The Structure and Function of Cochrane Review Groups:

Implementation of Networks and Editorial Board.

FAQs and key emerging themes from teleconferences with Cochrane Review Groups (CRGs) in July and August 2017.

Response from the Sustainability Review reports:

Q: What specific methods were used to make the Sustainability Review assessment? What criteria were used?

A: The Cochrane Editorial Unit (CEU) already had a great deal of significant intelligence about many CRGs, based on day-to-day interactions with the Groups, authors, and others and current information from Archie. The assessment of each CRG was quantitative and qualitative, and included an options appraisal. The Project Team undertook any necessary additional evaluation and diagnostics, and then made recommendations on required action. During the first part of the project it became clear that making concrete plans to help at-risk CRGs to become more sustainable required clearer thinking about the future. These required more substantive and in-depth reports.

The sustainability reports were completed and finalized by 31st August 2017 and sent to all CRGs. Subsequent calls with all groups were held through August and September with Co-ordinating Editors (Co-Eds) and the Deputy Editor in Chief.

Q: How can I appeal against this assessment of my Group and the recommendations made by the Project Team? What is the process? Who will make the final decision?

The Project Team was responsible for approving and signing off all Sustainability Review assessments. In the case of any appeal, they have also made recommendations to the Governing Board. In all specific instances to date, the Governing Board has approved the recommendations of the Project Team. Appeals can be heard by a sub-committee of the Governing Board; and that decision of that sub-committee is final.

The formation of Networks:

Q: Why are Networks grouped thematically and not geographically? What were the criteria for the thematic areas of the 8 Networks?

A: The Project Team recommended the creation of eight Networks, based on broad themes. In producing this list, the Project Team considered the extensive feedback it has received, including from the April 2017 meetings in Geneva. (http://community.cochrane.org/organizational-info/resources/support-cet/organizational-structure-and-function/updates-organizational-structure-and-function). In addition, one of the aims of the project was to make the CRGs more outwards focussed. In our judgement, this was more likely to occur through networks that matched structures and taxonomies in common use in health systems internationally.

Q: What were the criteria used to assign individual CRGs into allocated Networks?

A: The criteria for the allocation of CRGs into the 8 thematic Networks were based on a set of principles, namely:

1. Scope coherence with other CRGs in the same Network – particularly in relation to:
   a. Populations of interest
   b. Interventions in common
   c. Outcomes
2. Shared methodological interests (e.g., prognosis reviews)
3. Co-location / proximity

Q: Will Networks be able to work together?

A: Yes, absolutely. The establishment of Networks provide an opportunity to improve collaboration and support between CRGs; specifically, between the Co-Eds, Editors, Managing Editors (MEs), Information Specialists (ISs), reviewers, and others who work in those CRGs. Leadership of, and support for, these activities will be provided by Cochrane in the form of a Senior Editor (SE) and an Associate Editor (AE). However, we will actively encourage networks to identify areas of shared interest and to pursue these in collaboration. The formation of the Networks will take place during Q4 2017 with 'launch' in Q1 2018. The role of SEs will be advertised during October 2017 as part of a Community-wide open recruitment process. Further details and time-lines will be communicated through Group Digests and the internal Cochrane Community website, community.cochrane.org.

Q: What if I don't agree with the Network my group has been assigned to? Can I appeal? How?

A: As of this time, the CRGs have been allocated into the eight Networks and this is unlikely to change in the foreseeable future. In situations where a CRG considers that its scope is relevant to more than one Network, the following options may be available, subject to the agreement of the Project Team:

1. The CRG divides its scope such that each 'sub-unit' will be accommodated within a separate network. For example, the scope of the ENT Group currently covers Ear, Nose & Throat and Head & Neck Cancer. Such a group may subdivide into two: 'General ENT' (Long-term Conditions & Ageing Network) and 'Head and Neck Cancer' (Cancer Network). In such a case, each new unit requires leadership by a Co-Ed from a relevant editorial base. The units will then follow the accountability and management arrangements in the relevant Network.

2. The CRG has a primary Network affiliation and a secondary relationship with one or more additional Networks: e.g., the Injuries Group is a member of the Acute and Critical Care Network, but has a secondary relationship with the Public Health Network for injury prevention. As a result, they may be included in discussions (about scope, prioritization, etc) within the second Network where appropriate. In such cases, the governance and management of the CRG will be via that Group's primary Network. There are likely to be various ways of dividing existing CRG scopes within the proposed Networks.

The Project Team recommends that as a first step CRGs align with one Network, and deal with subdivision of scope at a later stage.

Q: How will CRGs function differently under the Networks? What will be the main changes we will see in the first 12 months?

A: For most high performing CRGs, the introduction of networks will make very little difference to day to day activities, in particular to the management of the editorial process, including peer review and sign off.

Each Network will be led by a Senior Editor (SE), responsible directly to the EiC. SEs will support and co-ordinate activities within the Networks, assisted by an Associate Editor, (AE) drawn from the existing CEU. They will oversee the types of activities which the CEU takes on at present, especially those related to quality problems with reviews and author teams. They will oversee and support prioritisation and gap assessment activities and support the implementation of methodological and publishing innovations. However, the long-term aim is for CRGs within a Network to align their activities in such a way that such problems are avoided or minimized – something that the best-performing CRGs are already able to do.

In the next two years the CRG teams working together in each Network, led and supported by the SEs and AEs, will develop and begin implementation of a work plan that:

- ensures that review quality and editorial processes are consistent across the Network;
- evaluates topic coverage at the Network level and identifies important gaps;
- identifies review topic priorities at both the Network and CRG levels;
- identifies Network-specific developmental priorities (for example, for training or a methodological development);
- seeks to optimize communication between Networks and the Cochrane community;
- considers Knowledge Translation (KT) and outreach activities at the Network level.

The SE and AE will oversee and provide support for Network *and* CRG-based prioritization activities, working closely with the CRGs and other stakeholders. Members of the Network will be responsible for ensuring that appropriate methods are used.

Q: How will the relationship management between the Editorial Board/Networks/CRGs work?

A: The EiC is independent and accountable to the Governing Board for the editorial content of the Cochrane Library; reporting to the Chief Executive Officer for all other organizational issues (including Network and Group management). The EiC will be advised and supported in these responsibilities by a new Editorial Board, which will be a critical part of Cochrane's new management arrangements.

CRGs are accountable to the EiC via the Senior Editor (SE). The SE leads each Network, with the accountability and responsibilities set out below. Each CRG Co-Ed will be required to sign a Memorandum of Understanding every five years with the EiC that will describe the mutual expectations and responsibilities of Cochrane and the CRG in question. The EiC and CEU team will be responsible for co-ordinating the drafting and signing of the Memoranda of Understanding between Cochrane and the CRGs. Where appropriate, hosting institutions will also be invited to co-sign the MOU.

The SEs and EiC will be responsible for ensuring that each CRG within each Network has a five-year accreditation process, and accountability systems that are aligned, where appropriate, with the requirements of funding agencies.

Q: Can I see a structure or governance chart of how the Networks fit in relationship to CEU/Editorial Board and Governing Board?

The EiC bears ultimate responsibility for the publication of all reviews published in the Cochrane Library. Although in most cases, he/she delegates that responsibility, so that Co-Eds sign off almost all the Cochrane Reviews that are published, CRGs are not autonomous publishing units. The Governing Board is legally responsible for everything done in Cochrane's name, and the EiC is accountable to the Board for his/her decisions.

Q: Will we still function as 51 separate CRGs?

A: The impact of the proposed changes on an individual CRG will vary depending on how a CRG is currently functioning: specifically, on the quality of its outputs, the ways in which it is already prioritizing topics, and the degree to which it uses standard editorial processes.

Will the day-to-day work of Co-Eds, MEs, and ISs change significantly? That depends. As an example, if a Group until now has taken on many authors with little or no experience of doing a Cochrane Review, and then supported them very intensely, working with them on multiple versions of a review over many months or years – things will change. Many of the most successful CRGs have abandoned this paradigm, and they will be able to share their knowledge of how they did this over the coming months.

The introduction of networks should be transformative. It should support the consistent delivery of high quality editorial processes and standards, and the efficient delivery of innovation and knowledge transfer. Within each network, we envisage that in the medium and longer term, we will see greater co-operation between CRGs, perhaps leading to merger where that provides opportunities for delivering better value to funders. In addition, activities such as the 'gap analyses' may be the stimulus for incorporating content experts with an interest and appropriate skills to come into Cochrane to address currently neglected areas, within a robust network structure.

Funding of Networks:

Q: What investment will each Network receive?

A: in the first phase of implementation each Network will receive a SE who is accountable to the EiC. SEs will work with one Network only. They will have a strategic leadership role for the Network; and through their membership of the Editorial Board will contribute to developing strategy and monitoring the performance of the Cochrane Library.

The SEs will receive funding to support their work – scaled at about one day per week of activity.

Each Network will also receive the support of an Associate Editor (AE), accountable to the SE. AEs may work with one (or more) Networks, as well as closely with the CEU. Their role will be mainly operational: ensuring that issues of poor-quality reviews are identified in the early stages of the review process; providing back-up screening and editorial support to CRGs within the Network; identifying mechanisms to deal with issues of review quality and supporting the implementation of these mechanisms across the CRGs within the Network; supporting the development and implementation of appropriate and consistent editorial processes for the Network; and supporting communication between the Network and CET with respect to issues of quality, editorial process, training, technology, knowledge translation, and innovations of methods in Cochrane Reviews.

The AEs will be funded from the CET for 2.5 days per week per Network. This represents an increased capacity from the current CEU Screening programme.

In addition, we will create stronger relationships between the ME and CIS support teams and individual networks.

The CET will also seek internal and external opportunities for attracting resources for additional support to Networks.

Role of Editorial Board:

Q: What is the role and remit of the Editorial Board?

A: The Editorial Board is responsible for supporting the EiC and overseeing the review production process of Cochrane Reviews. The main roles of the Editorial Board will be to:

- develop editorial, publishing, and content strategies with the EiC;
- support the EiC in the implementation of changes to improve consistency in the quality and timeliness of Cochrane Review preparation and publication;
- support the EiC in the development, implementation, and audit of editorial policies and practices;
- monitor the performance of the Cochrane Library;
- work closely with the EiC to develop and oversee implementation of future strategy for the Cochrane Library.

Q: Who is part of the Editorial Board?

A: The Editorial Board will include the eight Network SEs; a methodologist; one external member (representing the end users and with relevant experience in the area of evidence synthesis and its application in global decision making); and one representative from the Cochrane community who brings specific expertise in knowledge translation.

The Editorial Board will be chaired by the EiC, supported by the Deputy EiC. Members of the **Editorial Board will be appointed for a renewable fixed term.**

Q: What daily decision-making influence do they have?

A: Their main role is one of strategy and support to the Networks and EiC. They will oversee the review production process, but not have an operational influence on the work of the Networks.

Appointments of SEs and AEs:

Q: What will be the appointment process for SEs and AEs?

A: The role and remit of the SEs and AEs has been outlined in The Structure and Function of CRGs: Implementation of Networks and Editorial Board: Appendix 2: http://community.cochrane.org/sites/default/files/uploads/inline-files/The%20Structure%20and%20Function%20of%20Cochrane%20Review%20Groups_16Aug17_2.pdf

An open recruitment process will begin in October 2017 for the appointment of the SEs. A full job description consisting of roles and responsibilities and key result areas is being advertised on community.cochrane.org and through the Group Digests. Please see link, here: http://community.cochrane.org/news/cochrane-seeking-new-generation-senior-leaders-its-vibrant-review-networks. Closing date is Monday 13 November 2017.

The Editor in Chief will select the membership of the Editorial Board, supported by the Structure and Function Project Team. In making the appointments, he/she will ensure that the Board reflects the geographical, linguistic, gender and experience diversity needed to represent the Cochrane community appropriately.

Q: How will key announcements and implementation stages be communicated?

A: We will continue to fully engage with all CRGs over the coming weeks and months as we work closely with all members of the wider CRG community in our planned implementation. Regular communication and implementation updates will be shared as priority news items in the bi-weekly Group and Methods Digest, as well as through http://community.cochrane.org/. In addition, we are planning regular webinars during this early implementation process and face-to-face meeting time for the eight Networks at Cochrane's Governance Meetings in Lisbon in March 2018.

Q: What is the mechanism and channel for feedback on the Implementation Plan?

A: We recognize that there may continue to be questions about what this means for you and the future functionality of CRGs. These FAQs will be posted on community.cochrane.org as a resource; we will update them regularly when we have more information and more questions and answers to share. However, in the meantime we have established an email address where you can submit questions, and one of the Project Team will respond to your enquiry: SFinfo@cochrane.org.

The Project Team – October 2017.

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