

From:

To:

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Subject:

Date:

Dear Cochrane Council,

We, at the CHBG, would like to object to the proposal for reorganization of Cochrane specialist groups with secured funding.

Since 1996, we have been working to create a network consisting of specialists with content expertise, review authors, peer reviewers, and because of the good close relations we have been establishing, we widen our network with new people who become involved in Cochrane work and advocate evidence-based medicine. We meet our contributors and find new at international and regional specialist meetings (AASLD; EASL, and others).

There are now about 15,906 hepato-biliary RCTs identified in the literature. Until now we have managed to get 6296 of these (about 40%) included in our 246 CHBG reviews. We need to do a lot more reviews, as any disease counts, and it is important to address the global needs of patients and improve their health. Therefore, Groups with funding should be allowed, also in the future, to develop further. It is also easier for focused groups to find further funding for educational activities within focused groups with collaborators in other countries (e.g. Russia, Croatia, Serbia, China, The Netherlands, and others).

By involving CHBG editors with content clinical expertise in the work of the Group we ensure that the reviews we prepare are useful to clinicians. To have reviews with perfect methodology is not sufficient.

We are also happy with the work of our network associate editor, as fresh pair of eyes see what we might have missed, i.e. two-step control, before publication, benefits the quality of the reviews.

By sending our review drafts to peer reviewers with content expertise has often resulted that these people also show interest in working on a Cochrane review.

By being admissible and not rejective, by providing equal chance to all, has resulted in the good quality and output of CHBG since 1996.

So, we suggest that the above is taken into consideration, and though writing on our own behalf, we know that this is valid for other Groups as well.

We are content with our current structure; Co-Ed, ME, IS, editors, authors, consumers, peer reviewers, and other contributors. We are happy to collaborate across Cochrane entities.

We do not want to create another trivial journal or be part of another journal which allows publications with diverse quality. We wish that Cochrane stays unique.

Respectfully,

Dimitrinka Nikolova, ME, and Christian Gluud, Co-Ed

The Cochrane Hepato-Biliary

P.S. Members of Cochrane Council are copied for information.
Apologies for not copying all members.

From:
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Dear Council Secretary,

Thank you very much for allowing the opportunity to get in touch with you following on from the recent Cochrane community engagement workshops.

One particular aspect of the proposed models that i'd be keen to hear more about as a review author and also as a Network Support Fellow, is around 'expertise' and how review updates will be integrated into the proposed models.

I understand there is increasing emphasis on producing living systematic reviews, but I would be interested to learn more about how other review authors envisage their reviews with Cochrane being updated, if at all, in the future. Some CRGs have conducted prioritisation exercises that consider the updating process but I think often the prioritisation is topic-focused only. Could review authors be asked to share their perspective on this?

Connected to this point, I do find a distinction between my role in contributing to a review as a formally trained systematic reviewer versus leading or contributing to a review using both my clinical research and systematic reviewer experience. Both roles are important but they are different in my opinion. I think this difference in contributing expertise could influence my sense of intellectual ownership, and perspective on how a review is updated.

Clearer acknowledgement of authors' contributions must surely be an imperative?

Thank you,

Katherine

Katherine Jones
NIHR Network Support Fellow
Cochrane Acute and Emergency Care Network

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