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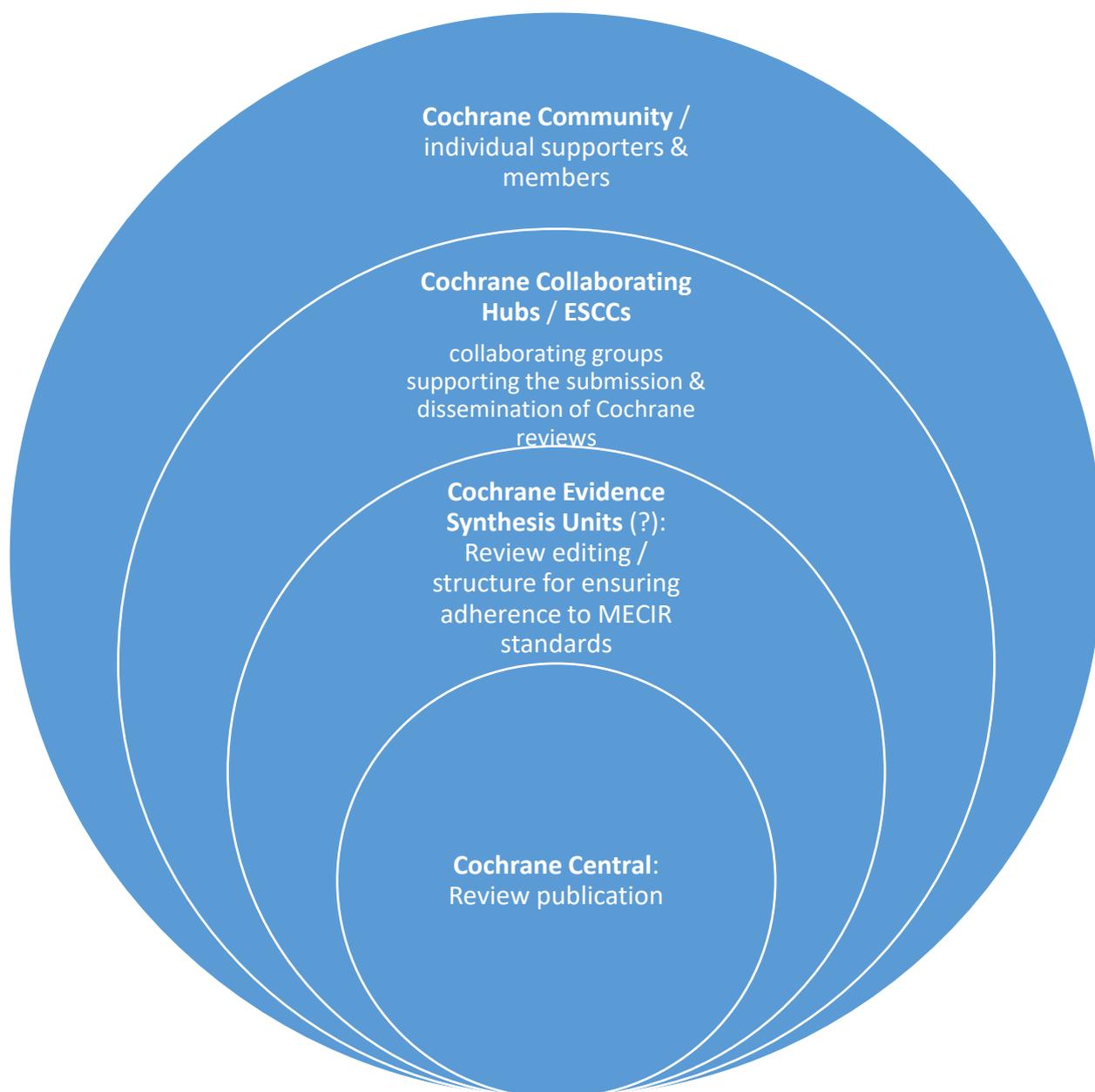
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**Overview of proposed structure**



## Cochrane Community / members

This level already exists: <https://www.cochrane.org/join-cochrane/membership>

- Any individual person can become a “supporter”.
- A structure is in place for these people to become “members” if they complete a range of different tasks.

**Cochrane Collaborating Hubs** (or Networks or Groups, Cochrane Evidence Synthesis Collaborating Centres (ESCCs) - names need some more thought/refinement!)

This could work in a similar way as Cochrane membership (above):

- Anyone can form a ‘collaborative hub’ / ESCC (would need to be defined – e.g. X people working together; or X people from Y organisations etc). This would be a simple ‘sign up’ process, as for current individual “supporters”. Cochrane would register collaborative hubs that meet a basic set of criteria (e.g. published a minimum of x Cochrane reviews/methods papers per year over the last 3 years, support Cochrane methods and agree to promote Cochrane work, submit a one page report annually on Cochrane reviews published and other work done). Any group that meets these criteria could be registered, and many current CRGs and satellites may choose to do so.
- There would be no limit on the number of ESCCs that could be registered, although collaboration of groups of similar interest would be encouraged.
- ESCCs would have to agree to a set of Terms & Conditions, in the same way as currently Cochrane Members have to agree to: <https://www.cochrane.org/join-cochrane/membership-terms-conditions>
- Cochrane would not have any role in running or coordinating ESCCs, they would manage themselves, including the identification of staff such as a coordinator, a managing editor, an information specialist. The ESU/ CET would receive submissions from ESCCs for the Cochrane Library journal.
- ESCCs will be encouraged to liaise in a structured way with stakeholders in their area of work, to ensure the relevance of their reviews
- ESCCs should have an independent funding source and would be able to use their Collaborating Centre status to support this. Any interest will be declared for each review and Cochrane may decide not to publish a review if there are important conflicts of interest. Group application for funding on specific projects by ESCCs sharing common topics should be encouraged to maximize funding capacity.
- In a similar process to individuals gaining ‘badges’ for contributions - based on objective measures of the activities of those collaboration / contributions to Cochrane, ESCCs can ‘earn’ different ‘badges’ / recognition / titles. These would need to be defined, but possible examples of these could be:

<b>Badge / title</b> (as before – names need some thought!)	<b>Criteria to meet (e.g.):</b>
Cochrane evidence synthesis collaborating centres (ESCCs)	<ul style="list-style-type: none"><li>• Organisational structure (each ESCC should have an advisory group that includes relevant stakeholders. from the national or international context</li></ul>

	<ul style="list-style-type: none"> <li>• ESCCs submits a minimum of X reviews / updated reviews to an ESU/Cochrane Central per annum</li> <li>• ESCCs could submit reviews on the basis of their prioritization process, or could perform SRs assigned to the Collaboration centrally by ESU</li> <li>• ESCCs may offer support / mentorship for author teams (e.g., peer review of draft reviews, prior to submission)</li> <li>• ESCCs could liaise with stakeholders in their area of work, to ensure the relevance of their reviews</li> </ul> <p>(Current activities of many <b>CRGs would fit here</b> – but criteria may encourage some merging of groups with similar interests)  <b>Existing CRGs from outside UK with stable and independent funding</b> would fit here</p>
Cochrane Methods Collaborating centres (MCCs)	<ul style="list-style-type: none"> <li>• Organisational structure includes international representation (e.g. from X countries / continents)</li> <li>• MCC conducts X methods-related projects per annum, AND/OR provides methods-related training aimed at enhancing methods/standards of Cochrane reviews</li> <li>• MCC offers support / mentorship for early career researchers</li> <li>• MCC should be registered for a period of, say, 5 years and should then need to re-apply so that the methods work in Cochrane evolves according to need and also so that new people can get involved.</li> </ul> <p>(Current activities of many <b>Methods groups</b> would fit here)</p>
Cochrane Satellite Collaborating centres	<ul style="list-style-type: none"> <li>• Submits a minimum number of X reviews / updated reviews focussed on a specific clinical area or theme</li> </ul> <p>(This may enable more local groups to secure national funding. These Satellite collaborations could be linked with an ESCC, although the area of clinical specialism may vary. E.g. a satellite may focus on a rare disease/condition, but establish links with a relevant international collaboration covering a wider healthcare topic)</p>
Cochrane Knowledge into Practice Collaborating centres	<ul style="list-style-type: none"> <li>• Organisation structure includes representation from patients / public (i.e. evidence users)</li> <li>• Collaboration conducts dissemination activities focussed on published reviews (for a minimum number of reviews / year)</li> </ul> <p>(Current activities of <b>Fields</b> may fit here, e.g. Cochrane Rehabilitation)</p>

### Cochrane Evidence Synthesis Units (ESU)

Two options for ESUs are:

- They work in the same way as ESCCs, but are larger in terms of scope and staffing
- They work more closely with the Central team than ESCCs, and take on editorial roles

The roles of ESUs would include:

o Provide more intensive methods or other support to very high priority reviews

o Priority setting will be done in a very broad way and the journal would consider all submissions and assess whether they are of sufficient priority to be published. Prioritization process would be flexible and could be reorganized to respond to changing health and social care needs -Cochrane could consider having a primary journal for the highest priority reviews and secondary journals for lower priority reviews, as PLOS, BMJ and others do

o Offer methods support to review author teams, through online methods clinics, Cochrane Learning and maintaining the Cochrane Handbooks and MECIR (in coordination/collaboration with Methods Collaborative Centres)

o Further develop Cochrane review methodology through helping to coordinate a small number of methods groups, commissioning methods research in priority areas, organizing journal special issues on methods questions and convening methods symposia (in coordination/collaboration with Methods Collaborative Centres)

## **Cochrane Central**

### **Editorial Function**

As has been proposed by Cochrane – these would have all responsibility for **editorial** and **publication** processes. (The ESCCs would do much of the ‘pre-submission’ support – ensuring that submissions of completed reviews are of a high standard, hopefully avoiding lots of rejections, and supporting the efficiency of review editing & publication. As proposed by Cochrane – individual authors from the wider community could also submit reviews directly, without going through one of the ESCCs).

o Receive protocols and reviews and assess whether these meet Cochrane’s standards and address a reasonably important question (see below re **prioritisation** of topics)

o Manage **peer review** (with the support of ESCCs for external reviewers’ retrieval), copy-editing and publication

### **Non-Editorial Functions**

- Facilitate and manage the establishment of volunteer thematic working groups in Cochrane (methods focus or topic focus). set up for a pre-specified time (e.g. 3 years in the first instance).
- Run Cochrane Colloquia or similar, in collaboration with other entities
- Support and coordinate the network of geographic centres and help expand these, particularly in LMICs and other settings where review capacity is more limited
- Fundraise for the above