1) Cochrane announces a pilot Fast-Track Service

The research landscape has changed since Cochrane’s inception in 1993, and there are now many more experienced evidence synthesis researchers. The lengthy review development process is sometimes cited as a key reason why such researchers publish their reviews elsewhere, rather than with Cochrane. As part of the Structure & Function Review, the Governing Board has asked the Cochrane Editorial Unit (CEU) to look at ways to speed up publication of high-quality, high-impact reviews, written by capable and experienced Cochrane author teams. We will do this by piloting a fast track editorial process for specific, high-quality review submissions. We also hope that this approach will reduce Cochrane Review Group (CRG) workload, and improve author experience for our strongest author teams.

Who are our target participants?
We plan to work with experienced author teams who are familiar with the Cochrane standards and processes. Editorial tasks will be managed centrally, in collaboration with CRGs.

Criteria for reviews
• Standard intervention reviews are our main target, but we will accept other types of reviews as long as the author team have the required methodological expertise.
• Reviews must be written in English, submitted in RevMan, adhere to the Cochrane Style Manual and comply fully with the MECIR standards.
• Author teams should include methodologists and content experts in the field of the review topic (for example health professionals or informed consumers). At least one member of the team, either the lead or contact author, should be an experienced Cochrane author.
• Submitted reviews must be accompanied by a research protocol which may be developed in RevMan, but this is not essential. The review protocol must clearly state the research question, inclusion criteria and methods to conduct the review and provide sufficient detail to demonstrate that the protocol is consistent with the MECIR conduct standards for protocols. The protocol must be pre-registered in PROSPERO and may have been published elsewhere.
• The review topic area must be relevant for Cochrane, with clear justification of relevance to one or more external stakeholders.
• Submitted reviews should require minor or no amendments. Any review requiring significant methodological revisions will be rejected.

The Cochrane Fast-Track Service proposal contains more information about the pilot, including further detail on the author and review criteria, workflow, timeline and planned evaluation.

2) Cochrane Governing Board: election results

The election of four new members of Cochrane’s Governing Board, conducted over December and January, is now complete. Our warm congratulations go to the following new members of Cochrane’s Governing Board, who will join the Board at their next face-to-face meeting in Geneva in April 2017:

- Jan Clarkson, UK
- Gerald Gartlehner, Austria
- Peter Gøtzsche, Denmark
- Nancy Santesso, Canada

As Co-Chairs of the Board, Lisa Bero and Cindy Farquhar would like to welcome these new members to the Board.

Our sincere thanks go to all the candidates who stood in this first election to be held under Cochrane’s new Articles of Association, adopted in October 2016. Their contribution and willingness to volunteer their time is greatly appreciated. The new Articles and electoral policies greatly expanded the eligibility of Cochrane contributors to stand and vote for Board positions, leading to a record number of votes received. Further details are available on the Board elections page.
This election was a special election, delayed to follow the decision on the new Articles of Association. The regular cycle of Board elections in the middle of each year will now resume. The next Board election will commence in June 2017.

3) The third Cochrane Review Support Programme (CRSP) funding round: announcing the 10 successful titles

We are pleased to announce the 10 successful titles from the third Cochrane Review Support Programme (CRSP) funding round.

1. Airway physical examination tests for detection of difficult airway management in apparently normal patients (Anaesthesia, Critical and Emergency Care)
2. Atraumatic restorative treatment versus conventional restorative treatment for the management of dental caries (Oral Health)
3. Cognitive rehabilitation for spatial neglect following stroke (Stroke)
4. Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units (Upper GI and Pancreatic Diseases)
5. Interventions for weight reduction to improve survival in obese women with endometrial cancer (Gynaecological, Neuro-oncology and Orphan Cancers)
6. Lifestyle intervention for improving school achievement in overweight or obese children and adolescents (Developmental, Psychosocial and Learning Problems)
7. Macrolides for bronchiectasis/Oral versus inhaled antibiotics for bronchiectasis (Airways)
8. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material (Consumers and Communication)
9. Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome (Urology)
10. Vaccines for preventing influenza in the elderly (Acute Respiratory Infections)

We received 16 applications from 12 Groups. To evaluate the applications we convened an international assessment panel comprised of seven Cochrane contributors and consumers of Cochrane reviews, who generously shared their time and expertise:

- Maya Elin O'Neil, AHRQ PCOR K12 Scholar; Neuropsychologist, VA Portland Health Care System, Assistant Professor, Oregon Health and Science University, Department of Medical Informatics and Clinical Epidemiology & Department of Psychiatry
- Dr Urbà González, Unit of Dermatology, CLÍNICA GO&FER, Barcelona, Spain
- Dr Richard Lehman, Hightown Surgery, Oxford, UK
- Prof Ashraf F Nabhan, Department of Obstetrics and Gynaecology, Faculty of Medicine, Ain Shams University, Cairo, Egypt
- Dr Sera Tort, Cochrane Editorial Unit, London, UK
- Dr David Tovey, Editor in Chief, the Cochrane Library, Cochrane Editorial Unit, London, UK
The panel members assessed the applications according to the criteria outlined in the application form and gave each review an overall score out of 10. The maximum possible score for each review was 70 (10 points x 7 assessors).

The next funding round will open sometime in March 2016 and will be advertised via the usual Cochrane communication channels.

4) Vote for your Methods Representatives for the new Cochrane Council – Deadline 14th February 2017

Vote now for your Methods Representatives for the new Cochrane Council

DEADLINE 14th February 2017

The vote is now open for Methods Representatives for the Cochrane Council. Methods Groups’ convenors and their members are eligible to vote. We have three nominations for details on candidates and voting please go here.

5) Apply for the Cochrane-REWARD prize for reducing waste in research – Deadline: 28th February 2017

The Cochrane-REWARD prize will highlight both underused “remedies” and the need to invest in research to identify problems and solutions to them. Cochrane is now calling for nominations for the 2017 prize - submissions close 28th February 2017.

More information on the prize and how to submit a nomination click here.

6) Global Evidence Summit 2017: Call for abstracts open – Deadline 1st March 2017

Opportunities to present special sessions, workshops, oral presentations, and poster abstracts is open as of 5 January 2017. This is your chance to be part of the Global Evidence Summit (GES) and we look forward to receiving abstracts around the theme: Using evidence, Improving lives. The GES replaces the normal Cochrane Colloquium this year.

For more information, please visit the GES website.

7) 4th International Clinical Trials Methodology Conference – 7th-10th May 2017 in Liverpool
On behalf of colleagues at the Society for Clinical Trials and the MRC Network of Hubs for Trials Methodology Research, the organisers are delighted to welcome you to the 4th International Clinical Trials Methodology Conference, held jointly with the Society for Clinical Trials Annual Meeting 2017.

For more information click here.