerry Harding (PaPaS Group), Sarah Davies (CCDAN) and Gillian Rizzello (Wounds Group).

Farewell to: Monaz Mehta (Tobacco Addiction Group), Diane Horsley (Heart Group), Michaela Rancea (Haematological Malignancies Group), and Hasci Horvath, Gail Kennedy, Hana Azman and Joy Oliver all of the HIV/AIDS group.

#### **Meetings, teleconferences and other communication:**

- Two face-to-face meetings of the Executive were held at the 2014 Colloquium in Hyderabad India. Not all members attended the meeting, apologies were received from Marlene Stewart and Emma Welsh
- Four video conferences of the Executive were held since the Colloquium, in November 2014, and January, March and April 2015.

The minutes of the meetings have been shared with Managing Editors.



## OPEN ACCESS

Members of the Executive routinely participate in discussions on the Discussion Forum and respond to queries and requests for information as appropriate.

We regularly email MEs with information on developments within Cochrane and alert them to changes in policy or updates in documentation.

We invite comment from MEs on documents which are relevant to our role.

We are planning two face-to-face meetings of the MEs' Executive in Vienna.

Karin as ME representative on CSG has a monthly telephone call with David Tovey (EiC) to review ME-related issues.

### **Activities of the MEs' Executive during the reporting period:**

We continue to ensure that MEs are represented on Collaboration committees relevant to the role of the ME, providing support if needed.

- Emma represents MEs on the MARS advisory group.
- Sally represents MEs on the project board for the CRG Structure and Function Review and on the project team working on core competencies for editors.
- Liz represented MEs on the panel for the Author Support Tool (CAST)
- Karin acts as the day to day line manager for the role of Executives Support Officer (ESO) on behalf of the CRG Executives.
- Anupa is representing MEs on the Colloquium abstract selection panel.
- The Executive continue to work with the ME Support team and Harriet Maclehorse as ME Support Manager. We maintain regular contact and ME Support and share their meeting agendas.

We commented on the following documents on behalf of MEs:

- The proposals for the Methods Innovation Fund.
- Through the MEs' Executive representative (Karin) on the former Monitoring and Registration Committee (disbanded in February 2015) we commented on the establishment of a satellite, registration of a new field, and new centre branch.
- CCNET survey of consumer involvement in CRGs
- Policy Development Proposal
- Spokesperson Policy
- CRG Review Metrics

We have supported regional meetings of MEs at the UK (March 2015) and Canada (April 2015) meetings, in addition to organizing ME meetings during the 2014 Colloquium.

The ME Exec continues to be a conduit for information, circulating information for MEs on training for Editors, and the plagiarism policy. We are working with IKMD to communicate and promote the user experience board, and prioritizing development suggestions.

## COCHRANE CONSUMER NETWORK EXECUTIVE REPORT

**COVERING** – Oct 2014 – Apr 2015

### **EXECUTIVE MEMBERS for this period –**

Silvana Simi (co-chair)  
Anne Lyddiatt (co-chair)  
Mingming Zhang  
Nancy Fitton  
Catherine McIlwain  
Richard Morley

(The role of consumer coordinator was filled by Catherine until December 2014 when maternity leave started and Richard assumed the position)

**Reason for report** – update – prepared on April 14 2015

**Prepared by** - Anne Lyddiatt and Mingming Zhang

### **Descriptive summary of activities –**

- Elections were held to fill one vacancy and to replace Silvana Simi who is stepping down at end of this term. Sara Yaron (Israel) and Caroline Struthers (U.K.) will join the executive in Athens
- Monthly teleconferences were held by the exec and also by the co-chairs
- In preparation for the Structure and Function review a survey was sent to all Fields and Review groups to gather current information on consumer activity. 42 responses were received and are being tabulated and studied
- A consumer survey is almost complete and will be sent to all CCNet members this month – this will also generate information for the Review as well as give us an update on current membership and activities

## OPEN ACCESS

- A working group representing Centre, Field, and Review Groups ; the C.E.T. and external consumer groups was formed for the Structure and Function review
- Working groups are being formed to formally implement a buddy/mentoring system for new members and Colloquium attendees and to re-activate the Geographical Advisory Group
- An induction packet for new executive members was developed. Feedback from new members will be incorporated
- After a brief hiatus the CCNet newsletter is back in circulation – currently we are trying monthly but will assess if this is feasible
- The consumer definition was fully discussed again for clarity in eligibility for future elections. As well, the stipend process was amended to ensure the eligibility of consumers applying for stipends to attend Colloquia in future.

It has been a busy and challenging time for the CE as we were short one member and Silvana has had very challenging personal issues to deal with over the past 6 months.

We are very grateful to Richard for his efforts – our biggest concern is that he will burn out! He has done a stellar job of picking up the coordinator reins and been a huge help to the exec.

We welcome our new members and look forward to working with them.

It is very, very difficult to lose Silvana as an exec member – we rely on her for so many things, not least of which is to keep us in track! She has been a faithful and strong consumer member at all levels of CCNet from the very beginning. Thank you is inadequate Silvana – we will miss you and will certainly be calling on you for input and advice. Our thanks and our best to you.