# 3. OPERATIONS

Subheadings in this section

# 3.2 Cochrane Review Groups

Subheadings in this section

# 3.2.1 Introduction

Subheadings in this section

# 3.2.1.1 Aims of this section

Cochrane Review Groups (CRGs) embody the central purpose of The Cochrane Collaboration because their members prepare and maintain Cochrane reviews. The longest established Cochrane Review Group is the Pregnancy and Childbirth Group, which evolved over ten years, demonstrating that a Cochrane Review Group can function effectively. Almost all the other currently registered Cochrane Review Groups have developed over a much shorter time, and the way they are brought together in the early stages may be important for their later success. This section focuses on establishing and maintaining Cochrane Review Groups.

# 3.2.1.2 Principles that make Cochrane Review Groups work

Cochrane Review Groups focus on particular health problems. The Stroke Group (registered with The Cochrane Collaboration in August 1993) is a good example to illustrate the scope and organisation of a Cochrane Review Group. All Cochrane Review Groups are concerned with interventions that help people to avoid the health problem concerned (prevention), to cope with it when it occurs (treatment [1]), and to recover from its effects as fully as possible (rehabilitation). Each Cochrane Review Group considers the health problem from different angles, such as different professional specialties or categories of intervention. The Stroke Group has some 278 active contributors in 21 countries, an administrative base in Edinburgh, Scotland, and 13 editors located in 7 countries. Experience in this and other Cochrane Review Groups that are working well indicates that the following elements are important in their early evolution:

- At least one individual committed to spending energy and time in co-ordinating efforts to set up and develop a Cochrane Review Group.
- People who view a Cochrane Review Group as one small part of a much wider collaborative effort, and who see the work as something in which they wish to participate for the foreseeable future.
- Close liaison between the individuals who are helping to coordinate the formation of a Cochrane Review Group and their reference Cochrane Centre.
- An atmosphere of collaboration, with positive efforts made to ensure that the Cochrane Review Group is international and multidisciplinary, with consumer input, and not dominated by one particular individual, interest group, institution or country.

- Efficient, courteous administration, ensuring prompt response to and co-ordination of enquiries from potential contributors.
- Prompt two-way communication between those at the editorial base [2] and the authors.
- Supportive relationship between editors and authors (i.e. similar to that between a good PhD supervisor and postgraduate student).

## 3.2.1.3 Registration as part of The Cochrane Collaboration

To register as part of The Cochrane Collaboration, a Cochrane Review Group [3] should follow the guidelines outlined in this section. This will mean that Groups applying for registration will have:

- held at least one exploratory meeting
- voluntary participation
- multidisciplinary representation
- international representation, in the editorial team and among the authors
- editors who have already prepared or are preparing a Cochrane review
- plans for supporting its members, such as training workshops
- started to establish a specialized register of trials to help members of the Group
- obtained the endorsement of a reference Cochrane Centre before applying to register as part of The Cochrane Collaboration
- made firm plans to apply for funds to employ a Managing Editor, and accessible computing support for those at the editorial base [2]
- given consideration as to how to ensure that its reviews are of high quality, including a process which ensures that reviews are comprehensible to the non-specialist
- obtained consumer involvement at early stages in the development of the Group

## 3.2.1.4 How Cochrane reviews are published

Each Cochrane Review Group [3] assembles collections of up-to-date systematic reviews with standard Collaboration software (the Information Management System (IMS) and ‘RevMan’), and

information on the people involved in the Group, its scope, detailed descriptions of the topic areas the Group intends to cover, and of its search strategy [4]. These collections are known as ‘modules’, and are submitted when they are ready for publication in *The Cochrane Library*.

# 3.2.1.5 Core functions of Cochrane Review Groups

**General statement**

A Cochrane Review Group’s primary role is to prepare and maintain reviews of ways to prevent and treat health problems, and ways to rehabilitate people who have health problems, within a particular health care area.

**Specific core functions**

The essential core functions of CRGs are:

1. To focus on a particular health problem or healthcare area.
2. To prepare and maintain reviews of ways to prevent and treat the health problem, and ways to rehabilitate people who have the health problem.
3. To ensure reviews are comprehensible to the non-specialist and use outcomes that matter to people making choices in health care.
4. To maximise the quality of reviews.
5. For the editorial bases to create, maintain, and submit a CRG module on a quarterly basis.
6. For the editorial bases to develop and maintain a Specialized Register, containing all relevant studies in their area of interest, and submit this to CENTRAL on a quarterly basis.
7. For the editorial base to contribute to maintaining the Cochrane Contact Database.
8. For the editorial base to support the CRG’s members (e.g. authors, consumers, editors).
9. To avoid duplication of effort across the Collaboration, particularly between other CRGs.
10. To enable wide participation in the work of the CRG by reducing barriers to contributing, encouraging diversity, and involving people with different skills and backgrounds.
11. To ensure effective and efficient communication between CRG members.
12. To communicate effectively with the reference Cochrane Centre, the Consumer Network, and relevant Fields and Methods Groups.
13. To ensure sustainability and continuity of the CRG’s programme of work.

# 3.2.2 How Cochrane Review Groups form

Subheadings in this section

# 3.2.2.1 What can I do?

Groups need people who are actually going to prepare and maintain Cochrane reviews (which can be anything from a large undertaking to a relatively small one). However, there may be people who want to help in some other way. Some of the possible contributions that individuals might make, apart from doing a review, are to:

- do an electronic search of a specialized database
- help develop and test search strategies

- handsearch a particular journal, or conference proceedings, in any language, for reports of controlled trials
- translate articles for authors
- help authors to identify unpublished data
- help authors by providing additional data about a trial
- peer review [5] a protocol [6] or a completed review
- appraise protocols and reviews to help ensure that they can be understood by non-specialists
- provide technical advice on analysis
- provide managing editors, editors and authors with methodological and communications support
- help Cochrane Review Groups to obtain financial and other kinds of support
- encourage the involvement of students and professionals in training
- facilitate linkages between individuals throughout the world
- help to remove institutional barriers to people contributing
- use *The Cochrane Library*, and comment on it

## 3.2.2.2 Exploring areas of common interest

As one of the principles of The Cochrane Collaboration is to avoid duplication of effort, people who are interested in developing a Cochrane Review Group [3] need to get in touch with others already in a Cochrane Review Group where there may be areas of common interest, and with people who have already expressed a similar interest.

The first step is to consult *The Cochrane Library*, which contains information about The Cochrane Collaboration, including details of registered Cochrane Review Groups, and names and addresses of people currently engaged in co-ordinating the formation of new Cochrane Review Groups that are not yet registered. This may provide relevant contact points to follow up.

The *Database of Abstracts of Reviews of Effects* is a bibliography of published and some unpublished reports of systematic reviews of randomized controlled trials (RCTs), which is maintained by the

Centre for Reviews and Dissemination in the UK. People considering establishing a new Cochrane Review Group should consult this to explore areas where systematic reviews already exist, and to identify the people who prepared them: they may be interested in being part of a Cochrane Review Group.

## 3.2.2.3 Contacting Cochrane Centres

To avoid misunderstandings and confusion, people should contact their reference Cochrane Centre if they think that a new Cochrane Review Group [3] may be justified.

For a Cochrane Review Group to become registered as part of The Cochrane Collaboration, its members have to demonstrate that they have a long-term commitment to the task, and to show that the Group has made every effort to avoid domination by one particular individual, institution, discipline or country. Cochrane Centres help to facilitate the evolution of a Cochrane Review Group, and any application for registration requires a letter of endorsement from the relevant Cochrane Centre to the Cochrane Collaboration Steering Group [7]. Members of staff at Cochrane Centres are involved in the following ways:

- by providing time for one or more representatives of the potential Group to visit a Cochrane Centre for face-to-face discussions with the director and any other people who may be able to help.
- by keeping The Cochrane Collaboration as a whole up to date about developments after the exploratory meeting. This is possible only if the individuals helping to co-ordinate a new Group stay in touch with the Centre.
- by commenting on draft letters, strategy documents, applications for funds, meeting agendas, and so on, to help facilitate the development of the Group in ways that have been shown to work in the past.
- by attending, contributing to, and usually chairing the initial phases of exploratory meetings convened to assess whether the basis and the will exist to establish a new Cochrane Review Group.
- by running workshops for potential authors on ‘How to develop a protocol’ and ‘How to put a review into RevMan’, and by giving advice and training in handsearching.

## 3.2.2.4 Organising exploratory meetings

Exploratory meetings may have a number of objectives, for example, to outline the need for systematic reviews, to explain how The Cochrane Collaboration works and what a commitment to The Cochrane Collaboration entails; to assess whether it is feasible and sensible to form a Group, to clarify the scope of a Group, and to formalize any decision to form a Group. Most of the people attending an exploratory meeting may have little or no knowledge or understanding of The Cochrane Collaboration. Someone therefore needs to introduce it, and a demonstration of *The Cochrane Library* is an effective way of showing people what The Cochrane Collaboration is all about. Exploratory meetings (for examples of an agenda and report of one of these meetings, see sections 3.2.8.1< [8] and 3.2.8.2< [9] respectively) should accomplish the following:

- introduce and make explicit the interests of those attending;
- introduce The Cochrane Collaboration and its working methods;
- review relevant existing work, including any systematic reviews or specialized registers of controlled trials;

- clarify the definition and scope of the health problems to be covered by the Group, and a categorization of these;
- try to avoid possible conflicts and disappointments in the future by ensuring that people who may not really want to become involved are given opportunities to support The Cochrane Collaboration in other ways, or not directly at all;
- explicitly state that authors are expected both to produce and periodically update their reviews within given time periods;
- generate a list of possible authors in the area;
- consider how to avoid unnecessary overlap with other Cochrane Review Groups;
- assess what resources already exist for developing a Cochrane Review Group, and invite each participant at the meeting to indicate what s/he would be willing to contribute;
- make it clear that members of the Group will be responsible for seeking whatever additional resources may be required;
- agree on an agenda and timetable for action.

In some areas it may take several years to assemble a group of people with similar interests and the ability and resources (particularly the time) needed to take on the responsibilities involved in participating in a Cochrane Review Group. The value of an exploratory meeting may sometimes be to make it clear that, for one or more of a variety of reasons, efforts to establish a Cochrane Review Group are either premature, or possibly misguided.

A representative of the Monitoring and Registration Committee (MaRC [10]) should be invited to attend the exploratory meeting(s). If an MaRC representative cannot attend (either in person, by VOIP or by teleconference), the organisers of the exploratory meeting(s) should ensure they discuss the registration process and a provisional agenda for the meeting(s) with an MaRC representative in advance. The aim of MaRC involvement is to help to ensure that the meeting(s) is/are as useful as possible to inform the proposed CRG [3]'s potential application for formal registration. There should be formal feedback to the MaRC representative, CCSG [11] representative, and Entity Executive, to ensure effective communication, which should include a person-to-person discussion (e.g. by telephone) with the MaRC representative, and circulation of the exploratory meeting(s) minutes to the MaRC representative.

## 3.2.2.5 Considering the scope

A common issue at exploratory meetings concerns the boundaries of a Cochrane Review Group [3]. The scope of a Group needs to encompass a wide (preferably the whole) range of treatments available for the disease area for which they are registered, yet be manageable, and of interest to the people involved. Focusing on a particular topic area may be a necessary part of the process. However, it is probably unwise to split subjects in order to accommodate historical conflicts between institutions or specialties. It is much better to try to overcome these, as there are great advantages

in such groups working together, and excessive splitting can also increase administrative duplication.

The most useful way of tackling these issues is to discuss the scope of a Cochrane Review Group at the exploratory meeting. The description of the scope of the Group helps to delineate the way in which that Group conceptualizes the topic. As systematic reviews are prepared, this description helps to highlight areas of care where no trials have been identified.

It is important to consider all aspects of a disease process in those Groups that are disease-based, i.e. prevention, acute treatment and chronic treatment/ rehabilitation. Each Group should provide a detailed topic list outlining the areas where reviews are required, and not just the areas where reviews have been produced. Each Group must ensure that the scope of the Group, and the topic list, do not duplicate those of existing Cochrane Review Groups.

## 3.2.2.6 Making the commitment

Exploratory meetings should give people the opportunity to get to know each other better, as well as to have adequate time as a group to discuss the work and how to do it. A meeting has probably been successful if it has (a) helped participants to understand the size of the task they are considering, (b) given them a chance to reflect on their own possible commitment to the process, (c) helped them to understand the need to work collaboratively, and (d) demonstrated the need for an editorial base [2].

An opportunity should be given for people to go away, think about it, and respond to a deadline, indicating the ways in which they want to contribute. The people who do respond and show an active interest and practical ways to help are likely to form the basis for the Group to develop.

## 3.2.2.7 The Co-ordinating Editor

It is essential in the development phase of forming a Cochrane Review Group [3] that there is a leader for the project who is potentially prepared to become its Co-ordinating Editor. This person must understand what the job entails, be able to raise the resources necessary to establish a stable editorial base [2], and must have the necessary social, managerial, scientific and editorial skills to maintain the Cochrane Review Group. It is important that they have an institutional base. University and hospital departments are examples of such institutions. A significant time commitment is required. The nature of the work changes through the various stages before and after registration, and then into the active work of the Group – producing and updating reviews. An absolute minimum of one full day per week will be required. The Co-ordinating Editor has particular responsibility for preparing the registration document in association with the potential editorial team. Pulling together an editorial team is another task, and it is essential that representation is both multi-disciplinary and international. Once the Cochrane Review Group has become established, the Co-ordinating Editor will be the member of the editorial team who will retain primary responsibility for ensuring that the Group is productive and efficient, and operates according to the principles of The Cochrane Collaboration.

## 3.2.2.8 The Managing Editor (formerly 'Review Group Co-ordinator')

The Managing Editor (ME) is a key member of the editorial team who is based at the Group's editorial and administrative office.  They will have the challenging task of the day-to-day management of a Cochrane Review Group (CRG [3]) with internationally-based members. For many of these people, English is not their first language. The ME works with, and is supported by, the Co-ordinating Editor.

Potential applicants for this post need to know what the job entails. Each CRG should determine for

which functions the ME will be responsible, in advance of the appointment, and these will be detailed in a job description which should also include a person specification. All members of the interview panel should be familiar with the job description and the person specification and should undertake the shortlisting. Paragraph 3.2.8.5 gives examples of an advertisement, a job description and a person specification for a ME. The interview process should assess the candidates against the specific tasks required of the ME and the skills needed to carry them out, while allowing for some flexibility according to the particular skills and aptitudes of the person appointed.

As soon as a new ME has been appointed, the CRG must send a CV for the candidate to the Manager, Governance and Membership Support at the Central Executive Team (see also Appendix 1, Annex 1.C - Changes to entities) who will circulate the information to the Monitoring and Registration Committee, the Managing Editors' Executive, and to the Editor in Chief for comment and observations.  This will enable the MEs Executive Co-Convenors to send a welcome letter soon after the ME starts the role and to alert the ME Support Team.

The ME Support Team provides induction training, ongoing training, and support to all MEs in all aspects of their role within a CRG, both face-to-face and by using remote training facilities. CRGs are based throughout the world and the ME Support Team are based in different geographical regions to provide support over all time zones.

Software (Review Manager [12] (RevMan) and Archie) has been specially developed by The Cochrane Collaboration to automate the process by which MEs prepare their Group’s reviews and contribute to the CRG's website.

## 3.2.2.9 Forming an editorial team

The composition of an editorial team should reflect whatever consensus is reached at exploratory meetings of potential members of the Cochrane Review Group. An endorsement of this kind helps to ensure that the editors share the principles on which The Cochrane Collaboration is based: working together, building on existing enthusiasm and expertise, minimising duplication of effort, avoiding bias [13], keeping up to date, ensuring access, ensuring relevance, and continually improving the quality of its work.

In the light of current evidence, it is important for editors to recognise that they will need to spend the equivalent of approximately one half day a week in fulfilling their commitment to the smooth running of the Group, and in making sure that authors’ needs are being adequately met. The Co-ordinating Editor should allot additional time for working with and supporting the Managing Editor. As it is very difficult to help an author without ever having been responsible for a Cochrane review, editors should aim to have prepared at least one Cochrane review as soon as feasible after registration of their Cochrane Review Group. The Group should avoid selecting editors simply because they are well-known or are in command of a large research institution or group. There is no ‘limit’ on the size of the editorial team, but most Groups have between three and six editors.

Each Group should develop an editorial process [14] through which protocols and reviews must be processed. Authors should be made aware of this process. These are written into each Cochrane Review Group module and published in *The Cochrane Library*. External peer review [5] is mandatory for all reviews and should be used for protocols where either the editor, co-editor or author feel that it is appropriate. Each CRG [3] editorial team should include a statistical or methodological consultant to deal with methodological issues. This person should be a member of the Statistical Methods Group.

## 3.2.2.10 The Feedback Editor

The electronic format of The *Cochrane Database of Systematic Reviews* means that it is possible to respond to and incorporate feedback from users. This will help to increase the quality of Cochrane reviews, but also allow users of the reviews to be brought into the process. The *Cochrane Database*

*of Systematic Reviews* enables users to make their criticisms in a structured fashion submitting them electronically (click on the 'Submit comments' link under 'Article tools' on the right hand side of the screen when reading a systematic review.). The comments will be acknowledged by the relevant Feedback Editor and forwarded to the authors to respond to.

Each Cochrane Review Group [3] must select a Feedback Editor to handle post-publication criticism. The Feedback Editor should be selected from outside the members of the editorial team (i.e. should not be one of the editorial team's existing editors or the Managing Editor). The Feedback Editor should be knowledgeable in the relevant subject area of the Cochrane Review Group. In the early days of a Group or in small Groups this ideal may not be achievable because any individual with all the skills needed to be a Feedback Editor will be one of the most valuable and talented members of the Group. Very often the Feedback Editor may have to be recruited from the editorial board or be an active author. In this situation, the Feedback Editor must not handle criticisms of reviews that they have produced or edited. On such occasions, this duty should fall to another member of the Group, but this individual should be neither the Managing Editor nor the Co-ordinating Editor.

The Feedback Editor organizes and summarizes post-publication criticism of reviews from users, provides guidance to authors about how to respond to the comments from users, and will assist authors in responding to the criticisms, including suggesting changes to be made in the reviews. In the near future the Feedback Editor will automatically receive the criticisms in a structured form. Currently, the Feedback Editor is notified by e-mail when new criticism is received and then retrieves the criticism from a password-protected website. The Feedback Editor should collate the criticisms and combine those that are duplicative. The Feedback Editor's summary of comments will be inserted in the 'Feedback' section of each review. The Feedback Editor will send the raw criticisms and the editorial notes to the authors. S/he is responsible for ensuring that the responses are timely, and should feed back responses to the editorial team for final approval.

*This page was updated by Claire Allen on 4 September 2013 to reflect current practice and change in review structure.*

# 3.2.2.11 Identifying authors

Potential authors need to be clear about the commitment they are making. They are being asked to undertake a substantial amount of work in preparing a systematic review in the first place, and then to keep it up to date as new evidence becomes available and as comments and criticisms are submitted.

The number of authors in Groups varies, and depends on how Cochrane Review Groups decide to organise themselves. It is important that they do not exclude particular groups of people, and that they try to include authors from a mix of professional backgrounds and care perspectives, as well as a variety of countries.

Whilst enthusiasm and time are the first essential qualities in an author, each needs to combine knowledge about the topic in which s/he is interested with a willingness to apply methodological rigour to the review process. This combination of qualities rarely exists within a single individual. More often, it will be necessary to arrange author partnerships, to try to ensure that content and methodological expertise are both applied in preparing reviews. Such partnerships are generally preferable to working alone, even when both partners possess both types of expertise, to ensure the reproducibility of the judgements that are necessary in preparing reviews. One author will sometimes miss something that the other will pick up. It is also very likely that they will complement each other in various ways, and it is often more fun to work with someone else.

Methods of training include:

- Workshops on developing protocols and using the Review Manager [12] software that are run by Cochrane Centres.

- In-house training sessions run by individual Cochrane Review Groups.
- The development of methodological standards by each Cochrane Review Group (e.g. standard proformas for assessing trial quality and extracting data, and standardisation of the data to be included in the Included Studies table). This may be difficult as even within Cochrane Review Groups, individual reviews may have varying data types and quality requirements. These standards are described by each Cochrane Review Group.

A full list of training opportunities can be found here< [15].

The maintenance of links with relevant Cochrane Methods Groups so that Cochrane Review Groups are guided by the best available methods. All reviews will be published on The *Cochrane Database of Systematic Reviews* in *The Cochrane Library* and therefore need to reach a standard acceptable to the editors of the Cochrane Review Group. Comments on protocols from the editorial team and from others can be extremely helpful in the ongoing training of authors. The editorial process [14] should be seen as constructive criticism aimed at educating and raising standards.

*This page was updated by Claire Allen on 4 September to link to the Cochrane training opportunities web page.*

# 3.2.2.12 Developing a specialized register of RCTs

A prerequisite for systematic reviews of the evidence relevant to the prevention or treatment [1] of a particular health problem is to identify relevant randomized controlled trials (RCTs) as completely as possible, and to assemble them in a specialized register. One of the tasks of a Cochrane Review Group is to maintain and develop a specialized register containing all RCTs in their area of interest. This task is an essential part of the initial efforts to establish a Cochrane Review Group.

Some Cochrane Review Groups expect authors to conduct a handsearch of one journal that is likely to be important to their review as a contribution to the specialized register. Others undertake centrally a systematic handsearch of a core body of relevant journals. In either case, the searcher needs to identify all RCTs, not just those of particular interest to that Group. The Trials Search Co-ordinator in the Cochrane Review Group should co-ordinate the search and register processes.

Some Cochrane Review Groups may wish to include study designs other than RCTs in their specialized registers. In deciding to do so, they will need to develop inclusion criteria and pilot the application of these in practice. There has so far been relatively little experience in extending inclusion criteria beyond randomized controlled trials. Of the Cochrane Groups now considering other study designs, the Cochrane Effective Practice and Organisation of Care Group (EPOC) is probably most advanced, and advice from that source might help. Those who wish to base reviews on studies that have used methods other than randomization to control selection biases in comparing healthcare interventions should also consider contributing to the relevant Methods Groups exploring this.

A description of how the register was developed and is being maintained must be included on the Cochrane Review Group’s website. The following details should be available:

1. The inclusion criteria for the register, in particular the type of study included, e.g. randomized and controlled clinical trials only, or other comparative studies as well. There should be no language restriction.
2. The search strategy [4] used to generate the register. This strategy might include:
    1. handsearching of relevant journals not being searched by other members of The Cochrane Collaboration, with details of which volumes have been searched.
    2. handsearching of relevant conference proceedings.
    3. electronic searching (if possible using searches validated against handsearching) of electronic databases, such as MEDLINE and EMBASE [16]. Details of the search terms

used should be available. Many other electronic databases exist which could be searched, details of which are available from medical libraries.
4. searching reference lists of studies identified.
5. consulting existing trials' registers.

3. Unpublished studies are often difficult to identify, but regular discussion with colleagues around the world can help identify them. Authors should also be encouraged to contact pharmaceutical companies where appropriate. Members of the Cochrane Review Group should encourage prospective registration of trials in their field.
4. How authors access the register to identify relevant studies (e.g. are authors sent references and, if so, how often?).
5. Records from a Cochrane Review Group are submitted for publication in The Cochrane Central Register of Controlled Trials [17] (CENTRAL) via the Cochrane Register of Studies (CRS). CENTRAL is comprised of these Specialized Registers, relevant records retrieved from MEDLINE and EMBASE, and records retrieved though handsearching (planned manual searching of a journal or conference proceedings to identify all reports of randomised controlled trials and controlled clinical trials). The Cochrane Collaboration contracts a technology company, Metaxis, to merge the records from the sources outlined above and provide a data feed to the publisher. New and changed data are delivered to the publisher on a monthly basis. The only mechanism for submitting records to CENTRAL is via the CRS.

The main purpose of CENTRAL is to establish the system for the flow of information of studies within The Cochrane Collaboration to ensure that each Cochrane Review Group is aware of all possible relevant studies that have been identified through the work of The Cochrane Collaboration. CENTRAL contains information that is simple and easily retrieved by Cochrane Review Groups to which it might be relevant. Each Cochrane Review Group must maintain its own specialized register, but CENTRAL provides an additional resource.

The Cochrane Collaboration strongly encourages the use of the Cochrane Register of Studies as a tool for developing and maintaining a specialized register.

*Note*: The Cochrane Central Advisory Group [18] was disbanded in October 2005.

*This page was updated by Claire Allen and Ruth Foxlee on 4 September 2013 to reflect CRGs no longer producing modules; that all CRGs have a TSC to develop the specialized register; and that the way that specialized registers are managed has changed.*

# 3.2.2.13 Registering a Cochrane Review Group

Registering the Cochrane Review Group [3] is the responsibility of the proposed Co-ordinating Editor with the help of the people who have co-ordinated the exploratory meeting and other potential editors and authors. A report of the Group's deliberations and conclusions needs to be prepared, which will include consideration of the elements expected of a Cochrane Review Group outlined previously. The minutes of the meeting should be drafted with input from those who are going to participate in the Group, and be endorsed by them. Drafts of the report should be sent to the director of the reference Cochrane Centre for comment. An agreed version of the report should then be sent to the Monitoring and Registration Committee (MaRC [10]), together with all the supporting documentation required for registration. The required documents are:

- A covering letter addressed to the MaRC
- A letter of endorsement from the Director of the reference Cochrane Centre
- A written report of the exploratory meeting
- Letters of support and commitment from those who are going to be members of the Cochrane Review Group
- A draft module entry, including details of the reviews that the editors and other authors intend to supply to *The Cochrane Library* as soon as feasible after registration

- [A checklist is available to help with Cochrane Review Group registration.]

The letter of application to register the Cochrane Review Group with The Cochrane Collaboration is included as section 3.2.8.4< [19] to illustrate the type of information that is required. Ideally by this stage, the Group will have identified some financial resources to support it, and may then be able to appoint a Managing Editor.

## 3.2.2.14 Ensuring computing support

Those at the editorial base [2] need ready access to computing support. The Managing Editor needs advice and help in setting up and maintaining adequate systems for managing the work of the Group and using The Cochrane Collaboration software. The Trials Search Co-ordinator will need advice and help particularly with the establishment of a specialized register of trials and The Cochrane Collaboration software. Without this support, a lot of time can be lost in struggling to deal with problems that may be outside her/his area of expertise. It is important to consider this factor when applying for funds.

*This page was updated by Claire Allen on 4 September 2013 to reflect the responsibility of Trials Search Co-ordinators.*

## 3.2.2.15 Publicising the Group’s existence

Methods of telling people of the Group’s existence include:

- inserting an information sheet into the registration packs of people attending a relevant conference;
- writing to authors asking for reprints of their articles, and any other articles relating to their trial;
- circulating a newsletter, both within and outside the Group;
- giving talks and presenting abstracts and posters at local and international meetings;
- producing an information pack for people expressing an interest in the Group;
- setting up a group website using the Drupal platform.
- publishing articles or editorials in appropriate journals.

*This page was updated by Claire Allen on 9 September 2013 to reflect the Collaboration's preferred website software, Drupal.*

## 3.2.3 Producing and updating reviews

Subheadings in this section

## 3.2.3.1 Fostering collaboration and co-operation

Collaboration and co-operation in a Cochrane Review Group [3] are fostered by giving Cochrane Collaboration work the priority it deserves and needs, and by expressing appreciation of the contributions of authors. Credit should be given where it is due, and it is important to ensure that everyone who contributes shares the accolades that come as a result of their hard work. By far the most important single reason for the success of a Cochrane Review Group is that all its members believe wholeheartedly that they are engaged in an enterprise that can improve the care of people

using health services. Good ways to foster such co-operation are by meetings, use of the telephone in addition to electronic and paper mail, and periodic newsletters.

## 3.2.3.2 Developing protocols

The first stage in preparing a review is the development of a protocol [6] that includes the following: an introduction, objectives (including hypotheses to be tested), inclusion criteria, and methods (including the search strategy [4], comparisons, and specific sub-group analyses and their justification). The protocol is then refereed by the editorial team and external referees and revised as necessary before inclusion in *The Cochrane Library*. The editorial team can help authors by:

- encouraging authors to attend a protocol development workshop, organized by Cochrane Centres and editorial teams;
- providing examples of protocols already produced;
- helping to define the objectives and inclusion criteria for the reviews;
- assembling and maintaining a specialized register of trials as a service to members of the Group;
- helping with translations of articles potentially important to a review;
- obtaining rapid peer review [5] of the protocol from individuals with specialist technical or subject expertise;
- giving the authors a deadline for the final protocol (usually six months).

## 3.2.3.3 Increasing trials register coverage

Each author should discuss with the Group's Trials Search Co-ordinator whether the search strategy [4] described for the Cochrane Review Group [3] as a whole is sufficient to cover the particular topic the author is working on, and should also look for possible sources of information about unpublished studies (for example, by contacting funding agencies, investigators or pharmaceutical companies).

*This page was updated by Claire Allen on 9 September 2013 to reflect the Trials Search Co-ordinator role within the Group.*

## 3.2.3.4 Providing technical support

The editorial base [2] of a Cochrane Review Group [3] has to be able to provide technical support to authors on methods, applying inclusion criteria, statistical and data analysis, use of software, and electronic means of communication. Prompt support of authors helps to maintain momentum and avoids delay. In many circumstances, the Managing Editor will be the first person approached to support authors. The Co-ordinating Editor needs to ensure that systems are in place to ensure prompt response to queries. Editors are unlikely to have the skills or knowledge to be able to answer all the questions an author might raise. In these circumstances editors can consult their reference Cochrane Centre, or get in touch with others in The Cochrane Collaboration (for example, a member of one of the Methods Groups), to help solve the problem.

Authors may need technical support with using the RevMan software. If the editorial team has organized proper computing support, they will be able to help and advise authors who raise technical questions.

Each new team should ensure that all authors of the review fulfil the authorship requirements. Authors who have not had direct involvement with the present version of the review should probably

not be quoted as authors but should be acknowledged. Two forms (Conflict of Interest and Licence for Publication) are required to be signed by all authors before final inclusion in *The Cochrane Library*.

Editorial teams must develop systems to monitor the progress of their Group's reviews, from title to protocol [6] stage and from protocol to completed review stage, so that delays in finalising protocols/reviews can be identified. This will allow the editorial team to identify which authors may be in need of help and also to ensure that the users of The *Cochrane Database of Systematic Reviews* are kept informed of when new reviews will be available.

Authors therefore need to supply a date by which a protocol will become a full review (usually 18-24 months). However, editorial teams should probably avoid imposing rigid deadlines on authors, since there is great variability in the time needed to produce reviews, depending on the subject of the review and the experience and workload of the authors.

Maintaining the review is one of the most important aspects of Cochrane reviews and one that sets them apart from most non-Cochrane systematic reviews. Whilst it must ultimately remain the author's responsibility to update the review in the light of comments from others or new evidence, the editorial team must be able to monitor their Group's reviews and identify those that may be seriously out of date. This will prove extremely difficult once the number of reviews grows, but some potential means of achieving this are:

- reminders to authors
- trials have been added to the reviews, and if so what their status is (i.e. included/excluded, ongoing/awaiting assessment). Software ('Meerkat') to assemble and manage specialist registers was developed by the UK Cochrane Centre and Update Software [20] (www.update-software.com/meerkat/< [21]).

*This page was updated by Claire Allen on 9 September 2013 to clarify which forms are required to be signed before a review is published, and 1 April 2014 to remove text about withdrawal of protocols..*

# 3.2.3.5 Developing guidelines

Ethical guidelines for The Cochrane Collaboration as a whole have been developed by a working group of the Steering Group [7]. Review Groups need to consider in particular, the role of pharmaceutical/appliance companies in the support of the Group. Industry support for the preparation of specific reviews has been strongly discouraged, both by The Cochrane Collaboration and by representatives of the pharmaceutical industry.

Authors need to take care not to break confidentiality agreements that may cover certain trials in their reviews, especially unpublished ones.

All protocols and reviews produced by the Group are published through its module in The *Cochrane Database of Systematic Reviews* that is available via the Internet and on CD-ROM. Whilst authors may also wish to publish reviews in paper journals, this must not delay publication in The *Cochrane Database of Systematic Reviews*. Cochrane resources are principally for the production of Cochrane reviews. Journals cannot be assigned copyright for the CDSR *[22]*< version of the review. Authors who wish to publish their Cochrane reviews in paper journals should contact their editorial team for advice and enter into early negotiations with the appropriate journal (see Section 2.2.4< [23] above).

Most Cochrane Review Groups will need to develop guidelines for authors on assessing trial quality, on how various forms of outcome data are chosen and assessed, and on standard descriptive details that are asked for in the 'Trials Included' table. These guidelines could be drafted by the editors in the process of preparing their own Cochrane reviews. Other members of the Group could then be

asked to comment on the draft and to suggest modifications. It can be very productive to hold a workshop to discuss prototype materials. This information is then included in the Cochrane Review Group's module in *The Cochrane Library*.

## 3.2.3.6 Managing areas of common interest

Different Cochrane Review Groups often have areas of interest in common, and this is important to consider when establishing a Group (see section 3.2.2.5< [24]) and as the Group grows. For example, the treatment [1] of neurocysticercosis is relevant both to the Infectious Diseases Group and to the Epilepsy Group. Such intersecting areas of interest need liaison between Cochrane Review Groups so that effort is not wasted in producing duplicate reviews, and opportunities for collaboration are grasped.

There is great potential for across-group collaboration on a particular review, either informally or by two authors from different Groups working together on one review (which would be incorporated in one or other of the relevant modules for transmission to the Parent Database). Editors need to stay in touch with their Cochrane Centres and other Cochrane Review Groups to receive support and ensure that areas of common interest are managed in a spirit of collaboration. The Cochrane Review Group newsletters are a good way to communicate to others the activity within a Group, both to people within and outside that Group. There are electronic mailing lists for Co-ordinating Editors and Managing Editors which are also useful in these situations.

## 3.2.3.7 Providing 'space' to conduct systematic reviews

Many authors find it helpful to spend 'protected time' away from their own institutions in order to prepare and update reviews. In these cases, the editorial team can help by offering space in one of their own institutions in order for authors to work on their reviews.

## 3.2.3.8 Maintaining communication

Electronic mail (e-mail) is accessible to many authors. However, the editors and Managing Editor need to make sure that those without access are not disadvantaged by this and are kept up-to-date with developments within the Group. Paper and electronic methods of communication need to be supplemented with periodic face-to-face meetings, and the editorial team should take every opportunity to meet with authors, providing a welcoming environment at the editorial base [2], visiting them when possible, and supporting their applications for funds and fellowships. An annual meeting of the Cochrane Review Group [3] is important. It allows new people to meet existing members, provides a forum for the exchange of ideas, and an opportunity for the Group to discuss what it has learned from its previous year's experience, to celebrate successes, formulate procedures and discuss new developments. The Managing Editor should ensure that members of the Group are notified of meetings relevant to them, particularly events such as Cochrane workshops and the annual Cochrane Colloquia. These events can be good occasions to which to attach meetings of the Cochrane Review Group as a whole, as combined reasons to meet can save on precious travel budgets. Dedicated collaborators' meetings can be highly beneficial, but are expensive.

## 3.2.4 Personnel and support

Subheadings in this section

## 3.2.4.1 Getting started

Many clinicians and health researchers interested in assessing the effects of health care interventions will view systematic reviews as part of their jobs. Individuals who believe they cannot do anything without first obtaining a large grant need to think again about their commitment to the work. Most people have limited experience of performing systematic reviews, and since research funding bodies look for previous achievements in a particular area, grants are more likely to be small sums for pump-priming. A lack of financial resources is unlikely ever to prevent someone from producing a review, particularly if in the initial stages they work with an established Group. That said, grants and other awards made to Cochrane Review Groups and authors are likely to help the process to proceed more quickly and efficiently. When considering financial support it is worth considering that the most precious asset that a clinician has is time to work on a review, uninterrupted by other pressures. Funding for a short period (for example, seven days, possibly spread over three months) devoted entirely to the review, is invaluable. Such time is often best spent at the editorial base [2] where advice and support should be freely available. A number of possible sources for such stipends are emerging.

The resources required by a particular Cochrane Review Group will depend on how it is organized, the breadth of its scope, and the depth of detail to be examined in its reviews, for example, whether or not individual patient data [25] will be analysed. Systematic searches for relevant RCTs can be initiated at low cost, with the help of volunteers if necessary. The organisers of meetings for the Cochrane Review Group may well wish to offer hospitality during the meeting itself, but they should not feel obliged to try to find the funds necessary to meet travel and accommodation expenses of those invited to attend.

## 3.2.4.2 The resources

The extent to which different countries, and different institutions and individuals within each country, provide resources to support the work of The Cochrane Collaboration will be acknowledged in its electronically published output. No country (or institution within a country) should be expected to shoulder more than its ‘fair share’ of the costs of preparing the information that is required. Conversely, every country might be expected to contribute, according to its means, to an endeavour that exists to make available, at minimal access cost, valid information about the effects of health care.

Funders of various kinds are now beginning to recognize the importance of making the best possible use of existing evidence, and the importance of having systematic, up-to-date reviews of this evidence prepared and disseminated. More reliable information is being sought both by organisations needing better information upon which to base decisions about the use of resources within health services, and by research funding bodies wishing to make more informed decisions about new research.

Institutions providing resources, including those paying the salaries of people whose time is being contributed to The Cochrane Collaboration, deserve explicit acknowledgement, both when registering a Cochrane Review Group [3] and in its published reviews, and this information needs to be kept up to date.

## 3.2.4.3 The authors

Whilst the editorial base [2] of a Cochrane Review Group [3] will need considerable resources, many authors will prepare and maintain reviews as an integral part of their work. Some of them have access to resources to support travel, but for others, particularly those in developing countries, access to funds is more limited. In such cases the editorial team may be able to assist authors in obtaining the necessary support from their own institution or country. This support can be in the form of release from other duties to provide some time to the author, or obtaining funds for such things as computing facilities, photocopying or travel.

Preparing a review involves:  designing a protocol [6], with non-specialist involvement to ensure

comprehensibility; liaison with the Managing Editor to identify the relevant trials from the specialized register; additional searching for trials, e.g. contacting pharmaceutical companies; deciding which trials to include; extracting the necessary data and contacting the trialists for additional data if required; entering the review into the Review Manager [12] software; adding new data as they become available; responding to comments and criticisms, either from the editorial team or from external peer review [5]. Cochrane Review Groups should avoid having a small number of authors, each of whom is responsible for a large number of reviews. This does not promote diversity of opinion in producing reviews and also may cause problems when it comes to a single author keeping a large number of reviews up to date. Cochrane Review Groups need to set their own limits, but five reviews per author might be a reasonable maximum limit. It is also preferable to have more than one author working on each review.

# 3.2.4.4 Personnel and structure of a Cochrane Review Group

Each Cochrane Review Group [3] needs a long-term geographical editorial base [2] at which the Managing Editor works, and where the specialized register is held. Editorial teams should be international and multi-disciplinary.

Cochrane Review Groups consist of the following people:

(a) **The editorial team**

i. The Co-ordinating Editor: The Co-ordinating Editor, who is responsible, in conjunction with the Managing Editor and other editors, for ensuring that the protocols and reviews registered by authors are appropriate to the Group's scope, that they pass through an appropriate editorial process [14] before publication on The *Cochrane Database of Systematic Reviews*, and that they meet the high standards of The Cochrane Collaboration. S/he may also have methodological expertise in particular areas of systematic reviewing, and so act as advisor to other authors. The Co-ordinating Editor must provide support to the Managing Editor; and discuss the ongoing progress of reviews and protocols, correspondence and other matters at regular, frequent intervals. See also the job description for a Co-ordinating Editor at section 3.2.8.7< [26].

ii. The Managing Editor: The Managing Editor, who is responsible for the Group's overall organization and the day-to-day running of the Group.

iii. The Trials Search Co-ordinator: For most Cochrane Review Groups, the Managing Editor has too little time to oversee the journal searching and other trial identification activities of the Group. The work of the Trials Search Co-ordinator will change as the Group matures. Initially, it may involve principally the co-ordination of handsearching and various methods of trial identification to establish a specialized register. Once established, procedures will need to be developed to permit searches to be carried out prospectively as well as retrospectively. As the number of authors grows and the variety of topics expands, Trials Search Co-ordinators will find that their activity becomes even more central to the functioning of the Group. The work changes and in a productive Group will expand progressively, not diminish.

iv. The Editors: The editors, each of whom is encouraged to produce a Cochrane review within two years of becoming an editor. Editors will be asked regularly to review protocols and completed reviews within a given time-frame (usually less than three weeks). See also the Terms of Reference for an Editor < [27](section 3.2.8.8).

v. The Feedback Editor (see section 3.2.2.10< [28]): Each Group is required to appoint a Feedback Editor who is responsible for assisting authors in responding to criticisms.

(b) **Other personnel**

Many other types of personnel may be required by Cochrane Review Groups to maximise their efficiency, although not all of the following are required in all Groups:

i. The Secretary: All Cochrane Review Groups require secretarial support at the editorial base; this may be full-time or not, depending on the size of the Group. The role of the Secretary varies between Groups, and not all Groups have sufficient funds to employ such a person.

ii. Authors: The number of authors in a Cochrane Review Group will vary depending on its stage of development and its scope. The authors are ultimately responsible for producing high quality reviews and keeping them up to date.

iii. Consumers: All Cochrane Review Groups must aim to develop consumer input. This may take several forms, such as membership of the editorial team, review of protocols/full reviews, authorship of reviews, dissemination of reviews to consumer groups, sub-editing reviews into English understandable by consumers, handsearching, fund raising. All Cochrane Review Groups should liaise with the Cochrane Consumer Network in order to identify the best ways for consumers to contribute to the review process.

iv. Computing support staff: Computing support is usually required to promote effective communication within the Group via electronic mail and to optimise the use of Cochrane software (Review Manager [12], i.e. RevMan) and other software. Problems with RevMan fall into two broad categories:
(a) technical problems relating to hardware and software requirements (e.g. set-up, memory).
(b) practical problems in using the program.

v. The former problems usually require help from someone with technical expertise/computer training that is beyond the scope of most authors. The latter problems can usually be solved by someone who is experienced in entering reviews into RevMan, and each Cochrane Review Group should have a designated editor or author whom others can contact for such help.

vi. Statistician: A statistician will be required to provide statistical guidance for the Group, e.g. which statistical method to use and when. Statistical help may also be required for particular reviews.

vii. Handsearchers: People may be required to help with paper journal searching and electronic searching. Local medical libraries can help to run electronic searches.

viii. Translators: Collaborators will often be needed to help translate reports published in languages in which the members of the Group have no expertise.

ix. Research Fellow or Research Assistant: Some Groups have gained significant benefit from having a research fellow or research assistant work alongside the editorial team. This person can provide support to the Managing Editor, help with reviews, and develop methodological

expertise.

(c) **Internationality**

Cochrane Review Groups must do all they can to ensure international representation, particularly amongst authors. This ensures a broad perspective, can help identify trials reported in languages other than English, and promotes The Cochrane Collaboration internationally.

(d) **Multidisciplinary representation**

Health problem based Cochrane Review Groups must ensure that authors represent each of the relevant medical and paramedical disciplines and people who suffer from the problem in question, or those who care for them. For example, rehabilitation may involve physiotherapists or occupational therapists, treatment [1] may involve physicians, surgeons, radiologists, nurses or dietitians, and prevention may involve public health specialists.

(e) **Membership of the Group**

The membership of each Group is left to the individual Group to decide. Generally it should include those who are actively contributing to the Group, either in terms of preparing and maintaining reviews, identifying or translating trials, providing methodological support, or administration. Amongst other things, an explicit membership list of the Cochrane Review Group is required for Steering Group [7] election purposes. The Managing Editor should ensure that 'Archie' (the Collaboration's Information Management System) is kept up to date with the contact details of the Group's members. She/he should also inform the Cochrane Central Executive Team (admin@cochrane.org< [29]) of changes in membership of key personnel, so that the appropriate entity mailing lists (for example, the list for all Managing Editors) can be kept up to date.

(f) **Recruitment of new members**

In order to cover their chosen topics adequately, most Cochrane Review Groups will need to attract new authors and other members after registration. In addition, with time some members may retire or resign from the Group. Some suggestions for recruiting people include:

i. writing journal editorials, or presenting posters at conferences;

ii. writing to authors of existing (non Cochrane) systematic reviews falling within the scope of the Group;

iii. heads of department encouraging junior research staff to prepare and maintain systematic reviews;

iv. collaborating with Cochrane Fields and Centres;

v. encouraging clinical trialists to review evidence relevant to their trials.

It often helps if the Group has an introductory pack that it can send to interested people, outlining the aims and methods of the Group and the many various ways in which people can help (see section 3.2.2.1).< [30]

# 3.2.4.5 Planning funding

Cochrane Review Groups are responsible for obtaining the necessary funding to carry out their own work. Many Groups exist on minimal funding, partly because there has been little information to guide Groups on what the costs of their work will be. The following are some of the expenses that Cochrane Review Groups should consider:

1. Salaries for a Managing Editor, Trials Search Co-ordinator, Secretary, computer specialist. It should be recognized that the ideal minimum effective staff for an editorial base [2] will be at least two full-time staff. A large and productive Group will need a minimum of three staff. As noted earlier, demands of the editorial base increase as the Group grows, so thought should be given to planned growth.
2. Computer hardware and software (e.g. to establish a specialized register of studies);
3. Consumables (e.g. fees for running electronic search strategies, access to databases and downloading costs); photocopying; inter-library loans; telephone, fax and postage costs; computer disks;
4. The costs of a yearly collaborators' meeting or training sessions for authors and/or Managing Editors;
5. Expenses of volunteer handsearchers;
6. Travel expenses, especially for the Managing Editor (e.g. for travel to the reference Cochrane Centre and annual Colloquia).

The sources of such funding are outside the scope of this document, but should preferably be considered in the original funding application of the Group.

Cochrane Review Groups should supply their members with basic materials free of charge if possible (e.g. the Handsearching manual, and lists of relevant references to studies). However, many Groups are also asked for information by individuals or organisations outside The Cochrane Collaboration, for example, they may be asked for lists of trials. Cochrane Review Groups should decide for themselves whether to respond to such requests and if so whether to charge for such services on the basis that such charges should only cover the costs of such tasks (labour and materials) and should not be profit-making.

# 3.2.5 Maintaining and managing a Cochrane Review Group

Subheadings in this section

# 3.2.5.1 Establishing a refereeing policy

It is the responsibility of the editorial team to establish a refereeing policy for protocols and reviews prior to entry into The *Cochrane Database of Systematic Reviews* (see the *Cochrane* Handbook *[31] for Systematic Reviews of Interventions*). Issues as to the time frames for protocol and review completion need to be dealt with at the editorial team level. Cochrane Review Groups are also required to respond to comments that come in after the initial version of a review is published (see Section 3.6 in the *Cochrane* Handbook *[32] for Systematic Reviews of Interventions*). It is also helpful to examine the policies of other Cochrane Review Groups.

The peer review [5] policy section in the Editorial and Publishing Policy Resource is currently under development here< [33]; it will replace this section when it is complete.

## 3.2.5.2 Policy on default statistics

The *Cochrane* Handbook *[31] for Systematic Reviews of Interventions* is The Cochrane Collaboration's primary source of statistical advice. Each Cochrane Review Group [3] should state in their module any statistical issues of importance to their Group that are not mentioned in the Handbook *[32]*<.

## 3.2.5.3 Non-performance of authors

Editorial teams are required to develop strategies for dealing with authors who do not produce protocols and reviews within the time-frames agreed, or who fail to communicate adequately with other authors, etc. In some situations the reference Cochrane Centre may be able to assist.

## 3.2.5.4 Internal Cochrane Review Group policies

Criteria for ongoing membership of the Cochrane Review Group [3] need to be discussed by the editorial team. Some Groups use annual membership forms. Co-operation with the editorial base [2] regarding provision of unpublished data may be considered a membership requirement by some Groups. Editorial processes are set by the editorial team and published in the module.

## 3.2.5.5 Dealing with conflicts within Groups

As The Cochrane Collaboration progresses, conflicts may arise within and between Groups. Editors, authors and Managing Editors may also experience difficulties in sorting out issues within the Group. If internal resolution is not possible, the Director of the reference Cochrane Centre can be approached to mediate. The Ombudsmen< [34] may also be approached to help in conflict situations (see section 1.1.3.5< [34] of the Organisational Policy Manual).

*This page was updated by Claire Allen on 9 September 2013 to refer also to the Ombudsmen.*

## 3.2.5.6 Liaising with Fields and Methods Groups

*The Cochrane Library* contains information on the contact person of each of the Fields and Methods Groups.

## 3.2.5.7 Maintaining an active list of authors and other contributors

At regular intervals it is necessary for the Managing Editor and Co-ordinating Editor to ensure that their current list of the members of their group is up to date. This can be done by sending out a 'renewal of membership' form every twelve months.

## 3.2.5.8 Producing a newsletter

This is the responsibility of the Managing Editor and the editorial team. Newsletters should include an updated list of the Group's protocols and reviews, as well as notifying members of upcoming workshops. Individuals may like to contribute items such as a 'portrait' of a member of the Group,

reports of a recent conference, etc.

## 3.2.5.9 Reviewing the scope of the Cochrane Review Group

From time to time topics will arise that are not covered in any particular Cochrane Review Group [3] but may be closely aligned to the Group. It may be necessary for the editorial team to consider new topics to be included in the Group's scope. This should be negotiated in conjunction with the director of the reference Cochrane Centre.

## 3.2.5.10 Performance and quality assessment of Cochrane Review Groups

There is no easy way of measuring the performance of Cochrane Review Groups in terms of quality. It is essential to the work of The Cochrane Collaboration that they are productive; preparing and maintaining reviews are the main outputs of The Cochrane Collaboration. Producing a register of trials that can support authors is mandatory for all Cochrane Review Groups. Courteous and efficient communication with authors is also a central focus of all Cochrane Review Groups. The Monitoring and Registration Committee, a committee of the Cochrane Collaboration Steering Group [7], surveys the progress of Cochrane Review Groups every two years by looking at a variety of both quantitative and qualitative outputs.

## 3.2.6 Conclusion

We have aimed in this section to summarize the collective experience in establishing and maintaining Cochrane Review Groups, to help guide existing and new Groups. This experience provides a baseline for people to work together in achieving the aims of The Cochrane Collaboration. Sharing this experience is something we can all foster through communication among Groups, both to avoid duplication and to enhance the output of Cochrane Review Groups in producing high quality reviews of reliable evidence about the effects of healthcare interventions.

## 3.2.7 Acknowledgements

On the resignation or retirement from their role in a Cochrane Review Group [3] of Co-ordinating Editors, Managing Editors and Trials Search Co-ordinators with at least five years' service (irrespective of contractual hours), the Steering Group [7] agreed in 2011 to acknowledge their invaluable contribution by sending them a gift and a certificate from the Editor in Chief and/or the Co-Chairs of the Cochrane Collaboration Steering Group.

The Cochrane Review Group representatives on The Cochrane Collaboration's Steering Group in 1996/97 (Zarko Alfirevic, Cindy Farquhar, Cecilia Hammarquist, and Beverley Shea) revised this section on establishing and maintaining Cochrane Review Groups, and Paul Jones (who was a member of the Steering Group from 1997 to 1999) also provided helpful input. The following people also contributed in various ways over the years to updating this section: Philip Alderson, Lisa Bero, Iain Chalmers, Mike Clarke, Carl Counsell, Paul Garner, Emma Harvey, Jini Hetherington, Ruth Jepson, Steve Milan, Barbara Roberts, Chris Silagy, Lorinda Simms, Mike Smith, Vivenne Topping and Veronica Yank.

## 3.2.8 Appendices

Subheadings in this section

# 3.2.8.7 Co-ordinating Editor job description and expectations of role

COCHRANE COLLABORATION CO-ORDINATING EDITOR JOB DESCRIPTION AND EXPECTATIONS OF ROLE

New section, provided by Co-ordinating Editors' Executive, 18 April 2011

The main duties were agreed at the meeting of the Co-ordinating Editors’ Board, in Split, Croatia, April 2011.

The duties represent what Co-ordinating Editors take responsibility for, although it is likely that there will be some variation in what individual Co-ordinating Editors do. It was affirmed that many of the duties are undertaken in collaboration with Managing Editors, Trials Search Coordinators and CRG editors.

At the end of the document, the list of duties includes some which were listed in the 2010 survey and are for information as appropriate.

The job description is to be provided to all new Co-ordinating and Deputy Editors.

DUTY 1: TO ASSURE QUALITY OF PUBLISHED COCHRANE REVIEWS

- To provide editorial feedback on reviews, optionally from title registration phase, edit protocols and reviews, or assess the combined editorial feedback.
- To understand and keep up to date with methods, standards and procedures outlined in the Cochrane Handbook(s) and ensure authors use and adhere to these.
- To ensure efficient and effective editorial processes are in place that assure the production of reviews adhering to international and Cochrane standards.
- To provide academic leadership and coordination internationally in advancing the work of the Review Group.

REVISED DUTY 2: TO MANAGE EDITORIAL STAFF AND THE EDITORIAL TEAM

- To recruit, manage and guide employed CRG staff to help in the preparation of reviews.
- To look for and accredit new editors, and manage the retirement of editors.
- To ensure all employees have adequate line management, supervision, and opportunities for career advancement.
- To ensure an effective editorial team is in place through providing leadership, support, and access to training.
- To ensure good communication between staff, editors and CRG contributors.

NEW DUTY 3: TO ENSURE ADEQUATE SUPPORT FOR AUTHORS

- To ensure that review teams have the appropriate content and methodological expertise from the title stage, and adequate resources to complete a review within a reasonable time-

frame.
- To ensure that clear and timely communication is provided to author teams.
- To resolve any conflicts arising with or between authors or author groups.
- To manage comments and criticisms, or delegate this task.

REVISED DUTY 4: TO MANAGE YOUR REVIEW PORTFOLIO

- To establish mechanisms to ensure review topics address the priorities and meet the evidence needs of various stakeholders, such as national and international stakeholders, including policy-makers, guideline developers, healthcare providers and consumers.
- To establish and maintain plans to ensure priority topics within the scope of the CRG are covered and up to date.
- To establish mechanisms to ensure a manageable and sustainable workload for the Review Group.
- To resolve problems around topic duplication and overlap.
- To resolve how to address non-performing authors.
- To actively manage review teams working on priority topics.

REVISED DUTY 5: TO BE FULLY ENGAGED WITH THE COCHRANE COLLABORATION

- To ensure the Group keeps up to date with The Cochrane Collaboration's methods and software.
- To engage with, and be responsive to, staff at the Cochrane Editorial Unit and Editor in Chief of *The Cochrane Library*, including key quality-related activities such as assuring quality, audits, etc.
- To participate in the C-oordinating Editors' Board, and attend (or a delegate attends) meetings at least once every two years.
- To engage with other Cochrane entities and groups to manage challenges/identify opportunities as they arise.
- To raise the profile of the Group and the Collaboration through publications, presentations and teaching.

REVISED DUTY 6: TO ENSURE ADEQUATE INFRASTRUCTURE, SUPPORT AND FINANCING

- To develop a business plan which ensures the CRG has sufficient funds to be able to achieve duties 1-5 and to efficiently manage these funds.
- To ensure the CRG has office space and support.
- To ensure CRG meets the expectations of their funders and the host institution.
- To prepare annual reports and budgets [and could include something re KPIs?].

Final rider on PD: Some of these responsibilities may be partially or entirely delegated to Editors working with the Managing Editor and/or the Trials Search Co-ordinator, but the Co-ordinating Editor remains accountable for ensuring that processes are in place and for the quality of the final product.

Additional comments at April 2011

NEW – Optional task: We need to address the ethical principles of EBM: To assure the development of evidence-based medicine and to guarantee transparent reporting of conflicts of interest.

NEW - Optional task for some Groups: To understand and keep up to date with methods necessary for ‘non-standard’ Cochrane reviews.

The whole job description could be modified for satellite lead editors.

*This page was updated by Claire Allen on 9 September 2013 to replace 'Review Group Co-ordinator' with 'Managing Editor'.*

[1] [35] If funds are insufficient, the Co-ordinating Editor must have an active & open dialogue with the Cochrane Collaboration in solving how the remit of the group is carried forward by the Cochrane Collaboration

Collective.

# 3.2.8.8. Editor: Terms of Reference

## Background

These terms of reference were discussed and developed by the Co-ordinating Editors’ Executive and approved in September 2010.

There are over 50 Cochrane Review Groups (CRGs) in The Cochrane Collaboration. Each CRG prepares and publishes Cochrane Reviews of studies on the benefits and harms of healthcare interventions for different healthcare topics, as outlined in the individual CRG’s scope. This document outlines the benefits of joining a CRG editorial, the responsibilities of an Editor, and the selection criteria for Editors.

### Benefits of joining the editorial team

Editors join a CRG editorial team made up of a Co-ordinating Editor (who leads the CRG), other Editors, a Managing Editor, and a Trials Search Co-ordinator/Information Specialist. Some CRGs may include additional staff.

Editors have a key role in selecting and shaping the Cochrane Reviews prepared by the CRG as well as the CRG’s strategic direction. Through these, CRG Editors have the opportunity to influence and shape the development of research, policy, and practice, as well as build the evidence base and improve the quality of research. Other benefits of participation include intellectual interest and satisfaction, international collegial opportunities, and the benefits of a well-resourced editorial base [2].

### Responsibilities

Editors participate, as members of the editorial team, in helping the CRG achieve its mission of producing high-quality, systematic reviews[1]< [36] relevant to the CRG’s scope. Specifically this includes

1. To contribute to identifying priorities for reviews, and the emerging areas of research in which systematic reviews are required.
2. To assess an authorship team’s initial outline for proposed topics (the title registration form) and comment on: the topic’s relevance and priority to the field; the feasibility of carrying out the review; the likely relevance to decision-making or identifying research priorities; and the capacity of the author team to complete the review. (Number per year will vary with CRG.)
3. To provide ad-hoc methodological and content advice if requested by the authorship team.
4. When the protocol [6] and review is submitted, to:
    1. examine and comment on the reviews, and make recommendations for improvement and priorities for the authors, the general scope, organization and structure, and sometimes with language and editing.

2. identify possible statistical analysis issues and refer to statisticians if necessary.
3. judge whether the review is ready for peer review [5] and help identify appropriate referees.
4. To look over the comments from the peer reviewers and outline expected revisions; and, where necessary, provide authors with advice on responding to referee comments, particularly if they conflict.
5. To examine revised reviews and provide an assessment as to whether the authors have taken the referees' comments into account and whether the review should go forward for publication.
6. To check that the review conclusions match the data presented.
7. To ensure the review is comprehensible and easy to read.

5. To keep up-to-date with developments in Cochrane or CRG developments, including methodological developments.
6. To participate in Editors' meetings on a regular basis (eg teleconferences or in person meetings).
7. To be prepared to represent the CRG at specialist meetings.
8. To promote the principles of The Cochrane Collaboration, including the spirit of co-operation.

### Selection criteria

*Essential*

- Knowledge of The Cochrane Collaboration and Cochrane Reviews.
- Strong interest in the reviews covered by the CRG.

- Experience in researching issues relevant to the CRG's scope.
- Peer review experience.
- Institution and/or personal commitment to enable time to carry out the tasks.
- Ability to meet editing deadlines.

*Desirable*

- Knowledge of clinical trial [37] design and epidemiological methods
- Familiarity with a broader range of research methods.
- Experience in preparing a Cochrane Review, or other systematic review.

### Declarations of interest

Each Editor will need to provide, and update as required, their declarations of interests in relation to the CRG's work. This information may be posted in the CRG's module, on the CRG's website, or both.

An Editor that is an author with the CRG is excluded from all editorial decisions made for the review. All conflicts of interest that may arise must be declared.

### Term

This varies between CRGs, but an example is a one-year initial period followed by a further three-year honorary appointment by mutual agreement.

### Support provided by the CRG

This varies between CRGs, but may include:

- Funding to attend at least one Cochrane Colloquium per term.
- Reimbursement of communication costs.

Funds to support training needs as identified via needs assessment with the Co-ordinating Editor in the first year of the term.

[1]< [38] ‘Reviews’ refers to protocols and reviews from this point onwards.

## 3.5 Methods Groups

Methods Groups have evolved as a means of meeting The Cochrane Collaboration’s need for methodological advice. Initially, groups of experts were called together for workshops on an ad hoc basis to provide guidance on specific questions such as which statistical methods to use in Cochrane Reviews, what information regarding costs should be included in reviews, and how to collect and use individual patient data [25] in reviews. The first of these workshops was convened by the UK Cochrane Centre< [39] before The Cochrane Collaboration came into existence. It quickly became apparent that there was a need for ongoing methodological advice and support. Moreover, groups of people with common methodological interests came together in various ways and expressed a desire to contribute to The Cochrane Collaboration on an ongoing basis. Methods Groups were initially registered informally and driven almost entirely by existing enthusiasm and interests. Since then, steps have been taken to help Methods Groups to contribute in effective and efficient ways towards the aims of The Cochrane Collaboration, and they have evolved from informal networks< [40] to formal Cochrane entities. In 2009, the Collaboration began implementing a recommendation of its 2008-09 Strategic Review to formalise training and methods development, as additional purposes of the Collaboration. Methods Groups have a key role in producing activities and outputs associated with this training and methods development.

Subheadings in this section

### 3.5.1 The role of Methods Groups

All Methods Groups have the following three core functions:

- Providing policy advice.
- Serving as a forum for discussion.
- Ensuring that the Methods Group functions as part of The Cochrane Collaboration.

Furthermore, each Methods Group may adopt one or more of the following elective core functions, subject to agreement with the Methods Executive:

- Providing training.
- Hosting a network of CRG [3]-based methods individuals.
- Providing peer review [5].
- Providing specialist advice.
- Contributing to new products or lines of activity.
- Contributing to software development.
- Conducting Cochrane Methodology Reviews.
- Contributing to the Cochrane Methodology Register.
- Helping to monitor and improve the quality of Cochrane Reviews.
- Conducting methodological research.

- Communicating Cochrane methodology to external organizations.

Elective core functions should be selected to reflect the needs of the Collaboration and the aims, scope and resources of each Methods Group. Each Methods Group reviews its elective core functions biennially (to coincide with the biennial monitoring process - see APPENDIX 1: Monitoring and Registration Committee, section A1.6 Monitoring< [41]) and the list of elective core functions adopted by each Methods Group is likely to evolve over time. If a Methods Group does not adopt a particular elective core function, this does not necessarily imply that no related activities and outputs will be produced by the Methods Group (indeed, the list of elective core functions may be used by a Methods Group to guide activities and outputs undertaken outside of applicable core functions). Rather, non-adoption of an elective core function simply means that there is no expectation or requirement to fulfil minimum expectations relating to the core function or to produce related activities and outputs.

Each of the core functions are described in more detail below. The relative importance of these core functions varies between Methods Groups, but each Methods Group is required to set targets and report on its activities and outputs against the three common core functions and its elective core functions to the Monitoring and Registration Committee (MaRC [10]) and the Methods Executive every two years.

## 3.5.1.1 Providing policy advice

Demand for policy advice needed from individual Methods Groups is likely to vary, depending on the extent to which they address methodology currently in use in every Cochrane Review (or of potential relevance to every Cochrane Review).

The editors of the Cochrane Handbook for Systematic Reviews of Interventions (hereafter, ‘Interventions Handbook’) and the Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy (hereafter, ‘DTA Handbook’) require advice when these Handbooks are being revised. Much of this advice should come from Methods Groups, in response to requests made by the Handbook Editorial Advisory Panel (HEAP) (until 5 March 2012 when it was disbanded) or the Methods Board. Methods Groups are responsible for Handbook material relevant to their aims and scope. Currently, some Methods Groups contribute material to single chapters of the Handbooks, whilst others contribute to several chapters, and others do not currently contribute any material. All Methods Groups are expected to be prepared to respond to requests from the Methods Board to produce new or updated material relevant to their aims and scope within a reasonable timeframe.

Methods Groups might also be asked for methodological advice by the Methods Board, the Methods Executive or Cochrane Review Groups (CRGs), and have a responsibility to inform Collaboration policy (including the editorial policies of CRGs). Methodological advice may be used to inform two types of policy decision: those about the methodology used to prepare and maintain reviews (e.g. statistics), and those about the methods used by the Collaboration to meet its aims (e.g. information retrieval). The role of Methods Groups for both types of decision is to provide guidance to those responsible for decisions, not to take decisions for them.

Requests for methodological advice may originate from a number of sources, including the Methods Application and Review Standards Working Group (MARS), the Cochrane Collaboration Steering Group (CCSG) or its sub- and advisory committees, those responsible for core activities such as developing software or training materials, or those with editorial responsibilities for review production (e.g. the Co-ordinating Editors' Executive, and the Cochrane Editorial Unit). Requests originating from those sources should be channelled via the Methods Board (on which several of the named groups are represented) or the Methods Executive (for requests from the CCSG or the Cochrane Editorial Unit).

Requests for methodological advice intended for use to inform the editorial policies of CRGs may be made to individual Methods Groups directly by individual CRGs. However, where the advice needed is substantive, likely to draw on more than one area of methodology, and/or likely to be of relevance

to several CRGs, it is appropriate to channel both the request and advice via the Methods Board, to ensure appropriate delegation and co-ordination of activity and to consider potential implications for substantive methods policy and implementation in software.

## 3.5.1.2 Serving as a forum for discussion

The extent to which individual Methods Groups will need to lead discussions of substantive methodological issues may vary, depending in part on the extent to which Methods Groups address methodology currently in use in every Cochrane Review (or of potential relevance to every review) and the frequency with which issues warranting such discussions arise. However, all Methods Groups are expected to be prepared to respond to the need to lead such discussions as and when they arise.

The Methods Board is the main forum for discussion of cross-cutting methodological issues in the Collaboration, but Methods Groups are expected to establish mechanisms and provide opportunities for discussion of substantive methodological issues relevant to the aims and scope of their Group. At minimum, each Methods Group is expected to implement an e-mail discussion or distribution list for their members. Methods Groups may also hold face-to-face meetings for their members and others interested parties to discuss such issues during Cochrane Colloquia or other events. There is also a growing range of web-based virtual meeting environments that may be exploited for this purpose. Where a methodological issue cuts across two or more Methods Groups but does not impact on the majority of Methods Groups, organization of joint meetings may sometimes be appropriate outside the forum of the Methods Board.

Output from discussions within Methods Group should be communicated to relevant Cochrane entities and groups as appropriate and also used to inform new or updated policy advice, guidance in the Cochrane Handbooks, training materials etc. Outputs may also need to be communicated to external organizations, networks and individuals.

## 3.5.1.3 Ensuring that the Group functions as part of The Cochrane Collaboration

The Methods Board is the main forum for discussion of cross-cutting methodological issues in the Collaboration, and all Methods Groups are expected to take part in this Board. The inclusive membership and remit of the Methods Board (see Section 1.1.3.12 Methods Board and Methods Executive [42]) is specifically designed to facilitate Methods Groups' functioning as part of the wider Cochrane Collaboration, within the overall infrastructure that supports methodological input to Collaboration activities and outputs. As part of its remit, the Methods Board provides a forum for discussion and interaction among Methods Groups personnel. It also has responsibility for facilitating links between the Methods Groups and the Cochrane Methodology Review Group. Each Methods Group is expected to designate representatives of their convenors' panel to participate as members of the Methods Board, and to designate one convenor to vote on behalf of the Methods Group at each meeting of the Methods Board, if required (the 'voting convenor' may change for each meeting).

Each Method Group is expected to establish and maintain additional mechanisms and processes to facilitate effective communications with other Cochrane entities (including other Methods Groups). At minimum, each Methods Group is required to update their entity modules at least annually and to keep details of their convenors, other key personnel and members up to date in Archie (the Collaboration's Information Management System).

Methods Groups are also expected to implement planning to ensure the sustainability and continuity of the Group as long as there is a programme of work to be completed. Evidence of planning to

ensure the sustainability and continuity of the group includes: having continuity in leadership and new leaders in training; having the resources needed and, if not, making efforts to find them; ensuring the Methods Group representative on the CCSG is campaigning for the needs of the Group.

Methods Groups are required to participate fully in biennial monitoring of Methods Groups (conducted by the MaRC in collaboration with the Methods Executive) and to provide sufficient information in monitoring forms to allow a complete assessment of self-set targets for activities and outputs against core functions, and performance against these targets. Persistent failure to provide sufficient information in evidence of core function activities could eventually lead to deregistration of the Group as a Cochrane entity (see APPENDIX 1: Monitoring and Registration Committee, section A1.7 De-registration of an entity [43]).

## 3.5.1.4 Providing training (elective core function)

Methods Groups may play a central role in the development and provision of methods training materials (including training for trainers) within their particular areas of expertise. Methods training materials may take the form of face-to-face workshops at Colloquia and other meetings, web-based materials (e.g. web-based learning modules, online PowerPoint presentations, ‘webinars’ etc), or other formats. Methods training may be provided to contributors to The Cochrane Collaboration or to other organizations and individuals external to the Collaboration (who may sometimes be potential contributors to Cochrane Reviews).

Methods Groups that select ‘Providing training’ as a core function are expected, at a minimum, to:

- Submit proposals to provide methods training workshops at colloquia.
- Respond to requests made by the Training Working Group (TWG), Cochrane Centres and/or the Methods Board to develop, provide and contribute to methods training materials aimed at contributors to The Cochrane Collaboration.

Such requests will need to take into account levels of funding and resources available to individual Methods Groups to support development and provision of such materials; if development and provision of specific training materials is warranted, the Collaboration may need to provide (or help facilitate access to) funds to Methods Groups to support this activity.

So far as possible, all methods training materials provided to contributors to the Collaboration should be consistent with the Interventions Handbook and/or the DTA Handbook, and other relevant collaboration policies. Methods Groups will also need to judge the appropriate balance between different forms of training materials (e.g. web-based versus face-to-face), within available resources, in consultation with the TWG, Centres and/or the Methods Board.

The aims and scope of some Methods Groups focus on methodology that falls within the scope of current types of Cochrane Review (i.e. intervention reviews and diagnostic test accuracy reviews). Those Methods Groups whose aims and scope cover methodology included in the Interventions Handbook and/or the DTA Handbook are more likely to select ‘Providing training’ as a core function and/or to develop or provide training materials outside of core functions, within available resources and in line with training needs within the Collaboration. However, this does not exclude those Methods Groups whose aims and scope cover methodology outside the scope of current types of Cochrane Reviews from selecting ‘Providing training’ as a core function (subject to agreement with the Methods Executive), or from developing or providing training materials outside of core functions, since there may still be demand for such training within and/or outside the Collaboration.

# 3.5.1.5 Hosting a network of CRG-based methods individuals (elective core function)

Within each CRG, there should be one or more identified individuals with responsibility for enabling CRGs to ensure that their policies and methods used in protocols and reviews correspond with methodology specified in Parts 1 and 2 of the Interventions Handbook; specifically: question formulation, information retrieval, statistics, bias assessment (including use of the 'Risk of bias' tool) and interpretation (including preparation of 'Summary of findings' tables). Identified CRG methods individuals should be networked (within topic areas) and networks of CRG methods individuals should be part of the corresponding Methods Group(s).

Therefore, the following Methods Groups are expected to host networks of CRG-based methods individuals as a core function:

- Applicability and Recommendations Methods Group.
- Bias Methods Group.
- Information Retrieval Methods Group.
- Statistical Methods Group.

In addition, each CRG is encouraged to identify one or more individuals with responsibility for enabling it to ensure that their policies and methods used in protocols and reviews correspond with methodology specified in Part 3 of the Interventions Handbook and in the DTA Handbook, particularly when such methods are frequently used within the CRG. Therefore, other Methods Groups whose aims and scope correspond to methodology specified in Part 3 of the Interventions Handbook and the DTA Handbook may also host a network of CRG-based methods individuals as a core function.

Methods Groups hosting a network of CRG-based methods individuals as a core function are expected, at a minimum, to:

- Enlist at least one individual from each CRG to be part of the network.
- Maintain an up-to-date list of CRG-based methods individuals in Archie.
- Provide a discussion forum such as an e-mail list or blog.
- Provide backup for methods questions that are not resolved by CRGs (resolution of unanswered questions).
- Ensure that training material and Handbook guidance is understood by CRG-based methods individuals.
- Provide feedback on work undertaken within CRGs if requested (e.g. 'Is this Summary of Findings table acceptable?').

# 3.5.1.6 Providing peer review (elective core function)

Provision of specialist peer review for Cochrane Protocols and Reviews may be delivered primarily by networks of CRG-based methods individuals (in consultation with Methods Groups, as appropriate) for some areas of methodology. However, other areas of methodology may not be covered by networks of CRG-based methods individuals. Therefore, some Methods Groups (and their members) may choose to offer peer review support to CRGs or author teams directly (within available resources), as an alternative or complement to that delivered via networks of CRG-based methodologists.

Methods Groups that select 'Providing peer review' as a core function are expected, at a minimum, to:

- Implement a mechanism to identify members willing to provide peer review of relevant components of Cochrane Protocols and Reviews on behalf of the Methods Group.
- Implement a process to offer timely peer review of relevant components of Cochrane Protocols and Reviews.
- Communicate the availability of peer review and the process to be used to access this service to CRGs.
- Set target response times for provision of peer review of relevant components of Cochrane Protocols and Reviews.
- Provide peer review within target response times.

## 3.5.1.7 Providing specialist advice (elective core function)

As with peer review support, provision of specialist advice may be delivered primarily by networks of CRG-based methods individuals (in consultation with Methods Groups, as appropriate) for some areas of methodology. However, other areas of methodology may not be covered by networks of CRG-based methods individuals. Therefore, some Methods Groups (and their members) may choose to offer specialist advice and expertise to author teams and/or CRGs directly (within available resources), to support the production of specific components of individual Cochrane Protocols and Reviews, as an alternative or complement to advice and expertise delivered by networks of CRG-based methods individuals. This form of support may range from provision of advice on how to implement a specific methodology in a specific review, to ‘hands-on’ work to complete elements of the review process.

Methods Groups that select ‘Providing specialist advice’ as a core function are expected, at a minimum, to:

- Implement a mechanism to identify members willing to provide specialist advice on behalf of the Methods Group to support production of relevant components of Cochrane Protocols and Reviews.
- Implement a process for members to offer timely specialist advice to support production of relevant components of Cochrane Protocols and Reviews.
- Communicate the availability of specialist advice and the process to be used to access this service to CRGs and/or individual authors.
- Set target response times for provision of specialist advice on a case-by-case basis.
- Provide specialist advice within target response times.

## 3.5.1.8 Contributing to new products or lines of activity (elective core function)

‘The Cochrane Collaboration: A Strategic Review’ included recommendations that the Collaboration should: use uncommitted income strategically to develop new products or lines of activity; identify principles for developing new products or lines of activity; and invest in a development function for new products or lines of activity. Two specific new products/lines of activity that the Strategic Review recommended for further investigation were ‘Cochrane Education’ (a broad based educational program focussing on dissemination and use of Cochrane Reviews to various stakeholders) and ‘Cochrane Response’ (a rapid response review program). Methods Groups may be well-positioned to contribute to the development of these and other new products or lines of activity. In some cases such contributions may be requested or offered via the Methods Board, the Methods Executive or both.

Methods Groups that select ‘Contributing to new products or lines of activity’ as a core function are

expected, at a minimum, to:

- Identify specific new products or lines of activity to which a contribution will be made in consultation with the Methods Board, the Methods Executive and other stakeholder groups within the Collaboration (e.g., CCSG, the Cochrane Editorial Unit), as appropriate.
- Set targets and deadlines for deliverables (outputs) on a case-by-case basis.
- Meet targets and deadlines for deliverables (outputs).

## 3.5.1.9 Contributing to software development (elective core function)

The Methods Board is responsible for decisions on substantive methods policy and guidance for implementation in software and Handbooks, and for provision of advice to the RevMan Advisory Group and the CCSG on the content and structure of Cochrane Reviews (in particular by gathering opinion from Methods Groups). Methods Groups may therefore be invited by the Methods Board to provide advice on software development issues relating to methodology relevant to their aims and scope. Alternatively, Methods Groups may propose methodology related developments for implementation in software. Additionally, Methods Groups may have a lead role in the development of software independent of the Methods Board (e.g. the Applicability and Recommendations Methods Group has a lead role in the development of GRADEpro (GRADEprofiler), the software used to create Summary of Findings (SoF) tables in Cochrane Reviews).

Methods Groups that select ‘Contributing to software development’ as a core function are expected, at a minimum, to:

- Identify specific software to which a contribution will be made.
- Set targets and deadlines for deliverables (outputs) on a case-by-case basis.
- Meet targets and deadlines for deliverables (outputs).

## 3.5.1.10 Conducting Cochrane methodology reviews (elective core function)

Methods Groups and their members can play an important role in facilitating, producing and disseminating the results of Cochrane Methodology Reviews on topics relevant to their aims and scope. For further information about Cochrane Methodology Reviews and the Cochrane Methodology Review Group (CMRG), see the CMRG Module in The Cochrane Library.

Methods Groups that select ‘Conducting Cochrane methodology reviews’ as a core function are expected, at a minimum, to:

- Set targets for registration of titles for new Cochrane Methodology Reviews with the CMRG.
- Set targets for publication of new CMRG Protocols in the Cochrane Database of Systematic Reviews (CDSR).
- Set targets for publication of new or updates of CMRG Reviews in the CDSR.
- Meet targets for registration of titles with the CMRG and publication of CMRG Protocols and new, or updates of, CMRG Reviews in the CDSR.

# 3.5.1.11 Contributing to the Cochrane Methodology Register (elective core function)

The Cochrane Methodology Register (CMR) is a searchable database of studies relevant to the methods of systematic reviews of healthcare and social interventions. CMR includes journal articles, book chapters, conference proceedings, conference abstracts and reports of ongoing methodological research. It aims to include all published reports of empirical methodological studies that could be relevant for inclusion in a Cochrane methodology review, along with comparative and descriptive studies relevant to the conduct of systematic reviews of healthcare interventions.

Methods Groups that select ‘Contributing to the Cochrane Methodology Register’ as a core function are expected, at a minimum, to:

- Implement a mechanism (in consultation with the CMR) to identify studies relevant to the methods of systematic reviews of healthcare and social interventions that fall within the aims and scope of the Group.
- Contribute details of methodology studies relevant to the aims and scope of the Group to the CMR on at least a quarterly basis (deadlines to be agreed with the CMR).
- Implement a process (in consultation with the CMR) to tag CMR records of articles by Group members.

# 3.5.1.12 Helping to monitor and improve the quality of Cochrane Reviews (elective core function)

The Editor in Chief and his office (Cochrane Editorial Unit) are responsible for the overall quality of The Cochrane Library and as such are working with Review Groups to improve the quality of reviews. It will be important for Methods Groups to have a strong relationship with the Cochrane Editorial Unit to support this activity and have input to quality initiatives. This has begun through the work of the Methods Application and Review Standards (MARS) Working Group (formerly the CoEds-Methods Working Group). The MARS Working Group facilitates high-level interaction between the Editor in Chief, the Co-ordinating Editors (and hence Review Groups) and the HEAP / Methods Groups, with a focus on implementation of Handbooks and improving review quality. Part of the remit of the Methods Board is to receive input from the MARS Working Group and to ensure appropriate delegation of tasks arising from it, including Methods Groups’ input to quality monitoring and improvement initiatives.

Methods Groups that select ‘Helping to monitor and improve the quality of Cochrane Reviews’ as a core function are expected, at a minimum, to:

- Respond to requests channelled via the Methods Board/ Methods Executive for specialist input to active monitoring of aspects of the quality of Cochrane Reviews and/or initiatives aiming to improve the quality of Cochrane Reviews.

Such requests will need to take into account levels of funding and resources available to individual Methods Groups to support these activities; if active monitoring/ contribution to specific initiatives is warranted, the Collaboration may need to provide (or help facilitate access to) funds to Methods Groups to support this. In addition, Methods Groups may choose to initiate active monitoring and/or quality improvement initiatives themselves, independent of any request from the MARS Working Group or other source.

# 3.5.1.13 Conducting methodological research (elective core function)

So far as possible, the policy advice, training materials, peer review and specialist advice etc. that Methods Groups provide within the Collaboration should be based on good evidence, and not solely on opinion. Methods Groups may achieve this by collating, evaluating, consolidating and recommending methods, as well as by developing methods themselves. The body of evidence that Methods Groups may draw upon includes evidence from empirical methodological research studies, where such studies may be conducted under the auspices of one or more Methods Groups (see below), by leaders and/or members of Methods Groups, by methodologists within the Collaboration but outside Methods Groups, or by methodologists outside the Collaboration.

Most research output is from individuals within Methods Groups rather than Methods Groups themselves (i.e. in the absence of funding for most Methods Groups, methodological research is typically an indirect rather than a direct output). Also, whilst research undertaken by methodologists in the Collaboration may be motivated, sometimes very strongly, by events or observations in the Collaboration, intellectual property generally lies with employers rather than the Collaboration (even for funded projects).

There is consensus amongst Methods Groups that the Collaboration cannot expect methodological research output from Methods Groups other than specific projects funded by the Collaboration. However, this does not exclude the possibility that, in some instances, Methods Groups may obtain funding for empirical methodological research studies to be conducted (wholly or partly) under the auspices of the Methods Group itself (as opposed to individuals or their employer institution). It is only the latter that falls under the definition of the core function ‘Conducting methodological research’.

Methods Groups are also encouraged to maintain an agenda for research relevant to their aims and scope that reflects the kinds of policy advice, training materials, peer review and specialist advice etc. they provide within the Collaboration. Some Methods Groups are happy to place such research agendas in the public domain, whilst others are less eager to do this, motivated by a need to protect intellectual property. Additionally, Methods Groups are encouraged to exploit opportunities to facilitate and support needed empirical and theoretical methodological studies, so far as possible. Members of Methods Groups are also encouraged to list their Methods Group affiliations on publications if appropriate.

Methods Groups that select ‘Conducting methodological research’ as a core function are expected, at a minimum, to:

- Maintain (publicly or privately) an agenda for research relevant to their aims and scope that reflects the kinds of policy advice, training materials, peer review and specialist advice etc. they provide within the Collaboration.
- Seek funds for empirical or theoretical methodological research studies to be conducted (wholly or partly) under the auspices of the Methods Group.

# 3.5.1.14 Communicating Cochrane methodology to external organizations (elective core function)

An increasingly important function for some Methods Groups may be to interact with external organizations and networks to provide their members with advice on and/or explain methodology (relevant to the aims and scope of the Group) that is used in the preparation and maintenance of Cochrane Reviews.

Methods Groups that select ‘Communicating Cochrane methodology to external organizations’ as a

core function are expected, at a minimum, to:

- Respond to requests from external organizations and networks to provide advice on and/or explain methodology (relevant to the aims and scope of the Group) that is used in the preparation and maintenance of Cochrane Reviews (within available resources).
- Maintain a private register of external organizations and networks whose members would benefit most from advice on and/or explanation of methodology (relevant to the aims and scope of the Group) that is used in the preparation and maintenance of Cochrane Reviews.
- Offer advice or explanation of methodology (relevant to the aims and scope of the Group) that is used in the preparation and maintenance of Cochrane Reviews to external organizations and networks whose members would benefit most from this (within available resources).

## 3.5.2 Registration and accountability

In the early years of The Cochrane Collaboration, Methods Groups developed mainly around the desire to provide a forum for discussion, and the majority of Methods Groups were initially registered through an informal process. However, it became clear that it was important to register Methods Groups formally and to ensure that they address their responsibilities adequately. New Methods Groups are expected to register in much the same way as other Cochrane entities. That is, exploratory meetings are held, there are explicit criteria for assessing the applications for new Methods Groups (see APPENDIX 1: Monitoring and Registration Committee, A1.5 Registration< [44]), and registration is achieved only after approval by The Cochrane Collaboration Steering Group [7] (CCSG [11]).

A representative of the Monitoring and Registration Committee (MaRC [10]) should be invited to attend the exploratory meetings. If a MaRC representative cannot attend (either in person, by VOIP or by teleconference), the organisers of the exploratory meetings should ensure they discuss the registration process and a provisional agenda for the meetings with a MaRC representative in advance. The aim of MaRC involvement is to help to ensure that the meetings are as useful as possible to inform the proposed Methods Group's potential application for formal registration. There should be formal feedback to the MaRC representative, Methods Groups representative on CCSG, and Methods Executive, to ensure effective communication, which should include a person-to-person discussion (e.g. by telephone) with the MaRC representative, and circulation of the exploratory meeting's minutes to the MaRC representative.

Potential Methods Groups applying for registration should include the CVs of all proposed Co-Convenors. A full CV is not required. The CV should be a summary illustrating the relevant background and experience with methods of interest, and include a sample of published work. Please identify one or more Convenors as 'Leads' or 'Contact Co-Convenors' for the Methods Group. The Methods' Executive will review all Co-Convenor CVs for a new Methods Group to ensure appropriate methodological experience, and make recommendations on their acceptance to the Editor in Chief and members of the MaRC (as long as it remains relevant to do so). It may be considered necessary to seek independent advice to ascertain the suitability of the candidate Convenors, due to lack of familiarity by members of the Methods' Executive with the proposed methods.

The Methods Groups’ representative on the CCSG is responsible for assisting with the preparation of an application to register as a Methods Group, in consultation with the Methods Executive. This includes advice on the preparation of a draft module for the Group, the collection of indications of support from relevant individuals and entities within The Cochrane Collaboration, and clarity about

the role of the proposed Methods Group in supporting the preparation of high quality Cochrane Reviews. When preparing an application for registration, a proposed Methods Group must decide which elective core functions they will fulfill during their first two years (Section 3.5.1< [45]). Methods Groups, like other entities, are expected to set targets against which their contribution to the aims of The Cochrane Collaboration can be measured. Their progress is monitored fully every two years, and financially on an annual basis, in order to identify potential and actual difficulties and provide support to help them achieve their objectives and meet their targets.

Methods Groups prepare and maintain modules in Archie (the Collaboration's Information Management System) for inclusion in *The Cochrane Library*. These modules contain contact details and information about the scope, membership and activities of each Methods Group. Workshop reports and other documents of general interest can also be incorporated in Methods Group modules.

To date, few Methods Groups have held direct funding to support the activities they undertake and outputs they produce for the benefit of The Cochrane Collaboration. They rely on the voluntary efforts of their members and, usually, administrative and other 'in kind' support from the host organizations of their convenors. Each Methods Group is required to have at least two convenors and, if possible, these should be from different countries. It is the responsibility of the convenors to provide a point of contact for members of the Methods Group and for Cochrane entities that need help from the Group.

As well as organizing training workshops at the annual Cochrane Colloquia, some Methods Groups also use Colloquia as an opportunity to organize business or scientific meetings for their members and others. Furthermore, because the pressure of other meetings at the Colloquia can make it difficult to arrange meetings that last more than a few hours, Methods Groups may arrange longer meetings at other times to discuss specific issues in sufficient detail.

## 3.5.3 Co-ordination of Methods Groups

Decisions about the scope and boundaries of Cochrane Methods Groups have sometimes rested solely on the existing interests of the individuals involved. When establishing Methods Groups, a balance needs to be struck between The Cochrane Collaboration's principles of "building on people's existing enthusiasm and interests" and "minimising duplication of effort". In the first few years of The Cochrane Collaboration, enthusiasm and established interests were generally allowed to dominate over the prevention of duplication, so that those with specific interests relevant to the aims of The Cochrane Collaboration were encouraged to pursue them. This sometimes resulted in more overlap than is desirable, and more consideration is now being given to avoiding unnecessary duplication and proliferation of Methods Groups with overlapping interests. This had implications for new Methods Groups wishing to register (i.e. they must address needs that are not already being addressed), for existing groups and for co-ordinating the activities of Methods Groups.

Responsibility for co-ordinating Methods Groups rests with their representative on The Cochrane Collaboration Steering Group< [7] (CCSG [11]) and the Methods Executive. This responsibility includes facilitating communication among Methods Groups, responding to expressions of interest in forming new Methods Groups, serving as a conduit to the Monitoring and Registration Committee and the CCSG for applications to register Methods Groups, and facilitating the development and

maintenance of modules for Methods Groups. One specific aspect of this co-ordination is the organization of a meeting of the Methods Board at each Cochrane Colloquium.

Methods Groups are expected to contribute to the work of the Methods Board. A key responsibility of the Methods Board is the provision of formal recommendations to the CCSG on methods to be used for Cochrane Reviews on the effects of interventions. This guidance will largely originate from the Methods Groups. The guidance is disseminated through the *Interventions* Handbook *[31]*< and DTA Handbook [32], and through implementation in software, both of which also rely on specific input from Methods Groups. The Handbook< [32]s aim to help authors make good decisions about the methods they use in their systematic reviews of healthcare interventions and diagnostic tests. The guidelines in the *Handbooks* are intended to help authors to be systematic and explicit about the questions they pose in Cochrane reviews and how they derive answers to those questions.

## 3.5.4 Improving methodological support in The Cochrane Collaboration

In October 2003, The Cochrane Collaboration Steering Group< [7] (CCSG [11]) approved the inclusion of the following text in the Policy Manual:

1. New Methods Groups may need to focus their efforts on conducting research and producing advisory material before they can be in a position to provide useful one-to-one advice to Cochrane Review Groups (CRGs< [46]), Centres and Fields. Methods Groups will state in their module< [47] their current ability to provide advice.

2. When preparing funding applications for health research projects it is expected that CRGs, Centres and Fields should consider including budget lines to fund the methodological and statistical support that they require to complete those projects.

3. CRGs should ensure that their named methodological or statistical consultant is able to commit regular time to the work of the CRG.

4. The CCSG endorsed the model of methodological and statistical consultants being editors of CRGs, to enable them to play a greater role in ensuring and improving methodological quality< [48] of Cochrane Reviews.

5. Everyone involved in CRGs, Methods Groups, Centres and Fields should look for opportunities to involve new methodologists in the work of the Collaboration, and ensure that they are linked into the relevant Methods Group(s).

In 2009, the core functions of Methods Groups were revised better to reflect both the diversity of the types of methods that they addressed, and the associated needs of the Collaboration with regard to those methods. The revised core functions had an increased emphasis on the role of Methods Group in providing policy advice, serving as a forum for discussion, and ensuring that the Group functions as part of The Cochrane Collaboration. Methods Groups were also given the option to adopt one or more elective core functions, which include providing training, hosting a network of CRG-based methods individuals, providing peer review [5] and specialist advice, helping to monitor and improve the quality of Cochrane Reviews, and conducting methodological research; it is recognised and

accepted that not all Methods Groups will take on all these functions.

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[3] https://community-archive.cochrane.org/glossary/5#term167
[4] https://community-archive.cochrane.org/glossary/5#term398
[5] https://community-archive.cochrane.org/glossary/5#term330
[6] https://community-archive.cochrane.org/glossary/5#term357
[7] https://community-archive.cochrane.org/glossary/5#term414
[8] http://www.mrc-bsu.cam.ac.uk/cochrane/manual/3_2_8_1_agenda_for_an_exploratory_meeting_to_discuss_formation.htm
[9] http://www.mrc-bsu.cam.ac.uk/cochrane/manual/3_2_8_2_report_of_an_exploratory_meeting.htm
[10] https://community-archive.cochrane.org/glossary/5#term300
[11] https://community-archive.cochrane.org/glossary/5#term156
[12] https://community-archive.cochrane.org/glossary/5#term390
[13] https://community-archive.cochrane.org/glossary/5#term132
[14] https://community-archive.cochrane.org/glossary/5#term218
[15] https://community-archive.cochrane.org/training
[16] https://community-archive.cochrane.org/glossary/5#term220
[17] https://community-archive.cochrane.org/glossary/5#term144
[18] https://community-archive.cochrane.org/glossary/5#term558
[19] https://community-archive.cochrane.org/organisational-policy-manual/3284-example-covering-letter-application-register-cochrane-collaboratio
[20] https://community-archive.cochrane.org/glossary/5#term443
[21] http://www.update-software.com/meerkat/
[22] https://community-archive.cochrane.org/glossary/5#term158
[23] http://www.mrc-bsu.cam.ac.uk/cochrane/manual/2_2_4_rationale_for_requiring_cochrane_authors_to_publish_in.htm
[24] https://community-archive.cochrane.org/organisational-policy-manual/3225-considering-scope
[25] https://community-archive.cochrane.org/glossary/5#term266
[26] https://community-archive.cochrane.org/organisational-policy-manual/3287-co-ordinating-editor-job-description-and-expectations-role
[27] https://community-archive.cochrane.org/organisational-policy-manual/3288-editor-terms-reference
[28] https://community-archive.cochrane.org/organisational-policy-manual/32210-feedback-editor
[29] mailto:admin@cochrane.org
[30] http://www.mrc-bsu.cam.ac.uk/cochrane/manual/3_2_2_1_what_can_i_do.htm
[31] https://community-archive.cochrane.org/glossary/5#term164
[32] https://community-archive.cochrane.org/glossary/5#term249
[33] https://community-archive.cochrane.org/editorial-and-publishing-policy-resource/peer-review
[34] https://community-archive.cochrane.org/organisational-policy-manual/1135-ombudsmen
[35] https://community-archive.cochrane.org/#_ftnref1
[36] https://community-archive.cochrane.org/sites/all/libraries/tinymce/jscripts/tiny_mce/plugins/paste/pasteword.htm?R=#_ftn1
[37] https://community-archive.cochrane.org/glossary/5#term150
[38] https://community-archive.cochrane.org/sites/all/libraries/tinymce/jscripts/tiny_mce/plugins/paste/pasteword.htm?R=#_ftnref1
[39] https://community-archive.cochrane.org/glossary/5#term145
[40] https://community-archive.cochrane.org/glossary/5#term240

[41] https://community-archive.cochrane.org/organisational-policy-manual/a16-monitoring
[42] https://community-archive.cochrane.org/organisational-policy-manual/11312-methods-board-and-methods-executive
[43] https://www.cochrane.org/organisational-policy-manual/a17-de-registration-entity
[44] https://community-archive.cochrane.org/organisational-policy-manual/a15-registration
[45] https://community-archive.cochrane.org/organisational-policy-manual/351-role-methods-groups
[46] https://community-archive.cochrane.org/glossary/5#term163
[47] https://community-archive.cochrane.org/glossary/5#term299
[48] https://community-archive.cochrane.org/glossary/5#term271