Minutes of the
Cochrane Collaboration Steering Group meeting
in Oxford, UK
17 and 20 March 2013

[Minutes approved on 11 June 2013.]

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Present: Jonathan Craig (Co-Chair), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Julian Higgins, Steve McDonald, Mona Nasser, Mary Ellen Schaafsma, Denise Thomson, Liz Whamond and Mingming Zhang.

Xavier Bonfill (Director, Iberoamerican Cochrane Centre, for item 8 only), Deborah Dixon (John Wiley & Sons, for items 4 and 7 only), Deborah Pentesco-Gilbert (John Wiley & Sons, for items 4 and 7 only).

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Claire Allen (Deputy Administrator), Lorne Becker (Trading Company Director), Lucie Binder (Project Support Officer), Jini Hetherington (Company Secretary, minutes), Lorna McAlley (PA to the CEO, minutes).

1.   **Welcomes, apologies, declarations of interest, and approval of the agenda**
Jonathan welcomed everyone to the meeting, noting that this was Mark's first face-to-face meeting as Chief Executive Officer. Jonathan said that for future meetings two or three Steering Group members would be identified to address each portfolio, in order to focus more fully on individual items. There were no additional declarations of interest or items for the agenda.

2.   **Co-Chairs' report**
Jeremy reported that the first ever Colloquium in 1993 had taken place a few feet from the UK Cochrane Centre where the Steering Group was now meeting. In the light of Cochrane's first 20 years he highlighted the developments of the appointment of the new CEO and the signing of the new publishing contract with Wiley. In relation to the new contract he congratulated those who had been involved in the negotiations and recognised the significant contributions of David, Mark and other staff members of the CEU and COU. The first meeting of the Cochrane-Wiley publishing management team had taken place on 6 March 2013 (see item 7.2 below). Mark's proposed restructuring of the COU/CEU, which had already been tabled for the Steering Group at its meeting at the end of February, had now been discussed on 16 March at the meeting of centrally funded staff (see item 3.4 below). The response to Mark's proposal had been very positive, and Jonathan congratulated him for his vision which had energised those present, in terms of the type of direction and how to realise that vision. The engagement of the centrally funded staff in the process was evident.

Jeremy highlighted the high level of reserves in the Collaboration's accounts, and recommended that the Steering Group, in consultation with the Collaboration more broadly, should identify two or three key 'game-changers'. These would be large-scale ambitious projects that could help to transform the organisation for the coming twenty years, and could include (but not be restricted to) mechanisms to address key challenges such as the translation of Cochrane content, automating review production, seeding new Cochrane sites globally, training, and leadership development. These projects once completed should either be self-funding or not require recurrent expenditure.

There was broad support from Steering Group members for such a proposal. The Co-Chairs would prepare a paper for the next Steering Group teleconference to begin the consultation phase, with a view to decisions being made in Quebec in September 2013. Steering Group members were encouraged to involve their constituencies in the prioritisation process.

Action: Jeremy and Jonathan to provide a background paper to identify several 'game-changers' for discussion at the next Steering Group meeting.

Despite the substantial changes that had occurred in the Collaboration over the past few years, Jonathan explained that more change was required, especially in view of the appointment of a new CEO and his plans for restructuring the COU/CEU. Mark had joined the Collaboration at a critical time, and an important role of the Steering Group was to provide strong and explicit support for him and his office. Jonathan recognised that change is challenging and members of the Collaboration should continue to be treated as precious, especially in a period of change. He emphasised that the main purposes of updating the Strategic Plan and the proposed restructuring were to ensure that staff fulfilled their roles more effectively, which in turn would mean better support for Collaboration members and groups.

3.   **[Chief Executive Officer's report](#)**
Mark explained the rationale behind the structure of his written report, but in his presentation to the Steering Group he concentrated on the key elements within it. His first few months in post had been an extremely steep learning curve but he had been hugely well supported by the Co-Chairs, Editor in Chief, all members of the COU and CEU, and many other members of the Collaboration. The major foci of his work since arriving in mid-November 2012 had

been the completion of the publishing contract arrangements; the development of a new strategic plan framework for the Collaboration to discuss at these Oxford meetings; and the development of the Secretariat (COU, CEU, IMS and Web Teams) restructuring plans. There had been many other areas of work in addition where good progress was being made, including on the 'Global Initiative' (formally, the 'Building Global Capacity in Systematic Reviews' project, formerly referred to as the 'Cochrane Academy').

3.1 Co-Chair election: The Steering Group considered the need to elect a new Co-Chair as Jonathan was due to step down at the Annual General Meeting on 21 September 2013. As agreed at the previous Steering Group meeting Mark would explore with the Charity Commission whether Co-Chairs or their institutions could be reimbursed for time spent fulfilling the Co-Chair role, to broaden the pool of suitable candidates. If approval was given, this would need to be ratified at the AGM. This timing meant that three options were possible: Jeremy to function as the single Co-Chair until a new Co-Chair was appointed; the Co-Chair role to be advertised under the current conditions; or Jonathan (if he were willing to remain for a few additional months, until a new Co-Chair could be appointed under the new conditions (if approved by the Charity Commission). Following an initial discussion on 17 March the Steering Group considered the issue again at its meeting on 20 March after Jonathan had left the room. The Steering Group approved the following recommendations:

(1) That the 2013 Co-Chair election be postponed until after the AGM in Quebec on 21 September 2013, when the members of the Collaboration would be asked to approve the change in the Memorandum and Articles of Association (subject to them being agreed by the UK Charity Commission).

(2) That Jonathan be asked to remain in position as Co-Chair for an additional three months beyond September 2013, so that an election could be held to replace him from January 2014.

The Steering Group expressed appreciation to Jonathan for his willingness to extend his term as Co-Chair by three months to the end of December 2013.

Action: Mark to request permission from the Charity Commission to remunerate Co-Chairs or their institutions, as appropriate, and if permission was given, to arrange for draft amendments to the Memorandum and Articles of Association of the Collaboration to be prepared for consideration at the AGM in Quebec.

3.2 Costs of mid-year business meetings and during Colloquia: Mark explained that currently there was ambiguity about who bore the cost of these meetings, even though they were, in his view, core business meetings of the Collaboration, with a total cost of around 20-30K GBP annually. He noted that the Steering Group had asked for a thorough evaluation of the mid-year meetings and the new entity executive structure, but there was a need to resolve the financial ambiguity now in order to help plan for the next Colloquium and mid-year meetings. In principle the Steering Group approved the recommendation that business meetings should be funded centrally, but this was contingent on a list being developed and approved of which 'business meeting' costs would be covered, and would be subject to change once the evaluation had been conducted.
Action: Mark to provide more detail to enable the Steering Group to reach a decision in its next teleconference.

3.3 Thomas C Chalmers Award: The Steering Group approved the recommendations of the Thomas C Chalmers Award selection panel, as detailed in Mark's report, with the request that the selection panel considers whether the rule proposed for presenters of oral presentations can also be applied to authors of poster presentations.. For oral presentations, the presenter should be assumed to be the first listed author unless clearly stated otherwise at the time of submission.
Action: Mark to communicate the decision to Yemisi Takwoingi, the current Chair of the selection panel.

3.4 Secretariat restructuring: Mark re-distributed his draft proposals for the restructuring of the centrally funded staff into a single executive structure ('Secretariat' or alternative title) encompassing the COU, CEU, IMS and Web Teams, and explained in detail the reasons for and rationale behind the distribution of executive tasks and functions and the organisational structure he was recommending.

The plans received overwhelming support from the Steering Group. Some amendments, additions and clarifications were requested, though. It was pointed out that various project-oriented responsibilities such as those performed by the MARS group and other advisory groups had not been included in the organogram and should be shown in a more comprehensive version of the organogram of the whole Collaboration. There was wide agreement that the training portfolio would fit more appropriately within the CEU's than the Finance and Core Services department within the COU. It was noted that the restructuring would put accountabilities for production of the Handbook and those for the IMS Team and RevMan into different reporting lines. Mark explained that many tasks, projects and initiatives would involve multiple actors across different departments and so the central executive would develop a 'matrix management' approach which meant that all staff members would report in a 'vertical' line management relationship to a supervisor as per the organogram; but all would be involved in some tasks requiring them to report 'horizontally' to a project manager who was responsible for ensuring that the project was successfully completed.

The Steering Group also agreed to change the title of the proposed Head of 'Informatics and Business Performance' to 'Informatics and Knowledge Management' to reflect better the main focus of the role. The Steering Group

recognised that the precise structure and size of some of the roles (e.g. the Human Resources Manager) was subject to change; and some central staff expressed concern that the plan was light on administrative support for the number of incoming 'Heads', and for the existing Consumer, Methods and Training Co-ordinators.

David warmly endorsed the plan, and welcomed a close, more integrated working in the new structure between the editorial and operational functions (the existing CEU and COU teams). The Steering Group endorsed the proposal to make the Editor in Chief the Deputy CEO; and the new reporting and accountability line between the CEO and the Cochrane Centres, as per the relationship between the Editor in Chief and the Cochrane Review Groups and Methods Groups.

The Steering Group emphasised the need to contain costs in the restructuring and to prove the value of the infrastructural investments in the medium term. It also emphasised the Collaboration's commitment to transparent and explicit approaches to the recruitment processes for the new positions.

Jeremy described the proposed restructuring as an evolutionary process, and cautioned against wordsmithing the end result at this stage. This was part of a wider process of change in the relationship between the executive and governance functions of the Collaboration, and there needed to be a broad review at some point of the organisation's overall governance.

Mark responded to a question about the location of staff members. He hoped that the recruitment process would help to generate a more international executive team, but this would depend on the candidates who applied. His preference was also that the new Heads of Department be located in Oxford/London, but if an exceptional candidate could not relocate then allowing him/her to work from another location would be considered. He shared with the Steering Group his calculations which indicated that the restructuring plans could be financed with an additional £150,000 per annum in addition to the £200,000 already approved by the Steering Group in Paris in 2012. This was affordable, given the continuing surplus of operational income he was projecting in the coming years.

The Steering Group then approved the proposal to create a single, coherent Cochrane Collaboration central executive structure, bringing together the current COU, CEU, IMS and Web Teams. It asked Mark to propose a different name than 'Secretariat', but approved the organisational structure as set out in paragraph 16 of his report, having made the changes that the Steering Group had suggested. In its meeting on 20 March the Steering Group approved a further amendment, with Cochrane Fields moving into a reporting and accountability relationship directly to the CEO, as with the Cochrane Centres.

The Steering Group also gave Mark the go-ahead to begin implementing this plan immediately with the recruitment of three new Heads of Department, a part-time HR Manager, two Officers/Assistants and a Receptionist (net effect: 5.4 FTEs).

Action: Mark to go ahead and develop the necessary job descriptions in order to begin recruitment.

Communication of the above decisions was devolved to the Entity Executives to convey to their constituents by sharing Mark's background paper, focussing particularly on the different functional tasks and the new organogram.

Action: Mark to update his background paper in the light of the discussion of this item before the commencement of the mid-year meetings so that it could be shared at those meetings.

The Steering Group then discussed Mark's recommendation of relocating the COU to London to joint premises with the CEU in April 2015, and also approved this recommendation in principle.

4. **Editor in Chief's report**
   Deborah Dixon and Deborah Pentesco-Gilbert attended the meeting for this item and item 7.
   David presented his report outlining the various work programmes undertaken by the CEU team. Improving the quality and relevance of Cochrane Reviews, and facilitating their dissemination to key stakeholders are central to the team's work, David and his team at the CEU were acknowledged for their high level of hard work and progress.

   4.1 Appendix 1 – Concerns about the quality of reviews: David asked the Steering Group to highlight how the CEU should prioritise its work, particularly in terms of concerns about maintaining the high quality of Cochrane Reviews, because the CEU was stretched to capacity. The role of the Editor in Chief and the CEU is to support Review Groups, by establishing and maintaining good practices. Proposals to centralise the sign-off of reviews for publication would require a major increase in resources, and also have huge implications for Review Groups. The work undertaken by the CEU on producing and delivering derivative products should be funded separately via Cochrane Innovations. A quality systems approach is needed throughout the Collaboration. Mechanisms for ensuring a high quality product are unequivocally the ultimate responsibility of the Editor in Chief.

   4.2 Appendix 2 – Cochrane Library Oversight Committee Chair's email: This had been referred to earlier in the meeting and was not discussed in detail.

   4.3 CEU prioritisation (continuation of discussion on 20 March): David reported that the concerns over review quality had been presented to the Co-ordinating Editors, who had agreed that in future the CEU would receive pre-

publication copies of reviews, screen them and provide feedback. Approval was given in principle for the dual sign-off on reviews by editorial teams and the CEU, although issues of timing and detail would require further consultation.

Action: David to prepare a document outlining the implications of pre-publication screening on the CEU's workload and any resource implications for discussion in the next Steering Group teleconference.

5.   **Strategic session:**

5.1 Planning framework: Mark led discussion of the plans for the strategic session on 20 March, which the Steering Group had already considered briefly in its meeting on 28 February. He suggested that the existing strategic framework would only need a relatively short consultation period if the strategic session held in Oxford later that week confirmed that the strategic framework he was proposing was along the right lines. If so, then he thought that a draft Strategic Plan could be completed in time for consideration and approval at the Quebec Colloquium. If the Oxford strategic session showed that much more work and a more radical plan needed to be developed – or there was a high level of disagreement – then the strategic planning process would likely stretch into 2014. He hoped that the process of internal and external consultation could provide a draft *Strategy to 2020*, with potential short-term objective targets which would be revised on a one- or two-year basis.

The Steering Group confirmed its agreement with the proposed strategic framework that had been shared with the Collaboration ahead of the strategic session. Lucie then described to the Steering Group the proposed format of the strategic session, and Steering Group members agreed to facilitate the five breakout discussion groups: Goal 1 (review quality): David and Julian. Goal 2 (promotion of access): Steve and Marina. Goal 3 (external affairs): Mary Ellen, Liz, Michelle. Goal 4 (efficiency, transparency, organisational strategy): Sally, Denise, Mingming. Goal 5 (sustainability of the Collaboration): Rachel and Mona. Participants should be encouraged to think boldly and broadly. Notes from each of the groups would be shared and used as critical inputs for the writing of a 'first draft' Strategy.

Action: Steering Group members to facilitate the five breakout groups at the strategic session.

5.2 Follow-up (continuation of discussion, on 20 March): Jonathan congratulated Lucie and Mark for their hard work in preparing the strategic session, which had gone very well. Mark reported that there was a high level of consonance in the outcomes of the work fed back by the breakout groups during the latter half of the session, and that the two challenges of 'improving the author experience' and 'focusing on the end users and their uses of Cochrane reviews' emerged strongly from the discussions. As promised earlier, all the feedback received would be used to inform the draft *Strategy to 2020* which the Steering Group would discuss in one or two teleconferences between now and Quebec as part of the wider internal and external consultation process.
Action: Mark and Lucie to prepare a draft strategic paper for Steering Group discussion. Lorna to canvass Steering Group members' availability as soon as possible for two teleconferences to be held between May and July 2013.

6.   **Financial report:**

6.1 Balance sheet of expenditure to date: This had been included in the agenda materials to inform items 6.2 and 6.3.

6.2 Revised budget for the COU and CEU for 2013-2014: Mark took the Steering Group through the revised budget for 2013-14, highlighting which changes had been made to the budget originally approved in Paris in April 2012. He stressed that he had not had time to revisit each budget line; things would change further as the restructuring process took place over the rest of the year, and budgets would be updated accordingly. He was therefore seeking approval for the total budget presented (£3.35 million), which although an increase from the original still projected a net transfer to reserves of over £300,000. Jonathan thanked Mark for his work in putting together this budget at such a busy time. The Steering Group approved the revised budget but it was agreed that a further revised budget would be presented to the Steering Group for 2013-14 at its meeting in Quebec in September 2013.
Action: Mark to present updated figures to the Steering Group in Quebec.

6.2.1 Cost of living increases: Mark explained to the Steering Group the reasons for his recommendation that the Collaboration's centrally-funded staff receive a cost of living adjustment for 2012 linked to the inflation figure (CPI) in their respective countries (2.7%, 1.5% and 1.26% in the UK, Denmark and Germany respectively). The COU and CEU staff then left the meeting. There was some concern about apparent inequity in that review group and centre staff in some jurisdictions have not had commensurate salary increases. It was agreed that a robust HR policy was needed to be put in place in due course, and that salary administration would be part of this policy. After the meeting, Jonathan conveyed the Steering Group's approval of Mark's recommendation to those COU and CEU staff who were present.
Action: Mark to disseminate the Steering Group's approval of his recommendation to the centrally funded staff, and make arrangements for the implementation of the cost of living increases.

6.3 2012-13 budget and actual expenditure to January 2013, and end of year forecast: Mark reminded the Steering Group that it had already briefly considered this document in its meeting on 28 February. Cochrane

Innovations had gift aided funds to the Charity in February, so the income figure was actually greater than indicated in the document under consideration.

7. **New publishing environment**
Deborah Dixon and Deborah Pentesco-Gilbert attended the meeting for this item and item 4.

7.1 Publishing report on post-signing developments: Jonathan acknowledged the huge amount of hard work that had been done in the preceding twelve months, and thanked Deborah Dixon and Deborah Pentesco-Gilbert for their part in the process. He looked forward to building on the partnership between John Wiley and Sons and the Collaboration.

7.2 Cochrane-Wiley Management Team report: Lucie explained that future reports from the joint Management Team (Cochrane and Wiley) would be more comprehensive than the first one provided for this meeting. It was agreed that the Entity Executives should develop a process for feeding comments to the Management Team. Strategies were needed to be developed for dissemination and marketing of *The Cochrane Library* to the Asian market. David focussed on the dramatic growth in the number of authors in the Pacific and Asia, and also significant increases in dissemination and usage. The Steering Group reiterated the central importance of improving translated content in the *Library*, and that the current translations were insufficient and not readily accessible. Jonathan re-emphasised the importance of the publishers providing complete usage data, and not restricting information to the Wiley platform, but including usage through other platforms such as OVID. The Management Team had already begun looking at metrics at the review level, article level and publisher level, as well as ways to include guidelines.
Action: Deborah D and Deborah PG to provide complete access data to the Steering Group on a regular and frequent basis in future.

7.3 Wiley report: Deborah D welcomed the next stage of the new partnership with a focus on increased dissemination of Cochrane content throughout the world, new business models (such as open access), and increased activity in the area of derivative products. Deborah PG pointed out the importance in the new contract of technological improvements, such as the move to 'when ready' publication. The 25% increase in full text accessing of Cochrane Reviews, granting of national licences in Oman and Egypt, and healthy income growth were all very positive developments. In addition, David highlighted that the Library's iPad App was now in its fourth monthly release, and had been well received since its launch at the end of 2012.

8. **Translation strategy proposal**
Xavier Bonfill attended the meeting for this item only. (The status of the background paper was changed during the meeting from Restricted to Open Access.)
This issue was considered hand in hand with agenda item 11.1 (Strategies for supporting and strengthening non-English-language speakers' participation). (See also item 11.2.3.)

Xavier Bonfill, Director of the Iberoamerican Cochrane Centre, attended the meeting for this item only, and presented the report of the Translation Working Group. He stressed that the Collaboration could do much more in ensuring that Cochrane content was translated, and focussed on several identified strategies to provide Cochrane products in more languages. He recommended that the English language text of Cochrane Reviews be more standardised, more translation-friendly and better structured, which would increase the understanding and participation of non-English-speaking contributors in the Collaboration's work.

The report recommended moving to machine translation with human validation, and described various successful initiatives in this area in France and South America. Xavier referred to the tremendous potential of the 'Linked Data' project to facilitate greater translations, and he also proposed translations on a multilingual platform, expecting that the new publishing agreement with John Wiley and Sons would facilitate this. He argued that there had been insufficient investment in the *Biblioteca Cochrane Plus* compared to *The Cochrane Library,* and spoke of the marketing opportunities which had not been fully explored. He said that the translation issue was not restricted to the need to translate Cochrane Reviews, but extended to podcasts, the Cochrane Policy Manual, the Handbook for Systematic Reviews of Interventions and to other training materials. He suggested that the six WHO languages should be the first ones to which the Collaboration's products and materials should be translated, and that the exploration of different translation models should be centrally funded.

Jeremy thanked Xavier and his colleagues for their excellent background paper. Xavier responded to several requests for clarification. He explained that the success of automatic translation depended on the use of simple language, and that there were several available strategies that should be explored. It was suggested that Cochrane Reviews were scientific documents and it was therefore difficult to see how someone checking their translation would have all the necessary skills (i.e. in statistics, methodology, economics, etc.) to do so. Xavier reiterated the importance of having several different but mutually supporting methods of translation in order to overcome this. David suggested exploring the preparation of reviews in one's own language and then being translated after submission for publication; and that the Collaboration should expand its translation of Plain Language Summaries into multiple languages. Mark stressed that the value of 'crowd-sourcing' as a method of efficiently and effectively translating content was greater than the paper implied. Xavier welcomed these comments and looked forward to the strategy being developed into a plan of action.

The Steering Group recognised the importance of translation and improving linguistic accessibility to the

Collaboration's products and in its work processes. It decided that the central executive team and the Translation Working Group should start to develop an action plan incorporating research and development, and operational and business issues. The Steering Group requested that a draft be prepared in time for discussion in Quebec. Xavier and Mark were asked to work together on this, together with the Translation Working Group, and report back on a planned process for the next Steering Group teleconference.

Action: Mark to work with Xavier and the Training Working Group on the production of a comprehensive business plan and translation strategy

9. **Commercial sponsorship of Cochrane Reviews and entities (discussed on 20 March)**
The draft commercial sponsorship policy had been circulated to the Steering Group in advance but had not been made available for discussion during the Entity Executives' meetings on 18 and 19 March. Although the Funding Arbitration Panel had been unanimous in its support of the draft policy, discussions held during the Co-ordinating Editors' and Managing Editors' meetings had raised procedural concerns. In particular, the Co-ordinating Editors had unanimously disagreed with clause a.3 of the paper regarding authors being unable to conduct reviews if they had received funding in the previous three years from either commercial sponsors or sources with a vested interest in the findings of the reviews (e.g. clinical usage). The MEs believed that clause c.14, stating that, "Cochrane authors who include primary studies (which they had conducted) in their review should declare this in the Declarations of Interest section", might not always happen, but every effort should be made to ensure that such a declaration is made.

It was agreed that all Steering Group members needed to consult fully with their constituents about the draft policy before the Steering Group could sign off on it, as it was still in the development stage and needed redrafting to address some major concerns that had been expressed. Once all the relevant entities had discussed the redrafted policy it was agreed that Steering Group members should collate and send their responses to Mark, who would be responsible (supported by David) for developing this document further with a view to sign-off at the second of the Steering Group's two meetings in Quebec on 24 September 2013.

ACTION: Jonathan to thank Sophie Hill for producing the commercial sponsorship paper and for her enormous contribution to the Collaboration as the outgoing Funding Arbiter. Steering Group members to consult their constituents over the draft commercial sponsorship policy and send feedback to Mark by the end of April who would incorporate suggestions with a view to a decision being made in Quebec.

10. **Trading Companies:**

10.1 Collaboration Trading Company: There were no issues in the report on this trading company which needed discussion or decision.

10.2 Cochrane Innovations: In his report on behalf of his co-directors of Cochrane Innovations, Lorne Becker recommended appointing Denise Thomson and Mark Wilson as additional directors. Previously, concerns had been raised over a potential conflict of interest regarding directors being entitled to receive income from the Trading Company. However, Mark explained that this could easily be sorted out by including a provision in either Cochrane Innovation's Articles of Association or its Memorandum of Understanding with the charity establishing that the Collaboration's CEO be excluded from any remuneration. The Steering Group approved that Mark be accepted as a new Director of Cochrane Innovations, and asked Denise to send her CV to Mark for circulation to the Steering Group before final approval of her directorship. The Steering Group also approved Lorne's recommendation for Cochrane Innovations to reimburse the Collaboration for half a day per week of Mark's time over the next six months (April to September 2013). He explained that the plan was for a part-time Cochrane Innovations CEO to be appointed soon afterwards who would have the time, experience and skills set to guide the business in future.
Action: Denise to send her CV to Mark for the Steering Group's consideration, with a view to her appointment as a Director of Cochrane Innovations. Mark to arrange for Cochrane Innovation's Articles of Association to be amended, to include the stipulation that the CEO be excluded from receiving remuneration in his role as Director. Mark to invoice Cochrane Innovations for half a day per week of his time from April to September 2013.

11. **Entity Executives:**

11.1 Strategies for supporting and strengthening non-English-language speakers' participation: The paper from the Consumers' Executive was considered along with agenda item 8 (Translation strategy proposal). Liz spoke briefly on the background document. Mingming recommended that a non-English-speaking consumer from the Cochrane Consumer Network (CCNet) should join the Translation Working Group. This was agreed.
Action: Mark and Xavier to ensure a non-English-speaking consumer from the Cochrane Consumer Network joins the Translation Working Group.

11.2 Entity Executives' reports: Due to time constraints, the relevant Steering Group members summarised the key points that had been discussed during the Entity Executives' meetings on 18 and 19 March, as follows:

11.2.1 Consumers' Executive: Mingming reported that the Consumers' Executive had discussed and agreed next steps on training for consumers as a priority for increasing their number in CRGs; transparency in terms of funding for the Cochrane Consumer Network (CCNet), both external and internal; the need for transparency regarding the

Consumer Co-ordinator's role and accountability to the CEO, and how this related to CCNet; the current election process to the Consumers' Executive, and ways of encouraging consumer nominations for both the Steering Group and the Consumers' Executive; building more partnerships with consumers' groups, and improved ways of involving non-English-speaking consumers.

11.2.2 Managing Editors' Executive: Sally reported that the MEs had discussed the proposed ME portal, the very positive start to the ME Support programme, the quality of reviews, data extraction software, and the increasing importance of technology.

11.2.3 Centre Directors' Executive: Steve explained that the main focus of the Centre Directors' meetings had been on the relationship between the CEO and the Centre Directors, and the proposal that the CEO should co-convene Centre Directors' meetings. Mark had left the room whilst the Centre Directors had discussed this. Some Directors had expressed concerns over a lack of control they thought might occur as a result of the proposed relationship, but the Centre Directors came to agreement that the CEO and the Centre Director's representative on the Steering Group should co-chair these meetings, with the CEO becoming an ex officio member of the Centre Directors' Executive. Two other topics covered in the meetings were Xavier Bonfill's translation strategy proposal, for which there was strong support (see item 8 above); and the role of Centres in Cochrane globalisation and how they would represent and support countries in their respective regions.

11.2.4 Methods Executive: Julian reported on the discussions that had taken place arising from a position paper from the Comparing Multiple Interventions Methods Group about the use of network meta-analysis (which compares multiple interventions for a particular condition). Because widespread use of network meta-analysis would lead to overlap of treatments included across reviews, the current suggestion is to consider a new review type for questions about ranking of multiple interventions. An alternative option preferred by some is to collate study data in a central repository and allow reviews to have overlapping scopes, drawing from this single source of study data.
Also discussed was the need for a central initiative across Methods Groups in terms of updating, establishing an EU funding application for methods work, and strong support for establishing a Translation Methods Group.

11.2.5 Trials Search Co-ordinators' Executive: Michelle reported that the TSCs' Executive had spent the entire meeting time in Paris in April 2012 writing and managing a response to the proposal for a centrally funded Information Specialist. Since that meeting, they had focussed on planning two reports, one on information management and retrieval within the Collaboration, the other a background paper on Specialised Registers, past, present and future. Issues of interest included governance and conflict of interest issues within Executives and working groups/committees.

11.2.6 Fields' Executive: Denise explained that discussions had focussed on mentoring and support for Fields with the aim of producing a workplan for Quebec; potential 'game changing' investments; and pushing evidence out into electronic records. The Fields' Executive had discussed and proposed that the Fields report to the CEO, and the Steering Group approved this recommendation (see item 3.4 above).
Action: Mark to amend the organogram to reflect that the CEO is now responsible for Fields.

11.2.7 Co-ordinating Editors' Executive: Rachel reported that the Co-ordinating Editors had discussed the draft commercial sponsorship policy in depth (see item 9 above); pre-publication sign-off of reviews to ensure high quality content (see item 4 above); and potential 'game changing' investments. Rachel and Jonathan also reported that the Co-ordinating Editors' Board had agreed that a wide-ranging review of the structure and function of Cochrane Review Groups (CRGs) was required. A scoping paper needed to be developed, highlighting how the existing CRG structure had been formed initially, the inherent challenges, and the process of consultation that needed to be followed.
Action: Jonathan to work with the Co-Chairs, the Editor in Chief and the CRG representatives to develop a scoping document to reconsider the structure and function of CRGs.

12. **Quebec Colloquium**
    Mary Ellen reported that planning for the Quebec Colloquium was going well. The Colloquium website (http://colloquium.cochrane.org) had been live for some time and was expanding daily; all its content was available in both French and English. Emails promoting the Colloquium were being sent out monthly, with reminder announcements about deadlines. Thirty-four workshop proposals had already been accepted. The deadline for abstract submissions was 4 April. The plenary sessions were close to being finalised, and all the individuals approached regarding special topics had confirmed their willingness to contribute. Sponsorship was going well, and registration for the Colloquium would be possible from 25 March.

13. **20th Anniversary celebrations**
    Jeremy reported that the 20th Anniversary celebrations activities were progressing well, and thanked Jini for her input as Anniversary Co-ordinator. Statistics on viewing figures for the first Anniversary video had been extremely encouraging, at over 3,000 views already, and the sixth anniversary video had just been released. The video captions could now be translated via 'Google Translate'. The author who had been commissioned to produce recollections of the Collaboration from the interviews filmed in Madrid, Oxford and Paris was progressing the project. Investigations were ongoing into reprinting Archie Cochrane's publication, 'Effectiveness and Efficiency'. Jeremy reminded the Steering Group that the Anniversary website (http://anniversary.cochrane.org) had been live for some time and already included over 4,000 photographs taken during Cochrane meetings, and an archive of memorabilia.

14. **Matters arising from draft minutes of previous meeting, not appearing elsewhere on this agenda**
There were no additional items for discussion arising from the draft minutes of the Steering Group teleconference on 28 February 2013, nor corrections requested at the meeting. These minutes were therefore *de facto* approved and should be made publicly available.
Action: Lorna to circulate the minutes to all entities, archive them in Archie, and make them available on cochrane.org.

15. **Any other business:**

    15.1 Funding Arbiter: Jonathan reported that this position was still vacant and, due to Steering Group members' heavy workloads appearing to prevent anyone expressing interest in taking on this role, consideration should be given to opening this vacancy to non-Steering Group members. This possibility would be explored outside the meeting.
    Action: Jonathan, Jeremy and Mark to discuss how to identify a new Funding Arbiter.

    15.2 Expressions of appreciation: Jonathan expressed thanks to Steering Group members for their responsiveness, support and hard work; also to Lucie and Mark for their substantial contributions towards the mid-year meetings, and to Jini and Lorna for taking the minutes.

**Declarations of interest of Steering Group members,
and staff of the Cochrane Editorial Unit and the Cochrane Operations Unit**
[Declarations updated on 07 March 2013]

The Cochrane Collaboration Steering Group (CCSG) is the governing body of The Cochrane Collaboration, and the board of directors of the registered charity. Its members are elected by the overall membership of The Cochrane Collaboration for three years, with annual rotation of a proportion of its members. A conflict of interest exists when a secondary interest (e.g. personal financial gain) can influence, or have the appearance of influencing, judgements regarding the primary interest (e.g. service on the CCSG). CCSG members are asked to disclose all relationships with commercial organisations that could pose a conflict of interest that would reasonably appear to be related to the primary interest. The term 'related organisation' in the questions below means any organisation related to health care or medical research. These declarations of interest are updated regularly. Managing conflicts of interest is the responsibility of the entire CCSG, under the guidance of the Co-Chairs. All CCSG members are expected to disclose potential conflicts, and any CCSG member may raise a concern about a conflict of interest.

A. Financial interests

In the past five years, have you:

1. Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research?

The following people have declared "No" to the above declaration: Liz Whamond; also Maria Burgess, Jackie Chandler, John Hilton, Toby Lasserson, Harriet MacLehose, Vicki Pennick and Hilary Simmonds (Cochrane Editorial Unit); and Claire Allen, Lucie Binder, Tom Cracknell, Jini Hetherington, Suki Kenth, Lorna McAlley, Catherine McIlwain and Mark Wilson (Cochrane Operations Unit).

The under-mentioned have made the following declarations:

Steering Group

Sally Bell-Syer: Yes, whilst my employment contract is with the University of York, I am a co-applicant on the NIHR/Department of Health (England) core research grant which funds the Cochrane Wounds Group.

Rachel Churchill: Yes, to support the Depression, Anxiety and Neurosis Group editorial base staff, I have a grant from the UK Department of Health National Institute of Health Research (NIHR) which supports 100% of both the Managing Editor and Trials Search Co-ordinator, and some additional short-term administrative support. This grant periodically supports a small proportion of my salary depending on staffing capacity. I also have funding for my research programme from the NIHR for applied and methodological work and Cochrane-NHS engagement, as well as from the HTA programme and the UK Medical Research Council.

Jonathan Craig: Staff members of the Cochrane Renal Group have received grants from core Collaboration funds: Ruth Mitchell has received funds to provide a diagnostic test register, and Gail Higgins has received funds to support Trials Search Co-ordinators (not current). I have also received research funding from the Australian Government via the National Health and Medical Research Council and from the Financial Markets Foundation for Children (a research charity).

Marina Davoli: Yes: I became Head of the Department of Epidemiology of the Lazio Regional Health Authority in 2010. This Department has received funding in the last five years, and is presently receiving funding, from national public institutions such as the Italian Ministry of Health, the Lazio Regional Health Authority, the National Institute of Health, the National Agency for Health Service Research and the National Drug Agency (AIFA). The Department has also received funding from international public institutions such as WHO, the European Union and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction). However, the funds received are not paid to me as an individual but to the Department. Permanent members of staff such as me are funded by the national health service. Any additional consultancies and teaching grants contribute to the overall funding of the Department and come from the institutions mentioned above.

Michelle Fiander: Yes, I was employed by the Cochrane Register of Studies (CRS) Project Board, for eight hours a week for one year, from October 2011 to October 2012, to provide user support during implementation of the CRS. I have received funding to support travel related to the TSCs' Executive.

Jeremy Grimshaw: The Canadian Cochrane Network and Centre has received core funds from the Cochrane Opportunities Fund to enable the Education Co-ordinator to participate in the Training Working Group. I have also received grants from the Canadian Institutes for Health Research, the Canadian Foundation for Innovation, the Canadian Agency for Drugs and Technologies in Health, the Heart and Stroke Foundation of Canada, the Canadian Blood Service, the Ontario Ministry of Health and Long Term Care, the Ontario Council of Academic Health Organisations, the US Agency for Healthcare Quality and Research, the UK Medical Research Council, the UK National Institute of Health Research, Diabetes UK, the Chief Scientist Office of Scotland, Newcastle

Primary Care Trust, the European Union, the Australian National Health and Medical Research Council, and the Victorian Neurotrauma Initiative.

Julian Higgins: Yes, my research programme has received grant funding from the UK Medical Research Council, the UK Department of Health, the Foundation for Genomics and Population Health, the Canadian Institutes of Health Research, and The Cochrane Collaboration.

Steve McDonald: Yes, from the Australian National Health and Medical Research Council, and from The Cochrane Collaboration Opportunities Fund to support the work of the Training Working Group.

Mona Nasser: Yes, I was a co-applicant on a project funded by the Cochrane Prioritisation Fund. Also, I was awarded a developing countries stipend to attend the Brazilian Colloquium in 2007. I am an employee of the Peninsula Dental School, University of Plymouth, UK, and part of my income was paid through commissioned research projects by the British Dental Association/Shirley Glasstone Hughes Charity. I received funding from the German Cochrane Centre for a research visit there in 2007, and was funded by the Norwegian Knowledge Centre for Health Services for a research visit to Oslo to work on a Cochrane review.

Mary Ellen Schaafsma: Yes, the Canadian Cochrane Centre has received funds from The Cochrane Collaboration to reimburse the salary of the Centre's Communications Specialist who has been seconded to the Collaboration.

Denise Thomson: Yes, in the past five years, the Cochrane Child Health Field has received funds from the Canadian Institutes of Health Research (Knowledge Synthesis and Translation by Cochrane Canada, CON-105529) and the Cochrane Opportunities Fund. Denise is not listed as an investigator on any of this funding but the CIHR funds contribute to her salary.

Mingming Zhang: Yes, as one of the co-investigators I received funding in 2007 from The Cochrane Collaboration for establishing a Chinese and English database of randomised controlled trials, and in 2009 for the translation into Chinese of the 'Cochrane Handbook for Systematic Reviews of Interventions'.

Cochrane Editorial Unit

Noémie Aubert Bonn: Yes, I obtained a travel grant of 500€ from the European Chemo Reception Organisation (ECRO) for participating in the 20th ECRO international congress in Avignon, France, in September 2010. I obtained the Provost Entry award of 1500 $CA from the Faculty of Medicine of McGill University as a welcome fellowship for high standard academic merit at the start of my Masters in 2011. I obtained the Graduate Research Enhancement and Travel Award of 900 $CA from the Graduate and Postdoctoral Studies Society of McGill University in 2012 for participating in the 11th World Congress of the International Association of Bioethics (IAB), and their poster prize of 250€.

David Tovey: The Cochrane Editorial Unit has received funding to support review production and Cochrane Review Groups from WHO and the UK National Institute for Health Research.

2. Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation?

The following people have declared "No" to the above declaration: Sally Bell-Syer, Marina Davoli, Mary Ellen Schaafsma, Denise Thomson, Liz Whamond and Mingming Zhang; also Noémie Aubert Bonn, Maria Burgess, Jackie Chandler, Toby Lasserson, Harriet MacLehose, Vicki Pennick, Hilary Simmonds and David Tovey (Cochrane Editorial Unit); and Claire Allen, Lucie Binder, Tom Cracknell, Jini Hetherington, Suki Kenth, Lorna McAlley and Mark Wilson (Cochrane Operations Unit).

The under-mentioned have made the following declarations:

Steering Group

Rachel Churchill: Yes, I am a module lead and teach annually on an MRC Psychiatry Part II Revision Course for which I receive a small fee from the Severn Deanery. I have also received fees direct from the Royal College of Psychiatrists for this work. In early 2008, following on from a year-long employment contract with the Center for Evidence-Based Policy at the Oregon Health and Science University, I received consultancy fees for advice and work undertaken on evidence reviews to inform Medicaid policy decisions in a number of US states. As a Cochrane author I have received fees/vouchers from John Wiley & Sons and the BMJ Publishing Group.

Jonathan Craig: Yes, I have received sitting fees from the Australian Government as a member of the Economics Sub-Committee of the Pharmaceutical Benefits Advisory Committee, and the Protocol Advisory Sub-Committee of the Medicare Services Advisory Committee, and as Chair of the large-scale clinical trials project grant review panel for the National Health and Medical Research Council.

Michelle Fiander: Yes, I have undertaken contracts in literature searching for the Canadian Agency for Drugs and Technologies in Health (2012), and OPTUM Insight, formerly Ingenix (2010, 2011).

Jeremy Grimshaw: Yes, I have received payments from the Canadian Institutes of Health Research, and the Institute for Health Economics, Canada.

Julian Higgins: Yes, I received payments from the Nordic Campbell Centre and Biostat Inc for consulting.

Steve McDonald: Yes, I have received consulting fees from AusAID (Australia's Aid Program) and the World Health Organization.

Mona Nasser: I received consultancy fees for undertaking evaluations of evidence-based patient information, commissioned by the Institute for Quality and Efficiency in Health Care (IQWiG) in Germany in 2008.

Cochrane Editorial Unit

John Hilton: Yes, in 2009 and 2010 I was paid as a freelance medical writer and editor by Haymarket Medical and the BMJ Group.

Cochrane Operations Unit

Catherine McIlwain (Consumer Co-ordinator): Yes, from 2007-2009, I was under contract by The Campbell Collaboration to synthesize review processes and redesign the website and communication structures.

Trading Company Director

Lorne Becker: Yes, I receive funding from The Cochrane Collaboration for my role as Website Liaison Consultant, and from the Cochrane Justice Health Field for contributions to their planning and organizational efforts.

3. Received honoraria: one-time payments (in cash or kind) from a related organisation?

The following people have declared "No" to the above declaration: Rachel Churchill, Jonathan Craig, Marina Davoli, Michelle Fiander, Steve McDonald, Mary Ellen Schaafsma, Denise Thomson, Liz Whamond and Mingming Zhang; also Noémie Aubert Bonn, Maria Burgess, Jackie Chandler, Harriet MacLehose, Vicki Pennick and Hilary Simmonds (Cochrane Editorial Unit); and Claire Allen, Lucie Binder, Tom Cracknell, Jini Hetherington, Suki Kenth, Lorna McAlley and Mark Wilson (Cochrane Operations Unit).

The under-mentioned have made the following declarations:

Steering Group

Sally Bell-Syer: Yes, I have received payment for teaching on UK Cochrane Centre protocol and analysis workshops.

Jeremy Grimshaw: Yes, Canadian Health Services Research Foundation Extra Program; National Institute for Clinical Studies Australia; University of Dundee, UK; multiple honoraria <USD1500 from governmental agencies and not-for-profit organizations for teaching and knowledge translation activities.

Julian Higgins: Yes, I received payments from Bern University, the University of Cambridge, the University of Leeds, Matrix Knowledge Group, the NHS (NICE), Novartis, Korea University, the University of Nottingham (UK) and Albert Einstein College of Medicine for teaching on systematic reviews. I received payments from The Campbell Collaboration and Bristol University for work on systematic reviews. I received payments from Elsevier, the University of York (UK) and Duke University (USA) for peer reviewing. I received payments from The Cochrane Collaboration for work on the 'Cochrane Handbook for Systematic Reviews of Interventions' and the 'Cochrane Policy Manual', and from the European Food Safety Authority for contributions to a guidance document on systematic reviews.

Steve McDonald: Yes, I received payments from National Center for Child Health and Development (Japan), Korea University, Taiwan Medical University, and the University of Indonesia for teaching on systematic reviews.

Mona Nasser: I received an honorarium from the Commonwealth Fund in the USA to write a report on the evidence-based policy-making process in Germany.

Cochrane Editorial Unit

John Hilton: Yes, in 2010 I received three honoraria from the UK National Institute of Health and Clinical Excellence for taking part in user testing of new website designs.

Toby Lasserson: Yes, I have received payment for teaching about systematic reviews at courses run by the University of Brunel (UK), University of Portsmouth (UK) and the University of Nottingham (UK). I have also received payments for teaching on UK Cochrane Centre protocol and analysis workshops.

David Tovey: Yes, I received funding for flights and accommodation to attend and present a paper to the European Association of Urology Guidelines advisory committee; I also received a small thank-you gift. I also received a small honorarium for chairing a BMJ masterclass in 2009.

Cochrane Operations Unit

Catherine McIlwain (Consumer Co-ordinator): Yes, in 2012, I received funding to conduct a learning needs assessment of survey data for the EU Commission.

4. Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation?

The following people have declared "No" to the above declaration: Sally Bell-Syer, Marina Davoli, Michelle Fiander, Mona Nasser and Mingming Zhang; also Noémie Aubert Bonn, Maria Burgess, Jackie Chandler and Hilary Simmonds (Cochrane Editorial Unit); and Lucie Binder, Tom Cracknell, Jini Hetherington, Suki Kenth, Lorna McAlley, Catherine McIlwain and Mark Wilson (Cochrane Operations Unit).

The under-mentioned have made the following declarations:

Steering Group

Rachel Churchill: Yes, between December 2006 and December 2007 I held an employment contract with the Center for Evidence-Based Policy at the Oregon Health and Science University to help establish a system for providing different types of evidence reviews to inform Medicaid policy decisions in a number of US states. I am also an unpaid co-Director of Well Consulting Ltd (a small company specialising in healthcare-related research and management, and through which I undertake any paid consultancy work).

Jonathan Craig: Yes, I am currently on the board of Kidney Health Australia, and the executive committee of national guidelines on chronic kidney disease (CARI) and international guidelines on chronic kidney disease (KDIGO).

Marina Davoli: Yes, I am the head of the Department of Epidemiology of the Lazio Regional Health Authority since 2010. Also Chair of the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, and a member of the regional committee for the development of the Hospital and Community Drug Formulary.

Jeremy Grimshaw: Yes, I am a member of the board of Health Quality Ontario.

Julian Higgins: Yes, I was an employee of the UK Medical Research Council until 2012, and have been an employee of the Centre for Reviews and Dissemination, University of York, since 2011.

Steve McDonald, I am a member of the Committee of Management of the Joanna Briggs Institute.

Mary Ellen Schaafsma: Yes, I am the Executive Director of the Canadian Cochrane Centre, and am paid by the Ottawa Hospital Research Institute with grant funding from the Canadian Institutes of Health Research.

Denise Thomson: Yes, I am the Co-ordinator of the Cochrane Child Health Field, and the Managing Editor of Evidence-Based Child Health: A Cochrane Review Journal, which is funded by a contract from Wiley-Blackwell.

Liz Whamond: Yes, I am past Chair of the Canadian Cancer Action Network, and also the Treasurer of the Canadian Cancer Advocacy Coalition. These are volunteer positions.

Cochrane Editorial Unit

Ruth Foxlee: In addition to my part-time role as Information Specialist in the Cochrane Editorial Unit, I am currently employed as the Trials Search Co-ordinator for the Cochrane Wounds Group in the Department of Health Sciences, University of York.

John Hilton: I was employed by the BMJ Group from 2002 to Oct 2009. From May to July 2010 I was contracted to work on the UK Department of Health's e-Learning for Healthcare project.

Toby Lasserson: I was employed between 2002 and 2010 at St George's University of London as the Managing Editor for the Cochrane Airways Group. I am currently an editor with the Cochrane Airways Group.

Harriet MacLehose: I was employed by John Wiley and Sons (publishers of The Cochrane Library) for three months in 2009.

Vicki Pennick: I was employed by the Institute for Work and Health, Toronto, Canada between 1996 and 2011, the last nine years as the Managing Editor for the Cochrane Back Review Group (CBRG). The Institute received research funding from a broad range of government and private organizations, and the CBRG received operational funding from the Canadian Institutes of Health Research. I am currently the CRG Executives' Support Officer.

David Tovey: I was previously employed by the BMJ Group.

Cochrane Operations Unit

Claire Allen: Yes, since August 2011 I have been seconded to the Evidence Aid project for two years. Half of my salary is being paid by Evidence Aid.

5. Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?

All Steering Group members, Cochrane Editorial Unit and Cochrane Operations Unit staff declared "No" to the above declaration.

6. Received personal gifts from a related organisation?

All Steering Group members, Cochrane Editorial Unit and Cochrane Operations Unit staff declared "No" to the above declaration, with the exception of having received small promotional gifts from the Collaboration's publishers.

7. Had an outstanding loan with a related organisation?

All Steering Group members, Cochrane Editorial Unit and Cochrane Operations Unit staff declared "No" to the above declaration.

8. Received royalty payments from a related organisation?

The following people have declared "No" to the above declaration: Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Jeremy Grimshaw, Steve McDonald, Mona Nasser, Mary Ellen Schaafsma, Denise Thomson, Liz Whamond and Mingming Zhang; also Noémie Aubert Bonn, Maria Burgess, Jackie Chandler, John Hilton, Toby Lasserson, Harriet MacLehose, Vicki Pennick, Hilary Simmonds and David Tovey (Cochrane Editorial Unit); and Claire Allen, Lucie Binder, Tom Cracknell, Jini Hetherington, Suki Kenth, Lorna McAlley, Catherine McIlwain and Mark Wilson (Cochrane Operations Unit).

The under-mentioned have made the following declarations:

Steering Group

Jonathan Craig: Yes, I receive royalty payments from John Wiley & Sons as co-editor of 'Evidence-based Nephrology'.

Julian Higgins: Yes, I receive royalties from John Wiley & Sons from sales of the book 'Introduction to Meta-analysis'.

B. Non-financial interests

Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?

Line management responsibilities

Michelle Fiander: In my position of Trials Search Co-ordinator for the Effective Practice and Organisation of Care Group, I report to Jeremy Grimshaw, Co-ordinating Editor, who is currently Co-Chair of the Steering Group.

Jeremy Grimshaw: I am the Co-ordinating Editor of the Effective Practice and Organisation of Care (EPOC) Group. I am the line manager of Michelle Fiander, Trials Search Co-ordinator of the EPOC Group, and of Mary Ellen Schaafsma, Executive Director of the Canadian Cochrane Centre.

Mary Ellen Schaafsma: My direct supervisor is Jeremy Grimshaw, who is currently Co-Chair of the Steering Group.

All other Steering Group members declared "No" to the above declaration.

Chief Executive Officer's report to the CCSG

Prepared by: Mark Wilson

Date: 7th March 2013

Purpose: To provide the Steering Group (CCSG) with a report on recent developments in relation to the key strategic objectives it set for the year 2012-13, an update on other work by the CEO and the central support staff, and to seek the CCSG's approval for the recommendations recorded below.

Urgency: Low

Access: Open

Background: This is my first written report on activities to the CCSG since my arrival and I would welcome feedback to ensure it is meeting your reporting needs.

Report:

Introduction

I joined the Collaboration as the new CEO on Monday 12th November 2012, so have been in post for only three-and-a-half months. It has been an intense period of activity from that first day - when I was asked to lead the Collaboration's team working on the future publishing arrangements (FPAP) - and this provided the main focus of my work until the end of January when a new publishing contract with John Wiley & Sons was signed in Oxford. Since then I have been focused on two other large and very important new initiatives: the development of a new strategic plan for the Collaboration; and planning for the reorganization of the Collaboration's central structures into an integrated Secretariat.

In addition, I have also begun a rapid journey of discovery about the Collaboration in all of its complexity and diversity, visiting the US, Nordic, German and UK Cochrane Centres and six Review Groups in the UK; joining a meeting of the six continental European Cochrane Centres in Copenhagen in January; and speaking with many other Collaborators around the world. I am very grateful for the great patience and understanding extended to me by everyone I have met as I began to learn about their work, their achievements and the challenges they are grappling with. Inevitably there were many issues awaiting the arrival of the new CEO but I have been wonderfully supported and guided in my first months in the job by the staff of the COU, CEU, IMS and Web Development teams – and particularly Cochrane's Editor in Chief, David Tovey.

Whilst I have been settling into post, great progress has been made since the Auckland Colloquium across the Collaboration, and this report will also attempt to reflect and report on some of the highlights of this work – particularly in relation to the Steering Group's strategic objectives for the year 2012-13.

New Publishing Contract

The new publishing contract with Wiley is, I think, an extremely good one for the Collaboration. As I said in the announcement at the time of the signing, the new contract marks a significant advance in establishing funded, free, and open access to Cochrane systematic reviews; provides major investment in technology and new product development to keep us at the cutting edge of innovation in healthcare information; and also supports our organizational ambitions to promote evidence-based health care across the globe. In the last few days we have agreed with Wiley the remaining details relating to the

open access provisions (the so-called 'gold road' and 'green road' terms) which mark a huge change in the accessibility of Cochrane systematic reviews, whilst also offering a robust model which should deliver the revenues the organization needs in the coming years to maintain its independence, expand its work and do more to achieve its mission.

The move to open access in the research, scientific and publishing worlds is, in my view, a trend that will gather even greater momentum in the coming years. It is a phenomenon completely in line with the values and mission of the Collaboration and therefore it is important that we respond effectively to the challenges that it brings; but open access moves the cost of publishing from readers and users of information to the producers of content – and as a producer of some of the most intellectually rigorous, expensive but highest quality information content in the world this is a major challenge for the Collaboration in the coming decade. The new publishing agreement to the end of 2018 gives us what we believe is an excellent and sustainable base, as well as valuable time in which to develop other diversified sources of income beyond our existing licensing revenues. The development of new technological vehicles and tools to support the more efficient production of systematic reviews and the dissemination and use of our products is going to be fundamental to this transition. As essentially an information organization we need to ensure we are at the cutting edge technologically, and we will need both to invest in our own capacities in this area and ensure that Wiley help us deliver fantastic experiences for the users of Cochrane material – and also for the authors who produce it.

The contract also gives us the flexibility to re-assess the external environment and the model we have and will continue to develop with Wiley – particularly in relation to the open access offerings we are making – which will ensure we can adapt to changing circumstances in the coming years.

Strategic Planning

Ensuring that the Collaboration will have a new strategic plan in 2013 to guide its journey through the next five to seven years (to 2020) has been the next area of concentration since the publishing agreement was signed in late January. In the separate paper which was submitted to the Steering Group in late February and has now been made available for all the Collaboration ahead of the mid-year meetings, I reviewed the Collaboration's existing strategic framework as it has developed over the last decade and made some initial recommendations which I hope will serve as a useful starting point for the strategic planning session in Oxford.

My conclusion is that the Collaboration has a reasonable strategic framework in place, but that it needs to be updated and refreshed, with two critically important areas of change to take place:

*1.	Focusing externally*
I think the Collaboration needs to look again at its mission in terms of defining its place in the world and its ambitions over the next decade in order to do more to bring about its vision that 'healthcare decision-making throughout the world will be informed by high-quality, timely research evidence'. What would that mean? My vision for the Collaboration is more than that set out in the present Mission statement. I want 'Cochrane' to become the 'go to' organisation for everything to do with healthcare systematic reviews: when anybody anywhere thinks about systematic reviews in the field of healthcare, they think 'Cochrane'. I think the Collaboration should set itself the goal of becoming a global leader in the promotion of evidence-based healthcare, much more influential in health policymaking, and much more focused on the users and the uses of our products rather than solely the production of systematic reviews.

This means that our strategy needs to address much more comprehensively the Collaboration's *external place and profile* in the world; on our *content not only in terms of its quality* (which must remain the basis of all of our actions) *but its application*. What are our specific ambitions to reach new and more audiences, and to influence policy-makers? How can we focus more on the external impact of our organisation and our products and less on the mechanics of their production? How can we respond better to the priorities of others in what, when and why we produce reviews; and how we respond to a revolution in information technology to ensure that our information is seen and used over

that produced by others? How and what are the best partnerships to ensure that we build on our strengths, cover our weaknesses and attain wider, deeper global reach?

2. *Becoming more supportive and efficient internally*

I think the Collaboration needs to become more coherent and efficient in its internal organisation and ways of working: not to dampen the creativity, innovation and dynamism that are the unique characteristics and strengths of the Collaboration but to make them more powerful. Improving our governance, strengthening our management structures, supporting our overworked volunteers and engaging them more effectively will enable us to meet the external challenges in the healthcare and information management sectors that we face. We need to change the author experience as well as the user experience for the better: to try to make the authoring process less intimidating and drawn out; to shorten the production times, and learn from best practice within the Collaboration's Review Groups and other entities in providing more consistent support to authors.

I look forward to the Collaboration's members and governance structures shaping a new strategic plan, with the discussions in Oxford setting the roadmap for how this process will develop in the rest of 2013.

Secretariat Reorganization

The third major focus of my first three months in post has been to draw up a plan for an expanded Secretariat (bringing together the COU, CEU, IMS and Web Development teams) which can better support Collaboration entities and members; and help to deliver its future development objectives as set out in the new strategic plan. This plan builds on the analysis and decisions already taken by the Steering Group in 2012 that identified areas in which greater capacity needed to be developed by the Collaboration's central support structures. These included in marketing and communications, in finance, human resources and revenue generation.

My goal in the new plan is to create a single, coherent Cochrane Collaboration Secretariat structure with clear lines of executive accountability and responsibility; which has an integrated and cohesive team spirit and affiliation; with a responsive approach to supporting individual entity members of the Collaboration and its governance bodies; with a much more external focus on the Collaboration's place in the world in fulfilment of its mission; and with a determination to be dynamic, effective and efficient in the delivery of its objectives.

My starting point – and the principal management approach underlying all that I am proposing – is to ensure that there is a clear distinction between the strategic, policy and advisory responsibilities of the Steering Group and its various sub-committees; and the executive delivery functions of the central Secretariat which is responsible for 'doing' – or co-ordinating and facilitating the 'doing' with Collaboration volunteers, entities and other internal and external stakeholders. As the CEO, I am responsible for the effective and efficient delivery of the targets and objectives that the Steering Group sets. There appear to have grown up many grey areas of responsibility and muddied accountabilities between members or parts of the Collaboration; and I believe that these must be resolved and clear accountabilities applied in order for the organisation to work much more effectively, transparently and accountably.

So one of the central tenets of my reorganisation plans is to make it very clear who will be responsible for what in the new Secretariat, so that members, and managers, know whom to engage with on every topic. This makes interaction and engagement with the Secretariat more straightforward, and will highlight high and below standard performance as individuals focus on given areas of work for which they are accountable – for finance, marketing and communications, strategy and planning, Colloquia and membership support, etc. This will also allow the Collaboration's Steering Group to concentrate on the strategy and policy guidance which should be its main focus; and to hold myself and the central Secretariat to account for the delivery of the organization's objectives.

2012-13 Strategic Objectives

In April 2012 the Steering Group set out the most important strategic objectives the Collaboration should aim to achieve over the following twelve months. These should serve as the main foci of the central Secretariat's priorities and the reporting of its successes and setbacks. The following table therefore assesses what we judge to be the final performance for the year for each of these objectives (with a simple traffic light designation of green for achieved, amber for partly achieved and red for not achieved) as well as brief narratives reporting mainly on progress over the last six months since the Auckland Colloquium.

2012-13 Strategic Objective	*2012-13 Achievement*
1. **We will continue to *prioritise our support for the Editor in Chief and the CEU* as they seek to improve the quality, relevance, usability, and impact of *The Cochrane Library*.**	ü

Quality Management Initiatives:
The Collaboration's single most important strategic goal is – and must continue to be – maintaining and expanding the quality of its systematic reviews. David Tovey and the CEU team delivered important progress towards this goal over the last twelve months, with highlights since Auckland being:

The MECIR project continues on track. The conduct and reporting standards are in place and we are well advanced in ensuring that the ERC checklists, online training materials and Handbook reflect the standards. The CEU is drafting the next stage of the MECIR implementation plan and we are also planning the work on revising the standards to accommodate updating reviews. The MECIR standards, including the new standards for PLS, will be printed for the Collaboration as a booklet of recommendations which can accompany the Cochrane Handbook.

Publishing and Editorial Policy Manual: The CEU is proposing to separate out the publishing related elements of the current Cochrane Manual and develop this as a standalone item. Whilst the initial content will be sourced from the existing Manual it will help us to identify and fill gaps in the coverage. The CEU has appointed an intern, Noémie Aubert Bonn, to support Harriet MacLehose in developing this work.

Impact Initiatives:
The Collaboration's content management programme outlines a range of projects aimed at improving the impact of Cochrane Reviews:

The *Cochrane Library iPad* version is now live and three issues have been published. This format will be further developed and will ensure that the technology provider also develops formats for other Smartphones.

The CEU team is developing an amended process to review all published reviews to consider different dissemination tracks, including: press and media release, podcasts, iPad, Journal Club, social media and the featured review on the Collaboration site.

Derivatives: Work continues on Cochrane Clinical Answers and Dr Cochrane. We are now close to the milestone of 100 signed-off CCAs.

Translations: The work of the translation exchange continues, and as the most recent report from this group shows there is good progress with respect to French and Chinese translations. The Web Team has been working with the Translation Working Group and IMS to gather and publish translations of abstracts and PLSs of Cochrane Reviews on summaries.cochrane.org including translation of the interface and navigation in French, Spanish and Simplified Chinese. There are now 100 translations in Simplified Chinese, over 2,500 in French, and more than 4,500 in Spanish. The Iberoamerican Centre has resumed its translation project and publication via Update Software, and we are now retrieving the new translations on a monthly basis. Xavier Bonfill, Director of the Centre, also took on leadership of a new Translation Working Group looking at how to expand rapidly the translations of Cochrane content, and the group has drafted a proposed translation strategy for the Collaboration which is being considered during the mid-year meetings.

Online development: During the contract discussions Wiley ceased working on certain projects. However, the search project continued and phase 2 has now been released successfully. Another initiative that has continued is the "publish when ready" project. We remain on course for a June 2013 release of this function. Now that the contract has been signed we will be pushing hard for progress in relation to the other presentation and delivery

projects.

Links with guidelines: The CEU is liaising with Anne Eisinga at the UKCC, who has been working to identify guidelines associated with individual systematic reviews. We believe that this work, due to be completed in March 2013, could be enormously valuable in helping to identify such links.

2. We will *appoint a new CEO* to provide leadership, vision and high-level management across the Collaboration.	**ü**

This objective was – of course – achieved.

3. We will *expand the COU* to enable it to provide better support for Cochrane groups and individuals worldwide as they seek to implement the vision and mission of the Collaboration.	**-**

This objective is in the process of being implemented, with a plan for an expansion and reorganization of the Collaboration's 'Secretariat' to be decided on by the CCSG at the mid-year meetings in March 2013 (see above).

4. We will *sign off on a new publishing contract* for *The Cochrane Library* which will enhance the use and impact of the Library worldwide, and ensure we can continue to provide core infrastructural support to the Collaboration.	**ü**

A new publishing contract with John Wiley & Sons was agreed and signed in January 2013 (see above).

5. We will *celebrate our 21st year*, and tell the world our story.	**-**

The Working Groups established to help Cochrane celebrate its 20th anniversary have continued to implement their plans. The first five videos produced as part of a series intended to be released throughout 2013 have been issued to a very strong reception, published on YouTube and on the Collaboration's special Anniversary website: http://anniversary.cochrane.org/home with subtitles in several languages being added. The photo archive now has more than 4200 photos (http://anniversary.cochrane.org/photo-archive) and the 20th Anniversary publications and meetings database is live and accepting submissions (http://anniversary.cochrane.org/share-details-about-your-20th-anniversary-article-andor-conference-event). Discussions are continuing on how best to use the draft text written by Alan Cassels, based on 100 interviews of Cochrane contributors; and Jackie Chandler, Methods Co-ordinator, is working with Methods Groups to produce articles for a special issue to be published in the BMC's 'Systematic Reviews' journal. Meanwhile, the CEU has held meetings with representatives from the BMJ and PLoS who have expressed interest in publishing material to celebrate the anniversary. In addition, we are planning to publish a series of editorials within *The Cochrane Library* to highlight landmark reviews and the people behind them, plus other noteworthy issues such as methods development, use of technology, etc.

PR plans are being drawn up, particularly around the Quebec Colloquium, and the Working groups are also liaising with Cochrane Centres in South Africa and Australia on publicity materials to highlight the anniversary at their events in 2013, with more events to be included.

6. **We will *enhance our monitoring and management* functions, particularly of individuals, groups and platforms which receive core Collaboration funding and/or use the Cochrane brand, primarily through the Editorial and Operations Units, working with relevant executives (*carried over*).**	**-**

The CEU/COU developed revised, provisional core functions for CRGs and a new monitoring form for the 2013 round, which was issued in February 2013. The form differs from its predecessor in several ways, but should provide very useful information for CRGs to monitor their own performance and also to identify outliers, ways in which the CRGs can be better supported, and - for the first time - invite feedback on the performance of the central units in providing this support. A new financial monitoring form was also developed and issued in late February which will give the Collaboration much more accurate and consolidated financial data which will be vital for management and fundraising purposes.

7. **We will seek to** *develop alternative funding sources (carried over).*	-

Progress has been slow on this objective but Cochrane Innovations has been successful in attracting funds for its first two commissioned rapid reviews. Discussions are advanced with the US funding organization GiveWell, and a decision by them is expected later in the year. The development of alternative funding sources will remain a critically important objective for the Collaboration for the coming years.

8. **We will** *form an external advisory board***, and enhance our** *partnerships with external stakeholders* **of the Collaboration and** *The Cochrane Library***, such as health information providers, policy-makers and funders** *(carried over).*	û

Work was not started by the CCSG in 2012-13 on establishing an external advisory board, and partnership development with other relevant organizations is not well developed. A wide-ranging governance review is planned by the CCSG in 2013-14 and it is anticipated that governance reform will follow. The Secretariat restructuring will also expand the Collaboration's external partnership capacity through the appointment of a Head of External Affairs working with the CEO.

9. **We will** *enhance global participation and relevance* **of The Cochrane Collaboration and** *The Cochrane Library* **through the formation of the '***Cochrane Academy' (carried over).*	-

The Cochrane Academy had a name change to the Cochrane Initiative to build Global Capacity in Systematic Reviews. Contracts have been or are just about to be issued with the four organizations in Chile, India, Pakistan and South Africa, selected for the first phase of capacity building. Talks have also begun with The Alliance for Health Systems and Policy Research, EPPI-Center and the Campbell Collaboration to establish a 'Global Network for Evidence Synthesis'. A mapping funded by the Global Health Research initiative (part of Canada's IDRC) of current global evidence synthesis capacity will be carried out over the next five months with the intention of bringing together interested organizations and funders at an 'Evidence Summit' alongside the Collaboration's Quebec Colloquium in September 2013.

10. **We will** *improve the dissemination and uptake of our reviews***, and enhance our brand, through the implementation of a coherent marketing and communication strategy** *(carried over)***.**	û

Work was begun on the development of a marketing and communications strategy in 2012 but this was suspended pending the arrival of the new CEO. This remains a critical area of improvement needed by the Collaboration and the proposed Secretariat reorganization plan includes a new department specifically focused on external relations, advocacy, marketing and communications with a new Head of Communications & External Affairs (subject to approval) who will lead the development of a new strategy covering them. It is therefore recommended that this objective be carried over into 2013-14 with substantial progress expected within the next 12 months.

11. **We will begin to** *develop a more author- and user-friendly and efficient approach* **to the organisation of topics within** *The Cochrane Library (carried over)***.**	ü

There are a number of technology dependent projects aimed at addressing these aims that we expect to start to deliver within 2013. The CEU is working with CRGs and Fields to improve the utility and function of the homepage browse. The new search project and proposals for translations represent steps forward in delivering an improved user-friendly interface.

12. **We will** *develop a new five-year strategic plan***.**	-

An initial analysis was conducted and recommendations made to the CCSG (see separate strategy paper); and the strategy session at the mid-year meeting in Oxford in March 2013 will begin the formal strategic planning exercise which will run through 2013.

We will *promote generational change* **within the organisation, particularly within the leadership, ensuring** *better global and gender equity***.**	û

Systematic work has not begun on promoting generational change within the Collaboration and it is recommended

that this be carried over into the CCSG work plan in 2013-14.

Other Issues

Cochrane Register of Studies (CRS)
The pace of implementation of the CRS increased considerably in recent months in order to ensure that all CRGs migrated their specialized registers into the CRS by the deadline of 31st March 2013. Concerns were raised by Meerkat users relating to synchronization of their registers, but the Metaxis team worked closely with the groups in question and we are hopeful that they will all be able to meet the 1st April 2013 deadline for synchronisation. Only eight groups are believed to be at high risk of missing the deadline after the substantial efforts made by Ruth Foxlee from the CEU, three TSC support people (Doug Salzwedel, Anna Noel-Storr, Anne Littlewood and Fergus Tai) and Metaxis. It will be vitally important that these groups manage the migration soon after the deadline, as the CRS is a fundamental element of the Collaboration's technology infrastructure with enormous potential to improve the quality and dynamism of the data on which Cochrane Reviews are based. It will also greatly enhance the user experience and efficiency of maintaining a Specialised Register in future.

Cochrane Websites and Social Media
The six months since the Auckland Colloquium were a busy but productive time for the Web Team. In addition to maintenance activities, there have been new developments in a number of areas. Highlights include the following (with more details in Annex 1):

- Moving the summaries.cochrane.org site from beta to live;
- Ongoing development of Event/Colloquium Manager;
- Installing major new features, functionality and content on the 20th Anniversary website (anniversary.cochrane.org);
- New features and websites in the Entity Website Builder system;
- There are now a total of 136 websites under the Web Team's umbrella which are either live or in active development;
- There have been 11 new homepage features in the last six months, and 25 in the last 12 months (a significant increase compared to 16 in the previous 12-month timeframe);
- The first version of the impact stories database is in beta testing (http://www.cochrane.org/impact-stories). This project is a Web Team/CEU-led effort to create a resource available to all Cochrane contributors that catalogs the impact of Cochrane evidence;
- There are now more than 2,000 Cochrane contributors using the Community area of Cochrane.org;
- The TSC Portal, the first role-based portal, went live in September and now functions as the main resource for TSCs as well as for information on the CRS (http://www.cochrane.org/community/tsc-portal). The ME Portal is still in development in conjunction with the Entity Execs.
- A recent e-privacy directive from the EU requires websites to inform visitors of how cookies are used on their websites. We therefore added a message to all websites informing visitors of the cookies we use and updated the disclaimer page on Cochrane.org.
- Combined numbers of followers, members, "friends", etc. across social media networks now exceed 22,000; averaging 200 new Twitter followers a week. The combined number has nearly doubled in the past 12 months from 11,000 this time last year.

IMS team
Archie 3.10 & 3.11 were released in December 2012 and February 2013 respectively. For more information on 3.10 & 3.11 please see the full list: http://ims.cochrane.org/archie/new-releases/whats-new. The IMS team has invested some time in improving the current Archie interface so that it is more mobile friendly, and is keen to hear from Collaboration members as to their interest in pursuing this project, including wish-list items or projects that they think mobile technology could help to address.

At the end of January 2013, there were more than 15,500 users of Archie (an increase of approximately 4000 users over a one-year period). The database stores nearly 39,000 person records, of which more than 20,500 are active authors. There are 12,448 individual review records covering more than 450,000 versions. There are more than 14,500 running workflows. For more facts about Archie, updated quarterly, visit http://ims.cochrane.org/archie/facts-on-archie.

RevMan 5.2 was released to DTA authors only in September 2012 and on 29 November 2012 it was made available to all authors, with some further bug fixes made in January 2013. The changes to this version primarily affected Diagnostic Test Accuracy (DTA) reviews, and therefore it is not compulsory to upgrade RevMan for authors preparing non-DTA reviews. The full list of new functions is available on the following link: http://ims.cochrane.org/revman/new-releases/whats-new-in-revman-5. Meanwhile, work on developing a RevMan 6 'wish-list' continues. The team's ambition is to make RevMan as efficient as possible for authors, to plan for flexibility in review methods and quality assurance tools, but also to keep the update fairly lean so that the IMS team can start exploring the possibility of moving RevMan online in the future (with offline functionality enabled to support limited internet access). RevMan 6 is scheduled to be released in late 2014.

To support use of IMS systems, a new process has been established. All Managing Editors now have an ME Support person to contact in the first instance with any query concerning the ME use of IMS systems. MEs are also encouraged to contact the IMS via our suggestion form on the IMS website if the issue is more technical. To support other users the IMS team appointed Karen Hovhannisyan in October 2012 to manage email queries concerning Archie and RevMan use. For more details on all these points see Annex 2.

Cochrane Linked Data Project
In early December 2012 an important and successful three-day meeting was held in London which established a Linked Data Project Board to scope, plan and provide a business case and expected resource implications for moving this project forward. Chris Mavergames and Jessica Thomas are co-chairing the Project Board and the aim is to finish a specific set of proposals and recommendations to go to the CEO and the Steering Group by mid-April 2013. More information on the project can be found here: http://www.cochrane.org/community/development-projects/cochrane-linked-data-project

PLEACS
The PLEACS group concluded a year-long Delphi decision-making process which involved a dedicated group of consumers, methodologists, MEs, Co-ordinating Editors, Managing Editors and representatives from the Cochrane Editorial Unit. Through a collaborative process with Cochrane Review stakeholders, mandatory standards for plain language summaries were finalized in February 2013. The standards for PLS will be implemented alongside the MECIR standards according to a schedule that will be presented at the mid-year meeting.

The next portion of the PLEACS project will see the larger working group divided into two smaller groups with different purposes. To aid implementation of the standard, the first group will focus on format recommendations (i.e. the look and feel of the PLS), while the second group will design tools and guidance materials for authors and Managing Editors to utilize the standards. An update on the progress of these two groups will follow in the next report.

Cochrane Summaries
A new website, now live for the public, presents consumers with an innovative way to find the information they need in Cochrane reviews (see http://summaries.cochrane.org). For the first time, all plain language summaries and abstracts on Cochrane Summaries have the resource of a built-in glossary that automatically highlights and defines technical terms and jargon as you read. In addition, search terms are mapped to a drug name database which provides consumers with the generic and brand names for the drug term for which they are searching. Any drug or disease, regardless of any misspelling, will instantly redirect the user to the relevant Cochrane Review. Current features of summaries include:

·   Search disambiguation by drug brand name now live using data from Drugbank.ca.

- "Did you mean?" search assistance for proximity-matching
- Search in French, German or Spanish (Chinese coming soon) with almost no English along the way – the interface is translated
- Integrated glossary with definitions for common terms - "systematic review, placebo"
- Messaging about The Cochrane Collaboration on every page
- "Cochrane in the news", Podcasts, related summaries, PEARLS, and other "value-added" content visible on relevant summary pages.

Additional information about the Collaboration, Cochrane Reviews, and evidence-based health care has been written in plain language to promote the site to non-Cochranites. [Only new features developed in 2013 have been described in this update.] This website was built through the combined effort of Chris Mavergames, Martin Janczyk, Lorne Becker and Catherine McIlwain.

Cochrane Referee Training Plan
Cochrane Training now boasts training options for consumers to learn about everything from clinical trials to systematic reviews (see http://training.cochrane.org/consumers). Building on this development, the Cochrane Summaries and CCNet web pages now direct users to the Consumers tab on the Cochrane Training website for more information about all things Cochrane. Six new e-learning modules are being developed by Caroline Struthers which are adapted from the training videos of the ALOIS engagement project (alois.cochrane.org).

ECRAN
Part of an international partnership, CCNet has been awarded a grant to promote public education about and involvement in clinical trials. CCNet's involvement in the project has led to the creation of an online database of consumer educational tools, websites and other communications devices which will be made available to a multi-lingual audience. The search engine will function in the six WHO languages, and the online interface will feature each flag from the European Union with translated interfaces in several languages. The project has successfully completed the first six months' work, and following a positive review by the project officer, we will be awarded an additional 18 months' work.

Changes to Governance
The CCSG's 'Action Items Spreadsheet' has been discontinued after all outstanding items from the last version in Auckland were completed or deleted as they were no longer applicable. Action items will in future be followed up in the Matters Arising section of the CCSG agenda, with the Secretariat taking an active role in ensuring that all items are completed wherever possible ahead of the next CCSG meeting.

Although not in post at the time, the CCSG passed a significant number of Action items to the CEO; and most of these have been started:

- The Oxford CCSG agenda was shortened, with more items targeted in the CEO and Editor in Chief's report; only major items for decision emerging from the Entity reports were included on the main agenda, with other reports labelled for information; and the length of the CCSG Oxford meeting shortened by half a day. These changes will be evaluated later in the year to see if they have helped the CCSG in its work.
- The strategic session for Oxford was designed and arranged to focus on the Collaboration's strategic plan.
- A Governance review process will be started later in 2013-14 following completion of the updated Strategic Plan and the Secretariat restructuring.

It is my view that the hosting costs associated with the business meetings in both the mid-year meetings and the Colloquium each year should be met from central Collaboration funds. The practice of reducing the Entities' £10,000 funding to enable members to attend these meetings (primarily the mid-year gathering) with the room-hire and refreshment charges appears to me to be unfair. The costs of these things will vary considerably between hosting countries, and the growing size of attendance

at business meetings makes the financial burden on host organizations increasingly difficult to bear. I would recommend that in the next couple of months a decision be taken about the Collaboration accepting that these costs be met in the short-term future not by the host but from the central budget, until the planned full review of the Colloquium's function and place in the organization's work is completed.

Official Relations with the World Health Organization
A formal continuation of the Collaboration's Official Relations with WHO until 2015 was approved at the WHO's Executive Board meeting in February 2013. At that meeting the Board commended 'the continuing dedication of [the Collaboration] in support of the work of WHO'. However, we can do more as an organisation to take advantage of the opportunities that our partnership with the WHO provides us, to be supported by the new Head of Communications & External Affairs (subject to approval). The priority activities for development will be informed by those listed in the WHO Working Group's[1] paper to the Steering Group, Auckland, September 2012, which include:

· Aligning regional WHO contacts with the institutions now part of the *Cochrane Initiative to Build Global Capacity in Systematic Reviews* (see above);
· Working with the Cochrane Editorial Unit to:
  o Align priority topics for Cochrane Review with WHO priorities as appropriate
  o Improve linkages between Cochrane content and WHO guidelines
  o Continue to consult Cochrane Review Groups on the WHO Essential Medicines Model lists;
· Working with the Web Team to publicise the partnership more systematically and frequently.

At the Auckland meeting the Steering Group approved the roll-over of the allocated budget for WHO activities that had been due to expire in 2013, meaning that a budget is already in place for increased activity. Administrative support could be provided by the assistant to the Head of Communications & External Affairs (subject to approval).

Cochrane Collaboration Discretionary Fund
A total of £13,711 has been spent to date in 2012-13 from the Collaboration's Discretionary Fund, leaving £1,289 in the Fund to financial year end on 31 March 2013. There are no outstanding applications. Awards were made as follows in 2012-13:

Cochrane Collaboration Discretionary Fund: 2012-13 Expenditure			
Date	**Amount**	**Entity**	**Application funded for**
May 2012	£2,280	Dementia and Cognitive Improvement Group	Development of a consumer-friendly management interface to complement a mobile app to simplify screening as part of a systematic review.
June 2012	£2,050	RevMan Advisory Committee	Meeting in Auckland, New Zealand on 29 September 2012.
June 2012	£4,920	RevMan Advisory Committee	Meeting at CEU, London, UK, on 15 and 16 March 2013.
November 2012	£4,461	South African Cochrane Centre	African Contributors' Meeting, May 2013
Total:	**£13,711**		

Changes to the eligibility criteria for the Thomas C. Chalmers Award
Yemisi Takwoingi and other colleagues on the Thomas C. Chalmers Award Standing Committee have proposed minor amendments to the eligibility criteria and I would recommend to the CCSG that these be adopted. The changes are as follows (for further details see Annex 3):

1. Evaluation of eligibility – The Committee recommends that: 'The *presenter* will be assumed to be the first listed author, unless it is clearly stated otherwise at the time of submission' [insert in

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[1] Lisa Bero, Lucie Binder, Paul Garner, Jeremy Grimshaw, Harriet MacLehose, Denise Thomson, Elizabeth Waters and Mark Wilson

italics]. The Committee concluded that it is inappropriate to award the prize for the oral presentation to a first author for work presented by someone else on the author team who may well be a senior investigator.

2.   According to the guidance document: 'The committee should make all reasonable efforts to ensure that the recipient of the Award fulfills the criteria'. The Committee proposes that at the time of submission of abstracts, submitters should also include a short biography of the first author if they would like the abstract considered for the award.

Recommendations:

1.   That the CCSG accepts the room and refreshment costs relating to the business meetings of the Entities be met from the central Collaboration budget, until the future arrangements of the Colloquia are decided by the CCSG following the planned review.

2.   That the CCSG approves the amendments to the eligibility criteria of the Thomas C. Chalmers Award.

Resource implications: There will be a relatively small financial cost to the Collaboration of agreeing to meet the room and refreshment costs.

Decision required of the Steering Group:
Most of this report is for information, apart from the decisions required for the two recommendations above.

Annex 1:

Web Developments Report to the CCSG
Oxford Mid-year Meeting, March 2013

Chris Mavergames, Director of Web Development,
with contributions from the entire Web Team

Executive Summary

This report documents developments across the Collaboration's web presences during the past 6 months.

Purpose

To report on activities since the last Web Team report for Auckland.

Urgency

Low. For information only.

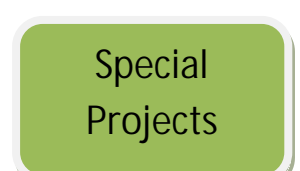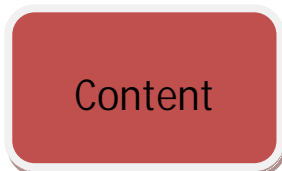## Access

Open.

In this report:

- Web Team activities over the last 6 months – What have we accomplished since Auckland?

- Reports from the 4 work streams:

Content	Programming & Web Development	Community development, Support & Outreach	Special Projects

- Stats and figures.

1 Web Team activities since Auckland |
Highlights

The six months since the Auckland Colloquium have been a busy and productive time for the Web Team. In addition to maintenance activities, there have been new developments in a number of areas. Highlights include:

- moving the summaries.cochrane.org site from beta to live
- ongoing development of Event/Colloquium Manager
- major new features, functionality and content on the 20th Anniversary website (anniversary.cochrane.org)
- the migration of the new Online Learning Modules from Moodle to Drupal on training.cochrane.org
- new features and websites in the Entity Website Builder system
- significant progress in the Cochrane Linked Data Project, among other activities.

There are now a total of **136** websites under the Web Team's umbrella which are either live or in active development.

More details about these and other developments are available below within the four work streams.

Special note on Content Strategy

The Web Team is working on all fronts to develop draft content strategies for our main websites. This includes Cochrane.org (Nancy), Summaries.cochrane.org (Catherine McIlwain), Community site on Cochrane.org (Caroline) and liaising with Harriet MacLehose in the CEU as she works on content strategy for *The Cochrane Library*. The aim, eventually, is to coordinate these content strategies, in conjunction with the forthcoming branding and messaging development, into a coherent, over-arching content strategy for Cochrane. We feel this work is important and high-priority as a well-developed content strategy can improve both end-user experience but also make us more efficient in producing and maintaining our content.

For more info on content strategy, see: http://en.wikipedia.org/wiki/Content_strategy and this excellent book on the subject: http://contentstrategy.com/.

High-level streams of work

1. **Content** (development, curation and management, including marketing, communications and social media). **Lead: Nancy Owens**
2. **Programming and web development** (including infrastructure and systems). **Lead: Martin Janczyk**
3. **Community development, support and outreach**. **Lead: Caroline Mavergames**

4. **Special projects**. **Lead: Chris Mavergames**

Content

Lead: Nancy Owens

Content developments

Cochrane.org

In addition to ongoing, regular maintenance of the site, the major areas of active content development include:

- Coordinating development, writing, production and scheduling of **homepage features** on Cochrane.org: scanning of entity newsletters to develop news items & features, reviewing Wiley press releases and new release lists for featured review possibilities. Coordinating with CRGs and other Cochrane Entities on content development. There have been 11 new homepage features in the last six months for a total of 25 in the last 12 months. A significant increase as compared to 16 in the previous 12-month (2011-12) timeframe.
- **Impact Stories resource/database** The first version of the impact stories database is in beta testing (http://www.cochrane.org/impact-stories). This project is a Web Team/CEU-led effort to create a resource available to all Cochrane contributors that catalogs the impact of Cochrane evidence. Nancy Owens is taking the lead on inputting the backlog of stories, and the submission link is now available in the Community area of Cochrane.org. Usability has been improved, with a highly visible link provided for inputting stories, as well as filters to facilitate browsing and categorizing available information. About 80 stories have been input as of 25 February, including contributions from multiple sources, and work to raise awareness and coordinate efforts is ongoing. The next phase is to look at ways of using and disseminating impact stories.
- **Curating the Cochrane Blog** (http://www.cochrane.org/blog) Soliciting original posts from Cochrane contributors, as well as seeking out and vetting suggestions for cross-posting. Current rate of posting about two per month; working to increase frequency.

Summaries.cochrane.org

The site moved from beta to live, but we are continuing to develop this site with both new content and in programming and functionality (see Programming section below as well).

Current features of summaries:
- Search disambiguation by drug brand name now live using data from Drugbank.ca.
- "Did you mean?" search assistance for proximity-matching

- Search in French, German or Spanish (Chinese coming soon) with almost no English along the way – the interface is translated
- Integrated glossary with definitions for common terms - "systematic review, placebo"
- Messaging about the Cochrane Collaboration on every page
- "Cochrane in the news", Podcasts, related summaries, PEARLS, and other "value-add" content visible on relevant summary pages.
- Links to select, external websites including http://www.makingsenseofmsresearch.org.au/about-us/ (Sophie Hill) and other trusted partner sites.

Social media

- Increasing **social media** presence on Facebook, LinkedIn and Twitter; expanding amount and type of content disseminated via social media networks. Have established Cochrane presence on Google+ and revitalized Cochrane presence on YouTube with launch of Cochrane20 Video Series.
- Combined numbers of followers, members, "friends", etc. across **social media networks** as of 25 February 2013 exceed 22,000; averaging 200 new Twitter followers/week. The combined number has nearly **doubled** in the past 12 months from ca. 11,000 this time last year.
- Offering **social media tutorials for UK Contributors'** Meeting (and possibly Australasian Contributors' Meeting) to increase Cochrane participation in social media.

Marketing and communications

- **Working with CEU, COU and Wiley** on coordinating messages and improving branding/messaging. Working with 20th Anniversary Task Force to coordinate plans and initiatives with existing and planned Cochrane web presence frameworks.

User-Centred Design and usability of Cochrane websites

- **Upcoming consulting session** In preparation for advice from the marketing and communications project, the Web Team will meet for a half-day consulting session with a consultant who specializes in User-Centred Design and usability/User-experience design in mid-March 2013. We hope to get a high-level idea of how we are doing, usability-wise, on our flagship site, Cochrane.org, as well as learn about the state-of-the-art in UX design and usability.

Programming & Web Development

Lead: Martin Janczyk

Programming and Web developments

EU cookie law

- A recent e-privacy directive from the EU requires websites to inform visitors of how cookies are used on their websites. See: http://www.ico.gov.uk/for_organisations/privacy_and_electronic_communications/the_guide/cookies.aspx and http://www.theeucookielaw.com/. We recently added a message to all websites informing visitors of the cookies we use as this is now required in the EU and the UK, in particular, is looking to enforce this law. We updated the disclaimer page on Cochrane.org to provide information on how we use cookies: http://www.cochrane.org/disclaimer. The guidance on how to comply with the EU directive is quite fuzzy, but we researched various approaches taken by other websites and opted for an approach very similar to the http://ft.com, though with a less-invasive pop-up message.

Event Manager

- The UK Symposium and Quebec Colloquium are currently using the system. Training will be offered in Quebec for future organizers of Colloquia. Several Cochrane groups have expressed interest in using the system for regional meetings or other events. The next aim is to release a stable version with the main focus on improving the administration interface for the organizers and producing a user manual.

New Entity Websites

- All entity sites are now on the main web server, which has undergone a substantial upgrade to improve performance and stability.

- We are preparing a system to migrate all CRG modules to entity websites in advance of publish-when-ready going live in June.

- e-Newsletter system pilot is running. 8 entity sites are now using this new feature/system with one group, Acute Respiratory Infections, having successfully sent their first e-newsletter.

Programming and web development in "Core" Websites

- **summaries.cochrane.org** The site moved from beta to live, but we are continuing to develop this site. Major developments include: improvement of the search engine to better support Asian characters; full integration of the translation exchange; keep interface translation up to date; other technical, backend updates (server configuration).

- **methods.cochrane.org beta** New site for Methods information. Being developed in coordination with Jackie Chandler and Maria Burgess.

- **training.cochrane.org** The Moodle course system is being moved into Drupal, this will give full control over design and presentation of courses and better integration with Archie roles and workflows.

- **anniversary.cochrane.org** The photo archive now has more than 4200 photos (http://anniversary.cochrane.org/photo-archive) and videos (http://anniversary.cochrane.org/media-archive-videos-audio-files-slide-presentations-etc) with subtitles in several languages were added. The 20th Anniversary publications and meetings database is now live and accepting submissions: http://anniversary.cochrane.org/share-details-about-your-20th-anniversary-article-andor-conference-event.

- **Impact database/resource on Cochrane.org** Beta version of the form can be found at http://cochrane.org/node/add/impact-story. Developed in conjunction with the CEU as a resource for storing, tagging and providing access to stories about the impact of Cochrane evidence. Browse interface beta is at: http://www.cochrane.org/impact-stories.

- **Colloquia abstracts to Drupal** Migration of Colloquia abstracts from all years currently stored in the OJS system to the Drupal content management system complete. Web Team is now working from a final list of requirements from CPAC to finalize the interface before going live with a beta version of the site for testing and user feedback.

Community development Support & Outreach

Lead: Caroline Mavergames

- The first issue of the **Web Team Newsletter** was published in January 2013 and mailed to the following lists: ccsg, CentralStaff, centres, coeds, fields, mes, methods-groups, tscs. The Newsletter will be published quarterly with issues scheduled for April, July and October. Personal feedback from core teams colleagues was very good. Google Analytics shows that the issues had 143 unique page views in the first week and the average time users spent on the full-text page was 3.51 minutes.

- **Cochrane Community Area of Cochrane.org** There are now more than ca. 2,000 Cochrane contributors using the Community area of Cochrane.org. There have been more than 400+ forum topic posts with over ca. 1,200 comments total in the various forums since their inception.

   o An expanded and updated version of the Web Team's **Guide to Collaborating Online** was published in November 2012, http://www.cochrane.org/community/collaboration-communication/guide-collaborating-online.

- o A **featured resource** display was added to the Community homepage. It has featured the revised Guide to Collaborating Online and the 20th Anniversary site, and will next feature summaries.cochrane.org which is out of beta.

- o The **Development & Projects** section now includes an archive for completed projects. Editorial responsibility for the individual project pages lies in the hand of their project managers.

- o The **TSC Portal**, the first role-based portal, went live in September and now functions as the main resource for TSCs as well as for information on the CRS (http://www.cochrane.org/community/tsc-portal).

  The **ME Portal** is still in development in conjunction with the Entity Execs. Progress on this and other projects lead by the Web Team depends on input and work carried out within the various groups in the Collaboration.

- · We have begun creating a **public Web Team website** which will include information on our core work streams and projects, the sites we support and the support we offer, special projects, information about the team, site and social media statistics and current webs development news of interest to the Cochrane Community. We have established the core site architecture and will add content and establish a system for adding dynamic news content for the site to go live by the end of Q2.

- · We have put together a **scoping document** for information and consideration by Mark Wilson to tie together projects concerned with engaging Cochrane contributors, namely **Getting involved, authors.cochrane.org, the Expression-of-Interest database** and the **Review Tasker** projects combined with a proposal to explore the creation of a coherent **peer-to-peer network** for Cochrane.org. The projects of updating of the *Getting involved* process and its related web resources as well as the *authors.cochrane.org* website are therefore on hold.

Special Projects

Lead: Chris Mavergames

Highlights

- · **Cochrane Linked Data project** Following on from a successful 3-day meeting in London in early December 2012, a Linked Data Project Board has been formed to scope, plan and provide a business case and expected resource implications for moving this project forward. Chris Mavergames and Jessica Thomas are co-chairing the Project Board and the aim is to finish a specific set of proposals and recommendations to go to Mark and the Steering Group by mid-April. More information here: http://www.cochrane.org/community/development-projects/cochrane-linked-data-project

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- **Translations project** The Web Team has been working with the Translation Working Group and IMS to gather and publish translations of abstracts and PLSs of Cochrane Reviews on summaries.cochrane.org including translation of the interface and navigation in French, Spanish and Simplified Chinese. There are now 100 translations in Simplified Chinese, around 2500 in French, and around 4500 in Spanish. The Ibero-American Centre has resumed their translation project and publication via Update Software, and we have now started retrieving the new translations on a monthly basis.

- **Equity Evidence Aid (now called E4E – Evidence for Equity)** Chris attended a 2-day meeting in London in mid-February with the E4E team, Peter Tugwell, Jordi Pardo, Vivian Welch and others, to explore development and publication of this new special collection and tool for policy-makers assisting disadvantaged populations. The collection and "friendly front-end" for this resource will be built at a sub-domain of Cochrane.org throughout 2013 with the aim of going live with a beta site by year's end.

2 Web stats and figures

Overview of combined Cochrane.org and Summaries.cochrane.org statistics, 12th September 2012 – 25[h] of February 2013:

- **5,419,663** pageviews
- **1,469,079** unique visitors from **218** countries and territories, approx. **68**% of visitors are new to the sites
- Average time on site approx. **2:58** min.

*This does **not** include entity websites and other core websites (approx. 130 other websites). Detailed statistics on cochrane.org and other sites available upon request.*

Social Media/Web 2.0 highlights (as of 25th of February 2013)

- **17,314** followers on Twitter, **more than 500** lists following @cochranecollab. Note: This number has nearly doubled in the last 12 months from ca. 9,000 followers this time last year.

- **3,269** members of The Cochrane Collaboration Facebook Group

- **1,675** members of The Cochrane Collaboration LinkedIn Group

- **1,000s** of views to videos on our YouTube, Slideshare and Google Video channels, subscribers to our Podcasts feed continue to grow as well as subscribers to news, events and "Cochrane in the news" feeds – detailed stats available upon request.

Annex 2: Information Management System (IMS): status report

Prepared by Jessica Thomas on behalf of the IMS Team, 1st March 2013

Purpose

To provide a status report on the work of the IMS Team (including IMS Development and Support teams) since September 2012.

Projects completed within the last six months

Archie 3.10 & 3.11

Archie 3.10 was released on 13th of December 2012 and was primarily updated the application server on which Archie is running from JBoss version 5 to 7. Although such changes deliver little immediate value to end users, it is important to maintain the infra structure. The update provided efficiency gains in the development process, and a minor general performance increase. Minor bug fixes and new features were also added.

Archie 3.11 was released on February 19th 2013. The main changes involved the introduction of a new Monitoring form A and some changes to improve Archie use on a mobile device including a change to support the right-click menu.

For more information on 3.10 & 3.11 please see the full list: http://ims.cochrane.org/archie/new-releases/whats-new.

RevMan 5.2 released for all

RevMan 5.2 was released to DTA authors only in September 2012 and on the 29th of November 2012 it was made available to all authors, with some further bug fixes in January 2013. The changes to this version primarily affected Diagnostic Test Accuracy (DTA) reviews, and therefore it is not compulsory to upgrade RevMan for authors writing non-DTA reviews. The full list of new functions are available on the following link: http://ims.cochrane.org/revman/new-releases/whats-new-in-revman-5.

Ongoing projects

Support of users

As of 1st of October IMS support persons (Sonja Henderson, Becky Gray, Liz Dooley and Karen Hovhannisyan) ceased to be in post. To support use of IMS systems, a new system exists. All Managing Editors now have an ME Support system to contact in the first instance with any query concerning the ME role including use of IMS systems. They are also encouraged to contact the IMS via our suggestion form on the IMS website if the issue is more technical. To support other users the IMS team appointed Karen Hovhannisyan in October 2012 to manage the emails concerning Archie and RevMan use. We still have some gaps with documentation support and training which we previously had with the IMS Support team.

Cochrane content

The work related to the Cochrane Content is ongoing, some of which is included in this report, and the team are becoming more familiar with the use of Wrike which stores all the projects.

Publish When Ready

Plans and implementation for Publish When Ready are going well. The date for release is now set as June 2013. Testing for parts of the functionality are being conducted by Wiley.

Linked Data Project Board

Jessica and Rasmus are involved in the Linked Data Project Board which is now meeting on a weekly basis to draw up recommendations for the Collaboration on how this project could be implemented. The aim is to produce a Project Board report by mid-April 2013 for consideration by Mark Wilson and the Steering Group.

Translation Exchange

After the release of the translation exchange in Archie 3.9 the IMS have continued to support the work involved with current translations of abstracts and plain language summaries. Archie is now used for managing and publishing over 3600 French translations. In addition to this we are contributing to training for the Iberoamerican and French Cochrane Centre. We have also begun work with importing Chinese translations and it's anticipated that some of these will go live during March 2013.

Generic Protocols and Revert to Protocol From a Review

This project concerns two issues of being able to publish a Generic Protocol which is the seed to several reviews and on being able to Revert to a Protocol and publish it for a title that has already been published as a review. Wiley are working on their side of this project and a format has been agreed on how it should be implemented. We don't have a date for release as yet, but the changes on the IMS side should be relatively easy to implement.

Feedback

The Feedback project was put on hold in late 2012, but it is hoped to be picked up again during 2013 now the contract with Wiley is finalised.

Future projects and other issues

Mobile technology

The IMS team have invested some time in improving the current Archie interface so that it is more mobile friendly. We plan on setting up a training day with the IMS team, with the option of other Cochrane teams joining, on HTML5 and JQuery to support our internal learning about mobile technology developments. We are keen to hear from Collaboration members on their interest in pursuing this project including wishlist items or projects that they feel that mobile technology could help address.

RevMan 6 wishlist

The IMS team have been working closely with the RAC Convenors to further define the final RevMan 6 project list. The IMS team attended the Auckland RAC meeting in September 2012, a two-day meeting in London in December 2012 and hosted an IMS, RAC Convenor and Methods meeting in Copenhagen in February 2013. Our mission with RevMan 6 is to make RevMan as efficient as possible for authors, to plan for flexibility in review methods and quality assurance tools, but also to keep the update fairly lean so that the IMS team can start exploring the possibility of moving RevMan online in the future (with offline functionality enabled to support limited internet access). RevMan 6 is scheduled to be released late 2014.

Archie 3.12 and future Archie development needs

Archie 3.12 is estimated to be released in early April 2013. This will primarily be a continuation of implementing decisions rated as 'Important' or 'Desirable' by ADAC, but will also include some improvements to the Translation Exchange and functionality to support the change to Publish When Ready.

Workflow

Some steps were taken in Archie 3.11 to consolidate the workflow system due to some issues with the current system inappropriately aborting workflows. We are evaluating the recent changes and analysing whether further steps are required to make the workflows engine more stable.

Integration with CRS and other external software

The IMS team and CRS have been communicating about the further integration of CRS data in to RevMan. It will be beneficial to this process to have a clearer roadmap of what data and functionality will be included in the CRS over the coming years.

A new version of the GradePro software for producing Summary of Findings tables for reviews is in development and we are liaising with the developers about how RevMan and GradePro can exchange data efficiently.

We are drawing up a list of all available software that supports the process of writing a systematic review and plan to publish it on our website and encourage comments from users regarding their experience of the software. We have also had a first meeting with ReGroup to enable access for data to feed in to RevMan.

Future Technology exploration

Starting at the beginning of 2013 the IMS team have set up monthly 'Future Technology' meetings. The focus of these meetings is to explore technology developments to see how they might be integrated in to our systems to further support the Collaboration's work.

Social Media Strategy

In order to improve our communications channels, we are currently assessing the need for a social media strategy in platforms such as Twitter or Facebook. We envision that developing such a system will provide better support to our users and assist us with promoting our current and future projects. Any system we create is likely to use our website as the central space for sharing information to the various platforms.

Administrator and Testing and Documentation Officer

We successfully recruited a new System Administrator, Javier Mayoral, who began with us in January 2013. Javier will take on the System Administrator post along with supporting the IT requirements of the Nordic Cochrane Centre for the Righospitalet.

Olga Ahtirschi has been on maternity leave from the IMS team since June 2012 and will return to her testing role with us in mid-April 2013.

Facts about Archie

At the end of January 2013, there were more than 15,500 users of Archie (an increase of approximately 4000 users over a one-year period). The database stores nearly 39,000 person records, of which more than 20,500 are active authors. There are 12,448 individual review records covering more than 450,000 versions. There are more than 14,500 running workflows.

For more facts about Archie, updated quarterly, visit http://ims.cochrane.org/archie/facts-on-archie.

Annex 3: Thomas C Chalmers MD Award

The Thomas C Chalmers MD Award honours the work of Thomas Clark Chalmers, an outspoken advocate of randomized trials and one of the most creative thinkers and investigators in the field. Always ahead of his time, in 1977 Tom advocated that in the face of uncertainty doctors should "randomize the first patient!" At the same time he advocated for registration of clinical trials, and later was one of the first in medicine to do systematic reviews.

Tom dedicated his long clinical and research career to examining the effectiveness of healthcare interventions using randomized trials and meta-analysis. Tremendously creative and productive, Tom served as a mentor to many students and members of The Cochrane Collaboration. He died on 27th December 1995. The Award funds have been donated by Tom's family and friends to commemorate him and his important contribution to the development of systematic reviews.

Eligibility

The Thomas C Chalmers MD Award has been awarded at each Cochrane Colloquium since 1994 for the best oral or poster presentation. Accepted posters and oral presentations are eligible for the Award if they:

- Are presented by an early-career investigator; and
- Address methodological issues related to systematic reviews.

From 2005 separate Awards have been made for the best oral and the best poster presentations. It was also decided at that time that an individual could in future receive the Award only once. Members of the Selection Panel are not eligible.

Evaluation of eligibility

The *presenter* will be assumed to be the first listed author, unless it is clearly stated otherwise at the time of submission. For oral presentations, to be considered eligible for the award, the first author must **also be the presenter at the Colloquium. This additional criterion does not apply to poster presentations.**

An *early career investigator* is considered to be one who is (i) no more than 7 years after their last education or professional qualification (e.g. bachelor, diploma, masters, doctorate, etc.); and (ii) not having held an academic (or equivalent research-orientated) appointment for longer than 7 years in total. Career interruptions or delays for the purpose of childrearing, illness, health-related family responsibilities or non-research clinical training (residency, etc.) do not count towards these 7 years. When submitting an abstract to the Colloquium, the submitter should declare whether the presenter is eligible for the Thomas C Chalmers Award ('self evaluation' of eligibility), and whether such person would like to be considered for the Award. In

addition, the submitter should provide a short biography of the first author so that the Committee can check early career status if necessary.

Members of the selection panel (either members of the Committee or assessors at the Colloquium) are not eligible for the prize, so must either withdraw from the committee or withdraw their presentation from consideration.

The committee should make all reasonable efforts to ensure that the recipient of the Award fulfills the criteria.

Assessment criteria

Eligible oral presentations and posters must demonstrate:

- · originality of thought
- · high quality science
- · relevance for the advancement of the science of systematic reviews
- · clarity of presentation

Each of these four components is rated equally on a ten-point scale (maximum 40 points per paper) by a panel of independent assessors who comprise the Selection Panel. The sum of the assessors' scores is used as the primary component in the Award decision.

Value of the Award

The winner in each category receives US$500. Where the paper has multiple authors, the Award is presented to the first named author, who is responsible for deciding how the Award is shared. If there is a tie within a category, the recipients split the Award.

Selection Panel

The Thomas C Chalmers MD Award Selection Panel comprises members of the Standing Committee (see Governance below) plus several ad hoc assessors with expertise in systematic reviewing or systematic review methodology. Assessors are nominated by the Standing Committee.

There are no fixed terms for assessors to serve on the Selection Panel. This is partly because not all assessors attend every Colloquium, and partly because the number of assessors required may vary from year to year depending on the number of papers submitted and the availability of members of the Standing Committee.

Governance

In April 2002, the Cochrane Collaboration Steering Group approved the establishment of standing committees to oversee all aspects of the administration and governance of the Collaboration's awards and prizes.

The Standing Committee of the Thomas C Chalmers MD Award comprises ten members who serve renewable terms of three years on average. Ideally, three members of the Committee step down each year to ensure continuity, but the number of members stepping down in any year may vary depending on the likely availability of members for current and future

colloquia. The Chair is nominated from within the Committee and should undertake to attend the Colloquium in the year that he/she is chair. The Committee is responsible for appointing replacements as members step down.

The Standing Committee should consist of members of the Methods Groups of The Cochrane Collaboration and be expanded to consist of ten members. At least two members should represent the Statistical Methods Group, two members the Screening and Diagnostic Tests Methods Group, and one member the Prognosis Methods Group. Members should also be regular Colloquium attendees.

Document history

Document compiled in Mar-Jul 2007 by Jenny Doust, Steve McDonald and Jordi Pardo, with input from George Swingler; updated in Dec 2007 by Jenny Doust.

Updated by Georgia Salanti according to changes in membership suggested by Jon Deeks, Jenny Doust, Julian Higgins and Georgia Salanti (2009)

Updated by Georgia Salanti Dec-2011

Updated by Yemisi Takwoingi, Chair (January 2013) according to changes suggested by members of the Standing Committee present at the Auckland Colloquium in October 2012.

Editor in Chief's Report to Cochrane Collaboration Steering Group, mid-year meeting 2013

Prepared by: Jackie Chandler, Ruth Foxlee, John Hilton, Toby Lasserson, Harriet MacLehose, Orla Ni Ogain, David Tovey
Date: 3rd March 2013
Purpose: To inform the Steering Group in relation to current progress of work that is the responsibility of the Editor in Chief and Cochrane Editorial Unit (CEU).

Urgency: Moderate
Access: Open

Current status:

The achievements documented here demonstrate how the CEU continues to function highly effectively, working closely with other central staff, CRG staff and review authors, and our publishing colleagues. However, the current workload of the CEU is unsustainable. We recently looked at a snapshot of how the time of the information specialist, methods coordinator, and editors (excluding the Editor in Chief) is utilized, by broad category. This demonstrated that the largest category of work undertaken is in providing support in different ways to individuals and groups within the Collaboration, and also that overall we are working above capacity. Over the past few years the CEU has absorbed additional work without increase in resources, but this is no longer feasible. To date we have not been able to implement proposals using the designated income from Wiley in support of Dr Cochrane and Cochrane Clinical Answers to appoint a clinical editor specifically for these projects. Orla Ni Ogain is currently filling this role, and has done so very effectively, but we are short of this resource, pending a successful appointment.

Given the workload of the CEU it would be useful to receive feedback from the Steering Group, and others, in the light of the current proposed re-structuring of the expanded Secretariat, what should be the key objectives for the CEU and what would be an appropriate time and resource investment in each of the following areas of activity.

1. Managing the quality, relevance, and utility of Cochrane Reviews
   We propose to discuss the issues raised by recent critical incidents in the Co-ordinating Editors Board meetings at the midyear meeting 2013 in Oxford, and specifically to ask the questions outlined at the end of this section. The CEU proposes to prioritise screening all published protocols and a sample of new reviews, partly in order to estimate the resource implications of a broader approach.

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2. Developing derivative products

   Derivative products are seen as a "robust strategy" for ensuring the Collaboration's continuing sustainability in an open access world. We currently work on Dr Cochrane, Cochrane Clinical Answers and on The Cochrane Library iPad app, but potentially this work could expand further in the future.

3. Developing additional content e.g. Journal Club, Browse menu, editorials, special collections, improving feedback management.

4. Supporting dissemination and knowledge translation more broadly, working with editorial base staff, review authors and others such as Cochrane Centre staff to identify the key dissemination strategies for individual reviews.

5. Supporting the Collaboration and its processes: e.g. RevMan, Linked data projects, ME Support, Publishing and Editorial Policy Manual, Editorial Resources Committee, MECIR, monitoring and registration support, methods strategy development.

6. Working with our publishers and others on development of our products and improving user experience.

7. Supporting the management and oversight of the publishing contract.

8. Building partnerships e.g. WHO guidelines networks, guidelines groups

9. Supporting Cochrane Innovations e.g. Cochrane Response.

Questions for Steering Group and other stakeholders:

Review quality

- Is there agreement that there should be an additional quality assurance level in addition to current sign-off arrangements?

- Should this apply equally to protocols, new reviews and updates?

- Should this apply to output from all or a random sample of all groups, or be targeted?

- Where should responsibility for this activity sit? Can it be shared between CEU and editorial groups?

Use of resources

Our snapshot recently demonstrated that the most time consuming aspect of the CEU's work is in support of the Collaboration and its groups, closely followed by work on derivative products.

- What does the Steering Group see as the primary objectives of the CEU?

- Are there specific changes that the Steering Group would like to see in relation to how the CEU prioritises its work?

Review of current projects

The Cochrane Content Publication and Delivery Programme was developed after the Strategic Session at the midyear meeting in Paris in 2012. The programme comprises 3 distinct workstreams:

- Development of *The Cochrane Library* and user experience
- Content creation and quality
- Dissemination and impact

In the following sections the individual elements of the programme are placed in the context of the strategic objectives identified by the Collaboration.

Strategic objective

1. Improve the quality and relevance of *The Cochrane Library*.

MECIR and PLEACS   projects   GREEN/AMBER

The MECIR project continues on track. The conduct and reporting standards are in place and we are well advanced in ensuring that the ERC checklists, online training materials and Handbook reflect the standards. The convenors of the RevMan Advisory Committee are working closely with the IMS team to ensure that the standards feature prominently in the next version of Review Manager. Toby Lasserson has drafted the next stage of the MECIR implementation plan, for further discussion and consultation at the mid-year meetings, and we are also planning the work on revising the standards to accommodate updating reviews.

Plain Language Expectations for Authors of Cochrane Summaries (PLEACS): report by Catherine McIlwain

The PLEACS group concluded a year-long Delphi decision-making process which involved a dedicated group of consumers, methodologists, MEs, Co-Ordinating Editors, Managing Editors and representatives from the Central Editorial Unit. Through a collaborative process with Cochrane Review stakeholders, mandatory standards for plain language summaries (PLS) were finalized in February 2013. The standards for PLS will be implemented alongside the MECIR standards according to a schedule that will be presented at the Mid-Year Meeting.   The MECIR standards, including the new standards for PLS, will be printed for the Collaboration as a booklet of recommendations which can accompany the Cochrane Handbook.

The next portion of the PLEACS project will see the larger working group divided into two smaller groups with different purposes. To aid implementation of the standard, the first group will focus on format recommendations (i.e. the look and feel of the PLS), while the second group will design tools and guidance materials for authors and Managing Editors to utilize the standards. An update on the progress of these two groups will follow in the next report.

2. Improve the usability and impact of *The Cochrane Library*.

Search   **GREEN**

Phase 2 of the new search interface for *The Cochrane Library* was launched in December 2012. New features included:
- Approximate spelling feature ("Did you mean?")
- Combining search lines using shorthand notation
- Easy sharing of search strategies via email
- Direct keying of MeSH term(s) and/or qualifiers

- Set/remove an alert on a saved search strategy
- Display of the database/issue being searched on the search results page

With the publishing contract signed, a reassessment of the outstanding search functionality items is now underway with a view to delivering a third phase.

Publish when ready: GREEN

The move to publish when ready has knock-on effects in other areas, such as identifying reviews ahead of print and the 'About The Cochrane Collaboration' database, and we are managing these as well. The CEU has a process to identify reviews ahead of publication to inform the preparation of dissemination activities (including press releases and podcasts), editorials and the iPad issue, and the Cochrane Review browse list on the homepage of The Cochrane Library. We have had to develop new processes to allow us to gain this information in advance. The 'About The Cochrane Collaboration' database is affected, particularly for Cochrane Review Groups, because modules are updated and published monthly in line with the current monthly publication of Cochrane Protocols and Reviews. We are continuing to explore how best to implement a solution for this that will involve most of the module content being held on individual entity websites with live feeds to The Cochrane Library so the information needs to be updated in one place only.

Web development programme   AMBER

There are a number of technology-dependent projects included in the Cochrane Content Publication and Delivery Programme aimed at increasing the utility and impact of Cochrane content. We expect these to start to deliver within 2013. The CEU is working with CRGs and fields to improve the utility and function of the homepage browse. These projects identified during the 2012 Strategic Session mainly come under the banner of the Wiley work programme known as "Cochrane 2.0", and we anticipate that they will progress substantially during 2013.

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- Improved online presentation of reviews based on the Wiley "anywhere article"

- Development of the capability to publish different article types within CDSR

- Better presentation and sign-posting of non-English content

- Further development of apps for different vehicles e.g. Android smartphones

- Development of a new platform for *The Cochrane Library*

- Further improvements to browse function on homepage

Editorials, Special Collections and other added value content   GREEN

Editorials: The CEU commissioned and published 14 editorials over the last 12 months. This includes the first two in a series of 20th anniversary editorials to be published during 2013.

- [Improving outcomes in gynaecological cancer: the benefits of subspecialisation](#) (March 2012)
- [The COMET (Core Outcome Measures in Effectiveness Trials) Initiative: its role in improving Cochrane Reviews](#) (April 2012)
- [Hospital at home in chronic obstructive pulmonary disease: is it a viable option](#) (May 2012)
- [Why should we translate Cochrane Reviews into French? A view from Cameroon](#) (June 2012)
- [Health protection and heatwaves: the need for systematic reviews](#) (July 2012)
- [Debating the evidence for deworming programmes](#) (August 2012)
- [Procalcitonin: hope in the fight against antibiotic resistance?](#) (September 2012)
- [General health checks in adults for reducing morbidity and mortality from disease](#) (October 2012)
- [Measuring the performance of *The Cochrane Library*](#) (November 2012)
- [Convincing evidence from controlled and uncontrolled studies on the lipid lowering effect of a statin](#) (December 2012)
- [Changes to *The Cochrane Library* during The Cochrane Collaboration's first 20 years](#) (20th anniversary editorial, January 2013)
- [Evidence supports TB test, so what now?](#) (January 2013)

- [A new search interface for The Cochrane Library](#) (February 2013)
- [Preventing falls in older people: the story of a Cochrane review](#) (20th anniversary editorial, February 2013)

Special collections: The CEU worked with CRGs and Fields to create 6 new and 2 updated Special Collections:

- [Preventing falls and fall-related injuries in older people](#) (February 2013)
- [Tuberculosis](#) (updated January 2013)
- [World AIDS Day 2012](#) (November 2012)
- World Toilet Day 2012 (temporary collection; November 2012)
- [Avoiding unnecessary blood transfusion](#) (July 2012)
- [Physical activity and exercise for health and well being of older people](#) (May 2012)
- [World No Tobacco Day](#) (updated May 2012)
- [World Kidney Day 2012: kidneys for life](#) (April 2012)

CEU members are involved in discussions with Megan Helmers (Wiley) and Nancy Owens (web team) to look through the various World Awareness Days, select appropriate ones, and consider how each could be best covered, perhaps via Special Collections.

The CEU also works with the Evidence Aid team to maintain and keep updated 4 *Cochrane Library* Special Collections:

- [Cochrane Evidence Aid: resources for earthquakes](#)
- [Cochrane Evidence Aid: resources for burns](#)
- [Cochrane Evidence Aid: resources for flooding and poor water sanitation](#)
- [Cochrane Evidence Aid: resources for post-traumatic stress disorder following natural disasters](#)

Podcasts: Mike Clarke, as podcast editor, continues to lead the production of podcasts and the monthly Journal Club working with review authors, our publishers and the Cochrane web team. The CEU continues to write and record **monthly round-up podcasts** each month, in collaboration with the Web team. Round-ups are published on Cochrane.org/podcasts and on iTunes alongside the standard podcasts. Each round-up lasts about 20 minutes and provides an overview of what's new on *The Cochrane Library*, including a selection of the podcasts recorded for the current issue. The CEU also worked with authors and others to create occasional **additional podcasts** based on *Cochrane Library* editorials or other events.

iPad app   GREEN

The iPad application had a soft launch at about the time of the Auckland Colloquium. To date there have been 4 issues alongside the regular online publication schedule. At the time of writing it is unclear what level of uptake has been achieved, and the iPad app is currently freely available worldwide. Each issue contains about a dozen new or updated reviews selected by the CEU team and an Editor's Choice commentary. The reviews are abridged to include the summary versions, selected sections of text from the full review and key figures.

The iPad app can be downloaded via Itunes at: https://itunes.apple.com/app/id573181475
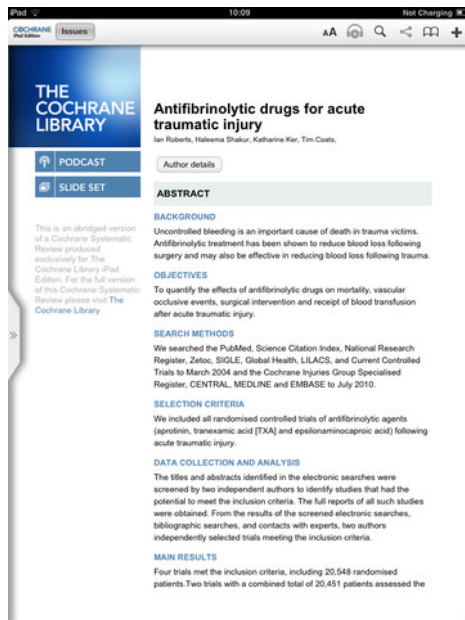
In the near future, we hope that the app will be available for other delivery vehicles e.g. android and Blackberry smartphones.

Derivative products   GREEN

The CEU has been working with Karen Pettersen (Editor, Cochrane Clinical Answers), on editing and signing off Cochrane Clinical Answers (CCAs) prior to publication. The sign-off process has comprised consideration of clinical content in the CCAs and verification of data from associated Cochrane Reviews. The sign-off process has highlighted some issues with some of the associated Cochrane Reviews, which have been discussed within the CEU team and with Review groups, as appropriate. The CEU has also been working with Karen Pettersen and associate editors on a temporary basis, creating CCAs to increase the speed of production. As of February 28th, 93 CCAs have been signed-off and published.

The CEU team has been working with the Dr Cochrane team editing and signing off Dr Cochrane vignettes. Similar to the CCA sign-offs, the process has involved consideration of clinical content and verification of data from associated Cochrane Reviews. However, the Dr Cochrane sign-off process has additionally involved consideration of the narrative portion of the vignette. 19 Dr Cochrane vignettes have been completely signed-off by the CEU and are going through copy editing. A further 9 vignettes have been reviewed once by the CEU and are currently undergoing revisions before CEU sign-off can be completed.

Linked Data project   N/A

The Linked Data project is a crucial technology development project in that it has the potential both to improve the efficiency, and therefore timeliness of review production, and also to allow us to present and deliver Cochrane Content in innovative ways - thereby expanding the range of potential derivative products. The CEU continues to support our colleagues in the web team and our publishers to identify opportunties and exploit this technology.

Work with guidelines groups   AMBER

The CEU has continued to maintain links with guidelines developers and to explore potential collaborations, efficiencies, impact, and funding opportunities. The main focus has been with G-I-N. Following a meeting at the 2012 G-I-N conference there has been progress towards a closer partnership with G-I-N and relevant sessions at the 2013 G-I-N conference and the 2013 Cochrane Colloquium.

The CEU also met with representatives from the UK National Clinical Guidelines Centre at the Royal College of Physicians in London with a view to identifying areas of collaboration with CRGs and/or CEU, and continues to maintain relationships with other branches of NICE and SIGN.

The CEU is also liaising with Ann Eisinga at the UKCC, who has been working to identify guidelines associated with individual systematic reviews, and vice versa. We believe that this work, due to completed in March 2013, could be enormously valuable in helping to provide direct from Cochrane Reviews to applicable clinical guidelines on *The Cochrane Library* and for demonstrating impact, especially if this work can be combined with equivalent work in other regions.

Wikipedia and Cochrane working together   BLUE

In December 2012, Wikipedia representatives took part in a teleconference with members of the CEU, COU, and Wiley to discuss each other's interest in sharing information from Cochrane Reviews within the relevant Wikipedia articles and to discuss how we could formalize an arrangement to do this. The outcome of the call was a commitment to explore different approaches to do this, including developing a partnership, improved information sharing about Wikipedia with Cochrane groups, facilitating access of Wikipedia editors to Cochrane Reviews, different approaches to liaising with editors to modify content, and a Wikipedia editor-in-residence programme. Discussions are ongoing and we will develop a strategy over the coming months.

Feedback monitoring   AMBER

The CEU has continued to monitor all incoming feedback submitted on Cochrane Reviews, working with colleagues at Wiley or in CRGs to resolve issues when needed. A report of all feedback submitted during 2012 is in preparation and will be shared before the midyear meeting. A more detailed analysis of feedback received and its impact on Cochrane Reviews is being prepared for the 2013 Colloquium.

In addition, during late 2012 the CEU worked with Wiley and the IMS team to develop the technical and business specifications for new systems for the submission, processing, and display of Comments on Cochrane Reviews. This work was put on hold while publishing contract negotiations took place, but will resume in 2013. This work is in three phases:

1. Develop a new system for submitting and handling incoming comments (temporary system now in place)

2. Incoming comments to be stored in Archie, and transferred to and from *The Cochrane Library* as needed, with associated workflows.

3. A new way of rendering comments, separately from the review (to be included in forthcoming *Cochrane Library* homepage redesign work) but presented alongside the review and clearly linked to the appropriate version of the review.

The CEU also continues to advise and support managing editors and feedback editors in the handling of feedback. Revised guidelines for the handling of comments, as well as a feedback editor job description will be available in mid-2013, following consultation with CRGs.

3. Provide better support for Cochrane groups and individuals worldwide as they seek to implement the vision and mission of the Collaboration.

Support for publishing contract renewal   **GREEN**

David Tovey and Harriet MacLehose were members of the Project Board of the Future Publishing Arrangements Project (FPAP) and also the core team working day-to-day on this project. The FPAP work involved development of the terms of reference for the project, the development of a detailed RFP outlining our publishing requirements, detailed negotiations, drafting and refining the contract, and extensive research and consulation throughout. FPAP reached a successful conclusion with signature of the new contract with John Wiley & Sons, effective 1 February 2013. Both will continue to serve on the management team as part of the oversight of the new contract.

ME Support   **GREEN**

Managing Editor (ME) Support started on 1 October 2012 and provides induction training, ongoing training, and support to MEs in all aspects of their role within a Cochrane Review Group. The ME Support team is made up of Liz Dooley, Rebecca Gray, and Anupa Shah each working one day per week. Sonja Henderson has been providing team support and helped set up ME Support. Harriet MacLehose is the ME Support Manager. The team has developed a work-plan, approved by the ME's Executive, with six areas of work and several activities in each area. Some developments in each of these areas are listed below.

Table 1. ME Support: areas of support and progress to date

Area of work	Progress to date
(1) Recruit a ME Support team and set up effective team processes, management, and training to support the ME Support team's work	• ME Support team recruited. • Regular team meetings, website, and administrative systems set up. • Recently moved from a shared email account to customer helpdesk support software (Fogbugz) to improve how we monitor and respond to queries. • Identifying and meeting team's training needs.
(2) Provide support on any aspect of the ME role, and induction training as required, to individual MEs	• Providing support and training to MEs on all aspects of their role via phone, Skype (screensharing), and email. • Three site visits completed, with two more planned. • Developed policy on providing support to MEs in CRG Satellites.
(3) Contribute to the Collaboration's training programme for MEs	• Developed a training needs assessment survey for MEs in collaboration with Sally Bell-Syer (MEs' Executive co-convenor), the Training Working Group Co-ordinators and Steve McDonald, and Jessica Thomas (IMS Team Manager). We will use the results to develop a training programme for MEs and identify the responsibilities of the different teams in delivering this. Due to be completed by April 2013. • Assessing workflow uptake and developing a plan to work with MEs of CRGs where additional support is needed.
(4) Contribute to the development of training resources for MEs	• Completed a major revision of the ME training checklists used for site training visits. • Collaborated with the MEs' Executive on the development of an online portal for MEs on the cochrane.org 'Community' site.
(5) Communicate ME Support's activities and achievements to the MEs, and being proactive in engaging with MEs	• We have been sharing news from ME Support via the CEU Bulletin, but we recently agreed with the MEs' Executive to develop a ME Support Bulletin specifically for the MEs.
(6) Evaluate the use of ME Support and report back to the ME's Executive and Collaboration	• We collect information on the number and types of queries reaching ME Support and are considering ways to collate and share this information. • Shared work-plan with MEs' Executive and agreed ways to share information. • Reports prepared as needed.

Updating Support   BLUE

We recognise that the burden of updating is considerable for both CRG teams and review authors. When asked to speak to a session at the AHRQ conference in September this year, I reported on the project funded by the NHS Engagement Award scheme in 2010-1. One aspect of this was to provide external consultancy in support of review authors and CRGs for high priority updates. At the time the qualitative evaluation was somewhat positive, hence I was surprised to find that at the time I was preparing my presentation only 2 reviews had been published. I therefore asked Orla Ni Ogain to undertake a new evaluation to try to explore the apparent mismatch between an apparently popular project and what seemed to be disappointing outputs.

Orla's full report in included in the Appendix C, but the Executive summary is included here.

"Summary description: This report describes the findings of semi-structured interviews with six Cochrane Review Groups (CRGs) carried out between December 2012 and February 2013 to follow up on the centralised updating pilot project conducted in 2010/11. An update on the publication status of reviews as of January 2013 was sought, and participants were asked to identify any continuing barriers to publication following centralised updating support. They were also asked to reflect on the successes/weaknesses of the centralised updating model or to suggest alternative updating forms of assistance, bearing in mind the final goal of increasing the number of updates published.

Results: Six interviews were conducted with editorial base staff - four current Managing Editors (ME), one former ME, and one Coordinating Editor. One ME communicated by email only. Four of the 14 review updates included in the centralised updating pilot project have been published as of January 2013; one is due for publication in Issue 2, 2013, and remainder are with the author or the editorial group. Participants identified issues that can be grouped into five major themes: 1) the selection of appropriate reviews; 2) communication and managing expectations of the updating service 3) use of a formal agreement prior to service commencing; and 4) specific errors attributed to the updating

service; 5) additional planning in case of reviews that involve complex data extraction. These findings echoed findings outlined in the July 2011 report on the updating project.

Recommendations: Any future centralised updating project should be designed with the findings of this and the July 2011 report in mind. Consideration of how much time authors can devote to updating work is fundamental. Alternative models of support should be considered, including methods of incentivising authors.

It should be noted that this follow-up paper focused on the final goal of publishing the updated Cochrane Reviews. The Collaboration may also wish to consider the value of the tasks completed by the updating service to the review, to editorial group/authors and to the Collaboration (particularly in view of growing interest in linked data approaches to creating and updating reviews), as a separate goal to the publication of the updated review within a specific timeframe."

RevMan development   GREEN

The CEU has four representatives on the RevMan Advisory Committee, including one of the co-convenors (Toby Lasserson). The next version of RevMan is scheduled for release by the end of 2014. The process to identify and prioritize changes to the software has generated in excess of 200 separate change requests. The IMS team and the co-convenors of the RAC have organized a series of face to face meetings to establish the most important and substantial changes.

Cochrane Register of Studies (CRS)   GREEN

To date 62% of CRGs have migrated to the live version of the CRS. These users have been surveyed to determine which support strategies have been effective in the rollout phase and which were less so. The TSCs from CRGs yet to convert have also been surveyed to ascertain the challenges they are facing and how we can best support them in the run up to the March 31st, 2013 conversion target date. Forty-three webinars have been conducted and recorded. Three new CRS User Support Team members were appointed in December - Anne Littlewood (Oral Health), Anna Noel Storr (Dementia & Cognitive Improvement) and Fergus Tai (Breast Cancer), joined Doug Salzwedel (Hypertension). A CRS training workshop is scheduled to take place after the Anniversary Symposium in Oxford in March and proposals for further workshops and an oral session will be submitted for the Quebec colloquium. Metaxis Ltd have carried out bug-fixing during this implementation phase but have also continued to develop the program in response to suggestions from TSCs who are now using the software to deliver search results to authors and to maintain their specialized registers. Additional programming work has been carried out to ensure that Meerkat users are able to transfer their study-based registers into the CRS.

Cochrane Collaboration's 20th Anniversary   **GREEN**

The CEU has held meetings with representatives from the BMJ and PLoS who have expressed interest in publishing material to celebrate 20 years of The Cochrane Collaboration. In addition, we are will publish a series of editorials within The Cochrane Library to highlight landmark reviews and the people behind them, plus other noteworthy issues such as methods development, capacity building and training, and the crucial role of technology within the Collaboration.

EMBASE RFP   **AMBER**

The Collaboration received several innovative applications to manage the Embase Searching Project. The assessment panel, comprised of a senior editor from the Cochrane Editorial Unit, a representative from the TSC Executive, two co-convenors of the Cochrane Information

Retrieval Methods Group and a senior information specialist at the UK Cochrane Centre, unanimously selected a preferred provider. The contract has been awarded to a consortium comprised of the Cochrane Dementia & Cognitive Improvement Group, Metaxis Ltd and the York Health Economics Consortium. Work on the project is due to start in mid-March, pending the finalisation of the contract. New Embase records will start feeding into CENTRAL as soon as the management and processing systems are set up. Preliminary investigations indicate that the processing of the backlog will be ongoing until June. Metaxis plan to set up a web site for reporting project progress.

Cochrane Publishing and Editorial Policy Manual   GREEN

The Cochrane Policy Manual is a resource that documents both organizational and publication-related policy and has been managed by the Cochrane Operations Unit (COU). The COU and the CEU recently decided to split the Cochrane Policy Manual into two separate manuals, one for organizational policy and one for publication and editorial policy. The COU will be responsible for the Cochrane Operations Manual, and the CEU will be responsible for the Cochrane Publication and Editorial Policy Manual. The project has started and will span several months during which we will need to revise, update (in consultation with different groups), and complete the contents of the two manuals. Harriet MacLehose and Noemie Aubert Bonn, an intern working with the CEU, are developing the Cochrane Publication and Editorial Policy Manual. Jini Hetherington, COU, is leading on the Cochrane Operations Manual.

Methods report   N/A

The Methods community (see mission statement at annex A) with support from the Methods Coordinator, Jackie Chandler, continues to be actively involved in methods innovation, development of guidance, and facilitation of training and peer support on behalf of the Collaboration. There are two new Methods Executive members elected at the Auckland Colloquium: Isabelle Boutron (BMG) and Sally Hopewell (MRG) and three new editors to the editorship of *Cochrane Methods*: Isabelle Boutron (BMG), Jo McKenzie (SMG), and Vivian Welch (CC Equity MG).

Sixteen registered Methods Groups continue collectively to produce a wide range of activities and outputs to advance the Collaboration's secondary purpose of methods development and support its primary purpose to produce high quality systematic reviews, including, for example: exemplar prognosis reviews, establishment of diagnostic test accuracy reviews, extensions to the 'Risk of bias' table (e.g. cluster, crossover and non randomised designs), decision framework for inclusion of non-randomized designs, brief economic summaries, guidance for reviews of complex interventions and developments to the 'Summary of findings' tables. A review of the methods activities in Cochrane is being undertaken by the Methods coordinator to develop a 3-5 year Methods Strategy, encompassing all aspects of Cochrane Methods. Key highlights of interest are:

- § **Six methodological development projects** funded through the Methods Innovation Fund are progressing well.
- § Contributing to discussions and policy development paper on processes and options for **extensions beyond the standard review model to consider review enhancements and additional types of review leading towards focusing on how reviews of different types of evidence and research questions can be linked together to enhance the standard intervention review.** This is part of an ongoing programme of work arising from the strategic review of Cochrane content by the Cochrane Editorial Unit.
- § **Handbook 'Minor Update'** Version 5.2 to include the MECIR standards. Publication is expected in May / June 2013.
- § **Handbook 'Major Revision'** Version 6 planned for publication in parallel with the release of RevMan 6 is expected in 2014. There has been some re-organization of chapters alongside the planning of new chapters to address topics such as complex interventions and (non-statistical) synthesis methods.
- § The fourth annual issue of *Cochrane Methods* is in preparation.
- § Plans to implement strategies to develop **infrastructure funds to support individual Methods Groups** are progressing. Centre support for Methods Groups (and vice versa) will be discussed with the Centre Directors Executive during the Mid-Year Meetings in March.
- § **Methods Training events**: Recruitment for the 2013 Methods training event, entitled "Comparing Multiple Interventions: indirect comparisons and network meta-analysis", to be held on 18th, 19th and 22nd March at the Said Business School in Oxford which is being led by the Comparing Multiple Interventions Methods Group. We anticipate a proposal for the 2014 event focusing on statistical methods incorporating inclusion of non-randomized designs.

- **Quebec Colloquium**: Early workshops call complete with 34 workshops accepted covering submissions from 14 of the 16 Methods Groups. The open call is underway. A **one day satellite event for GRADEpro training** and a one day **Methods Symposium** focusing on statistical issues are planned.
§ **The MECIR project and the ongoing implementation of standards**. Currently developing a booklet format of standards integrated with common errors and good practice examples for dissemination to CRGs and authors.
- Review of the **Cochrane Methodology Register**.
- Producing a suite of **nine articles in BMC Systematic Reviews** to celebrate methods achievements for **The Cochrane Collaboration 20th Anniversary Celebrations**.

Further information on these items can be found at Appendix A.

Oversight Committee   N/A

The Oversight Commmittee has met once since the Auckland Colloquium. There have been no threats to editorial independence. The Oversight Committee has provided advice relating to the publishing contract and the priorities for *The Cochrane Library*. The Chair, Dr Richard Smith also organised a questionnaire of Oversight Committee members and found the priorites ranked as follows:

How important are these improvements to the Cochrane Library?
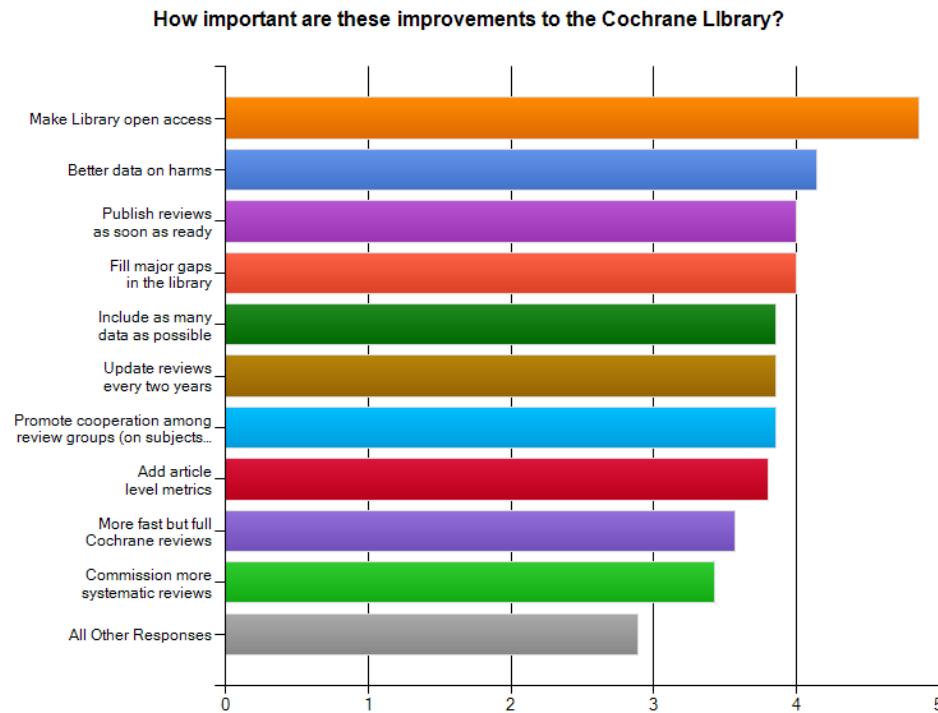
A fuller report on the results is included in Appendix 4

Monitoring and Registration support for CRGs and Fields   GREEN

The CEU has worked with Claire Allen at the COU to develop revised, provisional core functions for CRGs and a new monitoring form for the 2013 round. The monitoring form has been developed by the IMS team and was circulated in the week beginning 18th February. The form differs from its predecessor in several ways, but should provide very useful information for CRGs to monitor their own performance, to identify

CRGs that are experiencing difficulties, and also ways in which CRGs can be better supported. For the first time the form will invite feedback on the performance of the central units in providing support.

Copy Editing and style guide **N/A**

In December 2012, Wiley employed a new Copy Edit Support Manager, Elizabeth Royle. Harriet MacLehose and John Hilton from the CEU and Elizabeth have been working together to refine a proposed copy-editing work-plan that will clarify the copy-editing-related work that the CEU and Copy Edit Support will do over the coming year, and which team will be responsible for the different activities. We are still finalizing the work-plan and will share with the ME's Executive for their feedback and contributions before signing-off. The proposed areas of work are outlined below, along with notes about progress to date.

Copy-editing: planned areas of support and progress to date

Area of work	Progress to date
(1) Implement the policy that all Cochrane Review Groups will submit all Cochrane Protocols and Reviews to CES or an in-house copy-editor before publication (by May 2012)	Policy implemented and discussing plans for monitoring adherence and follow-up as needed.
(2) Employ a Copy Edit Support Manager and set up management and administrative processes for the CES team	Elizabeth Royle employed and most administrative processes set up. Plans for improved integration with Archie are to be discussed. Elizabeth manages the workflow of the Copy Edit Support team to meet publication timelines (with an average of 94 articles submitted for copy-editing each month).
(3) Develop and implement an accreditation process for prospective in-house copy-editors and new CES copy-editors	Accreditation process was set up in 2011/12, and we are developing the new accreditation copy-editing tests to allow this to be completed for existing provisional copy-editors and rolled-out to new candidates.
(4) Update the Cochrane Style Guide and related website	Feedback is being collated and style guide is partly moved to

periodically	Drupal on Cochrane.org (for an html version). Membership of the working group need to be agreed and group reformed to revise style guide.
(5) Develop and update copy-editing checklists; and develop a policy for their use	Checklists in use, but work needed to evaluate them to inform possible policy changes.
(6) Audit the work of copy-editors, and provide training and information-sharing opportunities for copy-editors	Regular checking of CES copy-editors' work; training provided to CES copy-editors as required.
(7) Provide training and support for copy-editors	Elizabeth Royle provides remote, one-to-one training and support to copy-editors, as required. Copy-editors' forum set up; more work planned.
(8) Evaluate the copy-editing activities and report back to the Collaboration	Regular meetings ongoing and reports prepared as needed.

4. Enhance global participation and relevance of The Cochrane Collaboration and *The Cochrane Library*

Translations   GREEN

The work of the translations exchange continues to be one of the success stories for the Collaboration over the past 2-3 years. The initial work has been to ensure that translated content can be presented, alongside the appropriate version of the relevant review both on *The Cochrane Library* and the Cochrane Summaries site. In particular, it is noteworthy that it is now possible to browse the Cochrane summaries site in multiple languages, and this is very likey the main reason why our analytics recently demonstrated that France was the 4th common origin for people using the Summaries website (http://summaries.cochrane.org/fr).

It is now appropriate that the Collaboration is taking a more comprehensive approach to developing a translations strategy, led by Xavier Bonfill, and building on the excellent work of the translations working group, led by Lorne Becker and Juliane Ried.

For the detailed translations report, prepared by Lorne Becker and Juliane Ried, see [Appendix B](#) at the end of this report

Support for Evidence Aid   GREEN

The CEU has worked with the Evidence Aid team to maintain and keep updated the following *Cochrane Library* Special Collections:

- [Cochrane Evidence Aid: resources for earthquakes](#)
- [Cochrane Evidence Aid: resources for burns](#)
- [Cochrane Evidence Aid: resources for flooding and poor water sanitation](#)
- [Cochrane Evidence Aid: resources for post-traumatic stress disorder following natural disasters](#)

The CEU has also worked with Claire and the Evidence Aid team to add extra reviews that have been prioritised by the International Rescue Committee (IRC) to the collections (for example 11 extra IRC-prioritised reviews were added to the Resources for Earthquakes Evidence Aid Special Collection in February). The CEU has also liaised with Wiley to ensure free access is granted for those reviews added to Evidence Aid Special Collections.

WHO Nutrition group   N/A

The CEU has continued to support the development of guidelines related to nutrition. David Tovey is a member of the WHO guidelines development group - nutrition actions.

Support for Global Network   N/A

David Tovey has worked with Peter Tugwell, Jeremy Grimshaw and others to assist in the development of the plans for the Global Network, attending the Conference for Health Systems Evidence in Beijing. This work will now be led by Mark Wilson the Collaboration's Chief Executive Officer.

Appendix 1; Methods Executive Report 1st Period 2013

(Incorporating Methods Co-ordinator activity)

Mission statement (final)

The Cochrane Methods community comprises Methods Groups, the Methodology Review Group, individuals supporting review methods in CRGs, and individuals in Centres or Fields with specialist methodological interests. The Cochrane Methods community will:

§ *maintain the methodological integrity of Cochrane reviews by improving current methods by supporting approved initiatives;*
§ *provide forums for debate and consultation concerning the development and application of methods in Cochrane reviews;*
§ *engage with the CEU, CRGs, Centres, Fields and Consumers to ensure the effective implementation of methods innovations, developments and standards in Cochrane reviews;*
§ *deliver and disseminate guidance and training to Cochrane review authors, editors and methodologists;*
§ *maintain the academic and professional standing of The Cochrane Collaboration within the international evidence synthesis methods arena; and*
§ *ensure an approachable, receptive and responsive Methods environment.*

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1. PRELIMINARY INFORMATION

- **Entity Executive:** Methods including Methods Co-ordinator
- **Meeting:** Oxford Mid-Year Meeting, 18-20th March
- **Report period:** 1st October to 31st March
- **Members of the Executive for this period:**
    - Julian Higgins* (Methods Groups representative on CCSG)

    - Jane Noyes* (Co-Convenor, Qualitative and Implementation Methods Group)

    - Isabelle Boutron (Co-convenor, Bias Methods Group)

    - Sally Hopewell (Methodology Review Group)

    - Mariska Leeflang (Co-Convenor, Screening and Diagnostic Tests Methods Group)

- Carol Lefebvre (Co-Convenor, Information Retrieval Methods Group)

- Ian Shemilt (Co-Convenor, Campbell and Cochrane Economics Methods Group)

- Holger Schünemann (Co-Convenor, Applicability and Recommendations Methods Group)

*Co-chairs of the Methods Executive.

- **Report prepared by:** Jackie Chandler (Methods Co-ordinator) on behalf of the Methods Executive
- **Report finalized on:** 28th February 2013

Report Summary

Firstly, we welcome two new Methods Executive members who were elected at the Auckland Colloquium: Isabelle Boutron (BMG) and Sally Hopewell (MRG). We also welcome three new editors to the editorship of *Cochrane Methods*: Isabelle Boutron (BMG), Jo McKenzie (SMG), and Vivian Welch (CC Equity MG). We are very grateful to, and thank, Julian Higgins who has stepped down as editor of *Cochrane Methods*.

The Cochrane Methods community continues to be actively involved in methods innovation, development of guidance, and facilitation of training and peer support on behalf of the Collaboration. The following key projects continue with further information below:

- § The MECIR (Methodological Expectations of Cochrane Intervention Reviews) project previously produced a set of minimum standards for the conduct and reporting of reviews. Standards for updates and protocols are underway. We are developing a booklet of standards integrated with common errors and good practice examples for dissemination to CRGs and authors.
- § The six methodological development projects funded through the Methods Innovation Fund have produced their second interim reports and are progressing well (no concerns are noted).
- § A 'White paper' is in development for discussion at the Mid-Year meeting in March as part of an ongoing programme of work arising from the strategic review of Cochrane content by the Cochrane Editorial Unit. This discusses processes and options for extending beyond the standard review model to consider review enhancements and additional types of review.
- § Contributors to the Handbook are in the process of updating their chapters for Version 5.2, the 'Minor Update'. There has been some delay in this and we now expect that Version 5.2 will be published in May-June. With respect to Version 6, the 'Major Revision' planned for publication in

parallel with the release of RevMan 6 is expected in 2014. There has been some re-organization of chapters alongside the planning of new chapters to address topics such as complex interventions and (non-statistical) synthesis methods.

§ The fourth annual issue of *Cochrane Methods* is in preparation and will be published by the Quebec Colloquium, to include a detailed update of Cochrane methods activities and outputs. Three new editors have joined and this issue will be informed by findings from a survey of readers of the third annual issue in September 2012.

§ Plans to implement strategies to develop infrastructure funds to support individual Methods Groups are progressing. Centre support for Methods Groups (and vice versa) will be discussed with the Centre Directors Executive during the Mid-Year Meetings in March.

§ Methods Training events: Recruitment for the 2013 Methods training event, entitled "Comparing Multiple Interventions: indirect comparisons and network meta-analysis", to be held on 18th, 19th and 22nd March at the Said Business School in Oxford which is being led by the Comparing Multiple Interventions Methods Group is nearly at capacity with options for remote participation also provided. We anticipate a proposal for the 2014 event focusing on statistical methods for inclusion of non-randomized designs.

§ Quebec Colloquium: Early workshops call complete with 34 workshops accepted covering submissions from 14 of the 16 Methods Groups. The open call is underway. A one day satellite event for GRADEpro training and a one day Methods Symposium focusing on statistical issues are planned.

§ Development of a Methods Strategy, encompassing all aspects of Cochrane Methods, is in development.

· Producing a suite of nine articles in BMC Systematic Reviews to celebrate methods achievements for The Cochrane Collaboration 20th Anniversary Celebrations.

2. WORKPLAN UPDATE
i) Progress for this reporting period and expected outputs for the next reporting period:

Objective/activity	Reporting period 1st October 2012 to 31st March 2013	Progress against expected output	Planned output for reporting period 1st April to 30th September 2013
1. Develop a Methods Strategy for future methodological development within The Cochrane Collaboration	To complete a methods review to underpin a Methods strategy for 3-5 years with an interim report presented to the Methods Board at the Auckland Colloquium.	JC will provide a progress update to the Methods Executive at the Oxford Mid-Year meeting in March 2013.	Review and Strategy for discussion at the Methods Board at the Quebec Colloquium.
2. Help the Editors with revisions to the Cochrane Handbook for Systematic Reviews of Interventions	To complete version 5.2.	Revisions to chapters for Version 5.2 (Minor Update) are underway and a number of chapter revisions have been received. This has slipped in the original timetable and is more likely to be May/June before publication of Version 5.2. Progress on Version 6 (Major Revision) will be provided in the next reporting period. *See additional note* A	To publish V 5.2 and progress substantive amendments and new chapters for V6 expected in 2014.

3. To advise the Editor in Chief (EiC) on all aspects relating to methodology, involving Methods Groups as relevant, that relate to editorial content, in a timely and effective manner to ensure the overall quality of Cochrane Reviews	To support and co-operate with the CEU and the Training co-ordinator with implementation activities to disseminate the MECIR current conduct and reporting standards to the CRGs, Centres etc. Includes integration into training materials etc.
	
	The MECIR project will continue with the following:
	    Considerations for updated reviews
	    Reporting standards for a new protocol
		An implementation plan has been drafted for circulation to the wider Collaboration at the March 2013 Mid-Year Meeting in Oxford.
		
		A meeting is planned on March 12th 2013 to take this forward.
			To have a complete set of standards for adoption by the Quebec Colloquium. *See additional note* B

	Considerations for reporting updated reviews Development and collation of good practice standards and common errors.	JC is working with Marialena Trivella (Training Co-ordinator) to develop a) Web processes for collating common errors and good practice b) Booklet format of standards *See additional note* B	To produce a draft version, of those standards which are signed-off, in booklet format for dissemination by Quebec Colloquium.
4. Support the annual production and development of *Cochrane Methods*	To evaluate feedback from the readers' survey.	Feedback to be used for future editions. 53 responses received on SurveyMonkey. Annual production continues. New editors engaged. *See additional note* C	Publication of 2013 edition in September.
5. Develop and maintain networks of individuals in CRGs and Cochrane Centres who will link into specialist methodological hubs hosted by Methods Groups	Negotiate processes of network function with relevant Methods Group convenors, CRGs and Centre-based methods contacts.	Assessment of Bias and Applicability and interpretation networks are formed. Statistics network is under development. Other networks such as economics are also evolving and identifying key support in CRGs.	Statistics network to be set up within period.
6. Take part in the 2013 celebrations of the 20th anniversary of The Cochrane Collaboration, with a focus on the Collaboration's role in the development of systematic review methodology	Develop a plan for these celebrations in conjunction with Anniversary task force. Methods co-ordinator on Publication strategy working group.	An outline of 9 articles for the BMC journal Systematic Reviews and authors recruited. Financial support secured from the Collaboration and BMC journal Systematic Reviews. *See additional note* D	To meet deadlines for publication of articles when ready August/ September.
7. Develop a Methods micro-site within cochrane.org for	Evaluate and develop Beta website	JC has not found sufficient time to ensure this is available due to workload, lack of technical support and technical issues with the template	Beta launch by Quebec Colloquium

internal and external access		site, and is also awaiting material from others. Deadline has been re-defined as Quebec Colloquium and support is now available from administrator in the CEU with website experience.	
8. Methods Innovation Fund 5-year programme, subject to available resources	Evaluation of current projects – interim reports	All projects have produced 2nd six month interim reports and continue as planned. *See additional note* E	Ongoing.
9. Continue with the annual Methods training events, subject to available resources	2013 event: to commence recruitment of participants once date and venue confirmed. 2014 event: call for proposals for the event	Underway. Participants recruited. *See additional note* F Awaiting submission from SMG. *See additional note* F	Negotiate training event for 2014 and consider location outside Europe.
10. Develop infrastructure funding for individual Methods Groups	To implement proposals for infrastructure funding for Methods Groups	Plans to discuss Centre support for Methods Groups at the Mid-Year Meeting in March. *See additional note* G	Ongoing implementation, further discussion, information sharing and monitoring.
11. Develop proposal for the continuation of the CMR	To identify interested individuals	Discussion document circulated to interested parties. *See additional note* H	Responders to circulated document to be invited to discuss potential new model April/May
12. Innovative Reviews and methodology processes	To arrange agreed processes to provide oversight to innovative methods developments	Draft 'White paper' *Extension of the standard Cochrane review model: enhancements and additional review types* in progress for Entity Executive meetings at the Mid-Year Meeting. *See additional note* I	To be determined when specific targets of 'White paper' are agreed.
13. Support Colloquium: · with training via workshops · other specialist Methods events · and business meetings	Inserted into this report	Development of workshop programme underway. Planning of a one day Methods symposium for the 21st Colloquium in Quebec event is underway. This will focus on statistical methods acknowledging the achievements of a longstanding contributor. It is planned for 25th	Completed for 2013 Completed for 2013 For all events consider most suitable and reliable method for evaluation.

		September	

ii) Full breakdown of expenditure:

Activity (10th September 2012 to February 2013)	Amount allocated	Actual to date for the year 1st April as of 28 February 2013	Notes
Methods Executive-attendance at meetings, room hire. This is for the Paris Mid-Year and Auckland Colloquium	£10,000 per annum (ongoing)	= £10,620.61	Overspend is covered by under spend in previous year. This is due to fluctuating travel expenses incurred
MECIR work (managed under Methods Executive budget)	£1100 (one off)	£1166.74	This includes travel to face to face meetings at the CEU and printing draft booklets for Auckland Colloquium. Overspend covered by under spend.
Handbook Editors-for face to face meetings and expenses incurred on behalf of handbook development	£4,000 max allocated per annum if required	£600 allocated to software upgrade (RoboHelp)	Invoice not yet received
Methods training event 2012 and 2013	£20,000 per event for 2012. £20,000 + £5000 towards remote participation costs for 2013	£17,455.59 £22,831	No costs incurred for 2013. This is the current total for budget allocations to stipends, venue and remote participation.
Third annual issue of *Cochrane Methods* 2012	£5,000 per issue	£7477.55 Postage for mail out £864.83 Total £8342.38	Estimated cost provided by Wiley for 2012 edition was £3160 + vat for 52 pages. Plus additional for postage of hard copy to mailing list. Wiley incurred greater costs with regard to printing their end. This invoice has yet to be

			received and paid.
Methods Innovation Fund-3 year funding programme 1st Jan 2012-31st Dec 2014	£329, 378	£157, 023.63 cumulative total across the 6 projects since Jan 2012	One invoice payment is outstanding £8150

iii) Meetings, teleconferences and other communication:

	For the period 1st October 2012 to 31st March 2013	Expected for the period 1st April to 30th September 2013
Methods Board	Nil	Face to face at the Quebec Colloquium
Methods Executive	2 teleconferences and one face to face at the Oxford Mid-Year meeting	Three teleconference meetings are planned for the next six months, and the Methods Executive will meet face to face at the Quebec Colloquium.
Methods Application and Review Standards Working Group (MARS WG)	1 face to face at the Oxford Mid-Year meeting and 1 teleconference. An additional teleconference meeting was held with David T, Julian H and Rachel C. to discuss the terms of reference of the MARS WG	Will meet at least twice in this six month period and will meet face to face during the Quebec Colloquium.
Handbook Editorial Team	Regular meetings to fit with work schedule.	The Handbook editorial team will hold teleconferences or other meetings every 1-2 months.
MECIR (co-ordinating group meetings)	Face to face (at the Cochrane Editorial Unit (CEU)) for 1 day plus one teleconference	Meetings are ad hoc and in response to work stream

iv) Additional information and notes:

Methods Co-ordinator: JC has represented Cochrane Methods on the MARC, ADAC, ISOC (now suspended), RAC, PLEACS and the Publications working group of the 2013 Anniversary Task Force. She is also a member of the MECIR co-ordinating team, *Handbook* editor and technical editor for *Cochrane Methods*. During the last period Jackie has:
· Continued to support the MECIR project and is specifically involved in developing a booklet format of standards with common error examples for dissemination to CRGs and authors. She is responsible for collating and disseminating common errors and good practice with Marialena Trivella.

- Provided support to the annual Methods training programme: Collated submissions, specifically supporting (venue, registration, remote participation) for the 2013 event by the CMIMG. Received additional funding to support remote participation for this popular training event.
- Provided ongoing research governance to the Methods Innovation Fund (MIF) projects: Managing funds and receiving reports from projects.
- Provided ongoing support, as a co-applicant, to the MIF project for Methodological Investigation of Cochrane reviews of Complex Interventions.
- Started co-ordinating the 2013 publication *Cochrane Methods* as technical editor, gathering material, liaising with publisher and supporting scientific editors.
- As part of the editorial team, continued with progressing updates to the *Cochrane Handbook of Systematic Reviews of Interventions.*
- Developed a draft 'White paper' with other key contributors from the CEU and Methods Executive to facilitate discussions on processes for current and potential developments on enhancements and additional review types with entity Executives at the Mid-Year Meeting.
- Started this year's round of Colloquium workshops as Workshop Committee co-chair for the 21st Colloquium in Quebec with workshop reviews and organization.
- Supported specific areas of Method's interests e.g. Complex Interventions: maintaining discussion list, involvement in MIF project, contribution to Journal of Clinical Epidemiology papers output from the meeting held in Montebello, Canada in January 2012.
- Produced a discussion paper to consider the future of the Cochrane Methodology Register. Responses from invitees positive and a teleconference will be organised in April/May 2013.
- Produced an outline for a series of articles (9) for the 20th Anniversary Celebrations in BMC Systematic Reviews. Negotiated arrangements with editors and discount for open access fees. Successfully obtained £10,000 from the Anniversary Fund to support publication costs of articles (this journal operates a 'publisher pays' policy).
- Started to support the planning and organisation of the Methods Symposium for the Quebec Colloquium.
- Continued to provide administrative support to the Cochrane Methods infrastructure, co-ordinate meetings, support registration and organisation of training events, Colloquium workshops etc. This includes financial management of various allocations of funds to methods activities.

Methods Groups

Albeit with limited secure, direct funds to support the infrastructure of the large majority of individual Methods Groups, 16 registered Methods Groups continue collectively to produce a wide range of activities and outputs (including, but not limited to, all those described above in this document) to advance the Collaboration's secondary purpose of methods development and support its primary purpose to produce high quality systematic reviews, including, for example: exemplar prognosis reviews, establishment of diagnostic test

accuracy reviews, extensions to the 'Risk of bias' table (e.g. cluster, crossover and non-randomised designs), development of a decision framework for inclusion of non-randomized designs, brief economic summaries, guidance for reviews of complex interventions as well ongoing developments to the 'Summary of findings' tables.

The following changes are reported:
- A number of changes to convenors (**SMG**-Gerta Rucker joins as Steff Lewis has left, **APSMG**-Roberto D'Amico, Tianjing Li and Rebecca Armstrong have joined, **QIMG**-Margaret Cargo and Tomas Pantoja have joined, **CC Equity MG**- Vivian Welch has joined).

Further information on Methods Groups activities will be reported in *Cochrane Methods.*

Additional notes
A. Handbook developments
The current editorial team for the *Cochrane Handbook of Systematic Reviews of Interventions* is Julian Higgins, Rachel Churchill, Jackie Chandler and Miranda Cumpston. Miranda is currently on maternity leave. Authors and Editors of all current chapters and new chapters have been identified and contacted with the proposed timescales for completing draft updates for Version 5.2. This update is currently behind schedule due to pressing workloads of the Handbook Editors and will be available May/June 2013. Many authors are already working on substantive amendments and new chapters for Version 6 due in 2014 linked with the RevMan 6 launch. A further version will follow to take account of findings from the MIF projects (which are due to complete in late 2014 and early 2015). The MECIR Conduct standards have been incorporated into relevant chapters and the reporting standards will reside in a new chapter.

B. **Methodological Expectations in Cochrane Intervention Reviews (MECIR) (responsibility of the Methods Application and Review Standards Working Group)**
http://www.editorial-unit.cochrane.org/mecir contains detailed information on this project. There are 80 conduct standards and 108 reporting standards. The MECIR project seeks to produce the following:
1. Methodological standards for the **conduct** of Cochrane intervention reviews
    a. Conduct standards for a new review - *Completed*
    b. Considerations for **updated reviews – b**
2. Standards for the **reporting** of Cochrane intervention reviews
    a. Reporting standards for a new review - *Completed*
    b. Reporting standards for abstracts - *Completed*
    c. Reporting standards for plain language summaries – *to be finalised shortly*
    d. Reporting standards for **a new protocol** – in process

     e. Considerations for reporting **updated reviews** – in process

3. Examples of **good practice** in the methodological conduct of Cochrane intervention reviews

4. Examples of **common errors** in the methodological conduct of Cochrane intervention reviews.

Items 3 and 4 are being collated and will be available electronically, but are also being pulled together with the standards in a 'booklet' format. For items 1b, 2d, 2e a meeting will occur on 12th March.

C. *Cochrane Methods*

Julian Higgins has stepped down as editor and Mike Clarke has indicated that he would also like to step down in the near future. We have engaged 3 new editors to work alongside JC and MC this year, and are grateful to Isabelle Boutron (BMG), Jo McKenzie (SMG) and Vivian Welch (CC Equity MG). JC has been collating material for the next publication. Editors will discuss content in early March. Consideration will be given to the inclusion of abstracts from relevant articles published in the BMC journal Systematic Reviews. Information from the readers' survey suggests that responders would like articles to undergo peer review, that it remains a valuable and important avenue for sharing research and ideas for development. Methods news, commentary on published articles and articles on methods development remain valuable. Three quarters of responders would like feature length articles on a particular method e.g. evidence of need, importance, a detailed methods description, developments in progress, a focus on key developers and implications for implementation.

D. **BMC journal Systematic Reviews series of articles**

The purpose of the papers is to highlight the contribution The Cochrane Collaboration has made to the *science* of systematic reviews. These papers will be drawn together with an overview paper. There are four main theme papers highlighting methods central to Cochrane methodology e.g. statistics and bias. Additional papers include a personal perspective, from someone with a longstanding involvement in Cochrane methods, and papers illustrating the breadth of methodology developing within the Cochrane systematic review model e.g. economics and qualitative syntheses. The papers are planned for publication in August/September 2013.

E. **Methods Innovation Fund (MIF) (responsibility of the Methods Board, delegated to the Methods Application and Review Standards Working Group)**

Interim reports from all six projects were received and reported to the MARS WG. Key progress steps are reported in brief below:

1. *Searching for unpublished trials using trials registers and trials web sites and obtaining unpublished trial data and corresponding trial protocols from regulatory agencies*: Search strategies have been drafted for CMR, MEDLINE and EMBASE, to create the annotated bibliography. These strategies are currently undergoing peer review. The volume of work is larger than expected and York University are subsidising this endeavour to a greater extent

than originally envisaged (in order to keep within budget limits no funding was requested for the searches and record selection stages of this project). This component of the project started late due to delays in drawing up the contract, however, it is expected to be completed within the project timescales.

2. *Extending the Cochrane 'Risk of bias' tool to assess risk of bias in randomized trials with non-parallel-group designs, and non-randomized studies*: Eight international working groups have been set up to address the five main bias domains, 'other biases' and non standard designs. There are 36 confirmed working group members to attend a key meeting discussing signalling questions for the respective bias domains in Queens College Oxford for 21-22 March 2013. A survey of the CRGs to inform this project of the CRG's needs for tool development has been completed, results collated and circulated to the core group. No issues or concerns raised, deadline expected to be met.

3. *Enhancing the acceptance and implementation of 'Summary of findings' tables in Cochrane Reviews:* An extensive first report on the progress of this project against project objectives was received. These, in brief, were:

Guidance for formatting of SoF tables: Development of user testing and randomized trials protocols, screening and assessment of SoF tables available in the Cochrane Collaboration, listing of the most important alternative format items to be tested and categorization according to the stage for testing, and creation of a database of potential participants.

Guidance and standardization of footnotes for SoF tables: A first outline of the Footnotes project was presented at the GRADE Working Group meeting in January 2012 in Barcelona. A protocol has been developed.

'Summary of findings' table in diagnostic test accuracy Reviews
The GRADE and DTA SoF workshops worked through practical examples of applying the GRADE approach to DTA systematic review data from the literature, preparing a draft SoF Table. An evaluation and feedback on the example SoF Tables was received. Subsequently in the last 6 months good progress has been made. However, testing of guidance for formatting SoF tables will be delayed because of additional background work that was required and because of a relatively poor response from Cochrane Entities. Strategies will improve through individual contact.

4. *Methodological Investigation of Cochrane reviews of Complex Interventions (MICCI)*: A Complex intervention meeting hosted in Jan 2012 has developed a set of seven draft papers for the *Journal of Clinical Epidemiology* due for publication in the first half of 2013. A Draft study protocol for the further development of the tool to classify complex interventions has been developed. A tool to describe dimensions of intervention complexity has been developed and will be piloted.

Staffing changes: The project research officer left the project at the end of August and was replaced by Maggie Hendry thus extending the length of the project slightly to September 30th 2014.

5. *Addressing missing trial participant data in Cochrane systematic reviews*: Design of the search strategy study 1 is complete. Study 2: Data has been collected from about 50 systematic reviews. A poster was presented at the Auckland Colloquium. A conceptual paper about addressing missing trial participant data in systematic reviews to serve as a

conceptual framework for the project has been drafted. A research assistant officially started work January 2013.

6. *Methods for comparing multiple interventions in Intervention reviews and Overviews of reviews*: A detailed guidance document (instead of a decision chart) is being drafted to guide authors and editors into selecting the appropriate review format, and discusses other fundamental issues around reviews with multiple interventions. The document will be disseminated to the Collaboration in February.

F. Methods Training Events

2013: This event will be a three-day course divided into two parts to facilitate undertaking indirect comparisons and network meta-analysis in Cochrane reviews that aim to compare multiple interventions. Part I will be for a statistical audience and applicants have been required to provide evidence of their experience. Part II will be for a general audience (including editors), focusing on issues around conceptualizing, initiating, managing, and coordinating such reviews. This event will take place alongside the Mid Year Meeting in Oxford, UK on the 18th, 19th, and 22nd March 2013.

2014: We are expecting an outline submission from the SMG in collaboration with the NRSMG and the BMG.

G. Development plans for infra structure funding for Methods Groups

An initial paper outlining proposals to develop infrastructure funding for individual Methods Groups was approved by the CCSG in Madrid, 2011. Implementation of these proposals is ongoing. Provisionally, priority has been assigned to developing a proposal for funded Cochrane Methods Fellowships, still in development. A discussion with Centre Directors regarding Centre support for individual Methods Groups (and vice versa) is scheduled during the CDs Executive Mid-Year meeting. The Canadian Cochrane Centre has recently shared the business plans that facilitated the allocation of infrastructure funds to support individual Methods Groups based in Canada as part of the overall funding allocation for the Centre. Ian Shemilt on behalf of the Methods Executive has kindly agreed to present to the CD meeting at the Mid Year Meeting in March to discuss the proposals further.

H. Cochrane Methodology Register (CMR)

After individual discussions with Andrew Booth, Mike Clarke, Julian Higgins and David Tovey, JC developed a discussion document for circulation to a range of experienced individuals with known interests in methodological bibliographic databases internal and external to Cochrane. The purpose is to arrange a forum for discussion to:

· explore options for a revised format possibly with other partners,
· provide a clear rationale for the continuation of a systematic review methodology database that may look potentially quite different,
· identify funds within and outside Cochrane as appropriate.

This document has been circulated and a range of individuals have agreed to be involved with a view to taking part in a discussion forum hopefully April/May.

I. Extension of the standard Cochrane review model: enhancements and additional review types
This has evolved out of work conducted for the Strategic session in 2012. A 'White paper' is being developed to crystallise Collaboration discussions of current and potential developments,, to incorporate qualitative, economic and process evaluation data for example, the inclusion of non-randomised designs for adverse effects and benefits or the development of new review types addressing different questions such as prognosis and implementation of intervention. The development of this paper is leading towards focusing on how reviews of different types of evidence and research questions can be linked together to enhance the standard intervention review. This discussion paper will be discussed at the business meetings at the Mid Year meeting in March 2013.

Challenges for this period are:
For the Methods Co-ordinator general workload is a challenge particularly to complete projects and pick up new projects and progress other developments, particularly the website, in a timely fashion. This would be greatly improved by consistent administrative support that has not been feasible since coming into post for a range of reasons. It is hoped that this will improve in the foreseeable future. She will produce a revised job description to take into account developments since coming into post.

Challenges remain for the individual Methods Groups as Most of them do not receive secure direct funding to support infrastructure. There have been a number of initiatives of late requiring considerable input from many of the Methods Groups, including contributing to the methodological standards programme (MECIR) and updating Handbook chapters. In the light of ongoing methodological developments and expectations within the Collaboration (e.g. planned mandating of SoFs, inclusion of NRS for harms, comparing multiple interventions and network meta-analysis and the incorporation of qualitative and economic data into reviews) there is likely to be increasing pressure on Methods Groups to provide peer review and direct methodological input into reviews, possibly as members of review teams. Currently MGs seem very able to recruit new convenors highlighting the enthusiasm for methodological development.

3. FUNDING AND/OR POLICY DECISION REQUESTS

None at present.

Appendix 2: Translations report

From: Lorne Becker, Convenor of the Cochrane Translation Working Group

To: The Cochrane Collaboration Steering Group

Date: 22 February 2013

Re: **Translation Working Group progress report to the Steering Group for its meeting in Oxford, 17 and 21 March 2013**

1. BACKGROUND

The Cochrane Translation Working Group was set up by Lorne on David Tovey's request after the Split Mid-year Meetings because of the increasing need for coordination of various Cochrane translation initiatives. The working group is constituted of representatives of the groups from different territories and Cochrane Centres providing translations, plus those responsible for the technical implementation, including programmers based at the IMS, the Web Team and Wiley-Blackwell. The group has mainly been working on supporting on-going translation projects of Cochrane abstracts and PLSs, on improving work flows and infrastructure for managing and publishing these translations, and serving as a point of contact for people involved or interested in translations. We are in regular contact or early stage discussion with groups from France, Spain, Japan, China, Taiwan, Brazil, Croatia, Israel, Turkey, and Indonesia.

Translation strategy and its implementation have been identified as one of the components of the Cochrane Content project (under Workstream 3: Dissemination and Impact) after the Paris Strategic Session on Cochrane content (April 2012), and one of the 'highlights' of the new Publishing Arrangement with Wiley constitutes a multi-lingual content plan.

Translations have also recently become a focus of the Linked Data project, as there is a lot of potential for flexible and efficient solutions for translation management if developed within a linked data framework.

2. PROGRESS SINCE AUCKLAND AND ON-GOING ACTIVITIES

TRANSLATION EXCHANGE IN ARCHIE
The IMS has completed the development of the Translation Exchange in Archie in September 2012, and the French Cochrane Centre has been using it since. Nonetheless, we continue to work on improvements to better support translating groups.

The Translation Exchange allows translating groups to download and upload translation documents which are generated based on, and linked to, the English review. It enables them to access, manage and publish their translations themselves, so they don't need to contact the IMS or Wiley every time they want to translate specific reviews, or publish certain translations. Once a translation is marked for publication, it is published automatically on *The Cochrane Library* and Cochrane Summaries with the next issue. Translation documents

currently include the abstract and PLS only, but could be extended if required by a translating group.

Translation documents of new and updated reviews are available from the submission closing date, i.e. there is some leeway for translating groups to prioritise new and updated reviews of particular interest and complete the translations in time for simultaneous publication with the English Review. The Translation Exchange is designed to support versioning of translation documents so that they are always linked to the corresponding review version. This allows identifying outdated translations, so they can be marked accordingly on our websites, and updated as soon as possible. Keeping translations up to date is actually one of the biggest challenges for the French translation project. Around 100 reviews are republished with amendments or updates every month. A portion of these is amended or updated while they are still being translated. Managing this is very time and cost intensive, and this is certainly an area, where we should work on improving our system to better support this endeavour. We are currently working on adding an online editing tool which we hope will be one measure to facilitate the updating process a little better.

All translating groups are encouraged to use the Translation Exchange going forward; however, those working on smaller projects are usually reluctant to do so, as they see limited benefit in automating their processes, if they have to invest some time in learning how to use the Exchange and adapt to using our translation file format. Although, the Spanish team is keen to use it, they cannot change their processes at the moment, as their publisher Update Software isn't able to accommodate our file format.

MEs can view (but not edit) the translations of their reviews in their Review Group's folder.

PUBLICATION ON *THE COCHRANE LIBRARY* AND COCHRANE SUMMARIES – TRANSLATED WEB INTERFACE, SEARCH AND BROWSE

On *Cochrane Summaries*, French, Spanish and Simplified Chinese language portals have been published, including translated web interface, search function, browse by Review Group and publication date, and for French and Spanish also the CEU browse.
French: http://summaries.cochrane.org/fr/search/site
Spanish: http://summaries.cochrane.org/es/search/site
Simplified Chinese: http://summaries.cochrane.org/zh-hans/search/site

We are planning to work with the different teams to further improve the portals to their users' needs, keeping in mind the main audience of Cochrane Summaries.

The Simplified Chinese portal constitutes a pilot project allowing us to collect usage data which might make a case for the conduct of a comprehensive translation project in Simplified Chinese. Unfortunately, we encountered a problem related to searching in Chinese characters, which requires the Web Team to programme an update to the search function for this to work properly.

As part of the new Publishing Arrangement, Wiley aims at implementing a multi-lingual content plan which includes "implementing search support for multiple languages, which will enable users to search *The Cochrane Library* in the official languages of the World Health Organization (and other languages as agreed) and have the titles of all relevant Cochrane Reviews returned to them in the translated language via a user interface that has also been

translated". There are, however, no firm specifications and dates available for the implementation of these developments yet.

PUBLICATION STATUS

COCHRANE SUMMARIES (AS OF ISSUE 1, 2013):
- French: 2464 abstracts and PLSs; around 370 (new and updates) are to be published in Issue 2, 2013, and 700 more are in progress. Access to Cochrane Summaries by French-speaking users has almost tripled from September 2012 to January 2013 without any promotion from our side, and France is now ranking 4th after the USA, UK and Canada in the access by country statistics.
- Spanish: 4,767 abstracts and PLSs; retrieved from the *Biblioteca Cochrane Plus*, i.e. not stored in Archie format; around 1,200 marked as outdated.
- Simplified Chinese: 100 abstracts and PLSs; converted to Archie format by Wiley.
- Traditional Chinese: 3,524 abstracts and PLSs; retrieved from Wiley, currently on the test site only, and not stored in Archie format.
- German: 634 PLSs; not stored in Archie format; all marked as outdated.

THE COCHRANE LIBRARY (AS OF ISSUE 1, 2013):
- French: in theory around 2300 abstracts and PLSs retrieved from Archie, but it is currently impossible to search for French translations on *The Cochrane Library* and to verify this number.
- Spanish: 659 (in WileyML, not in Archie format).
- Traditional Chinese: 3,541 abstracts and PLSs (in WileyML, not Archie format).
- Simplified Chinese: 98 abstracts and PLSs (converted to Archie format by Wiley).
- Japanese: 10 abstracts (converted to Archie format by Wiley).

Wiley is willing to fund the conversion of the remainder of the Japanese translations (ca. 1,400 abstracts) into our translation file format to allow for smooth publication on *The Cochrane Library* and *Cochrane Summaries*.

COCHRANE POLICY MANUAL
We have discussed revisions to the section on translations within the Cochrane Policy Manual (2.2.10.1) with David Tovey, Harriet MacLehose and Ruth Foxlee. We are planning to prepare a draft suggestion for an amended version in the next months, which will then be brought to the Steering Group for approval.

3. 5-YEAR STRATEGIC PLAN

Xavier Bonfill has agreed to take the lead in developing a proposal for a 5-year strategic plan for translations on behalf of the Centre Directors Executive with contributions and input from around 15 people with various language backgrounds. The proposal has been submitted for consideration by the Steering Group at its Oxford meeting. Juliane Ried supported the initiative as a Project Officer (1 day per week).

4. STATUS OF TRANSLATION INITIATIVES IN VARIOUS LANGUAGES

SPANISH

Spanish translations of the majority of existing reviews (abstract, PLS, and specific sections of the review) are published on the *Biblioteca Cochrane Plus*. Most of these abstracts and PLSs are also published on *Cochrane Summaries* and in part on *The Cochrane Library* (see section 2./Publication status for figures).

The Spanish translation project has been resumed in November, after a forced break of about 1 year due to funding problems. They have now continued to translate new and updated abstracts and PLSs, while working on catching up with the new and updated reviews of the previous year. They are not using the Translation Exchange, and the new translations are only published on the *Biblioteca Cochrane Plus* so far, because of file compatibility issues.

FRENCH

The French Cochrane Centre is undertaking a comprehensive project translating abstracts and PLSs of all new and updated reviews every month, as well as the legacy reviews. Funding is provided by the Canadian Institute of Research Health, three Quebec government institutes and the French Ministry of Health. They are working with two professional translation agencies which do the translations, and in a second step have the completed translations reviewed by French-speaking content and methodology experts (many of which are part of the respective Review Groups).

New and updated reviews have been translated since October 2011. For the legacy data, they have prioritised specific Review Groups which are of particular interest to their funders and cooperating Review Groups. They are planning to complete 3500 translations by September 2013, after which they are unclear about the availability of additional funding.

Jacob Riis and Juliane Ried had several calls and webinars with Ahmed Mowafak and Elise Diard from the French translation team, to solve issues and answer questions related to them using the Translation Exchange.

TRADITIONAL CHINESE

Wiley has received 40 new translated abstracts and plain language summaries in Traditional Chinese from the Taiwanese team who had previously completed around 3600 translations. Another 150 translations are planned for, to be finished by the end of November 2013. We are in touch with them about using the Translation Exchange going forward.

CROATIAN

The Croatian Branch of the Italian Cochrane Centre has received funding to translate 50 Plain Language Summaries into Croatian, a language which is widely understood in former Yugoslavia. The reviews are being selected in consultation with patient associations and on basis of the top 50 downloaded reviews and the top 50 accessed on Cochrane Summaries. They will be translated manually by two staff members of the Branch. The translations are due to be finished by 20 April 2013 in time for the annual Croatian Cochrane Symposium, where the translated PLSs will be promoted. Juliane Ried held a Translation Exchange training session with the Croatian team, and they are ready to use it for their project. We have encouraged them to also translate the interface of the Cochrane Summaries site, so we can publish the completed translations there.

SIMPLIFIED CHINESE

OPEN ACCESS

A pilot project has been completed exploring automatic conversion of Cochrane abstracts from Traditional Chinese characters (as available from the Taiwan team) to Simplified Chinese characters. The project report is available upon request. See above for details on the publication status.

JAPANESE
A group in Japan has completed around 1,400 translations for reviews that have been selected because of their relevance to Japanese guidelines, and will continue to translate selected reviews using the same criteria. Wiley is willing to provide funding to convert these into our new XML format, but the publication is pending a license agreement with the translation funder MINDS (Japan Medical Information Network Distribution Service). We are also working with the Japanese to integrate future translations in the Translation Exchange. Discussions had taken place in Auckland, but there hasn't been any progress since.

PORTUGUESE
Brazilian Cochrane Centre staff has been translating selected reviews of interest to the Portuguese speaking world for some time, around 10 translations per month.

HEBREW
Sara Yaron, a Consumer advocate based in Israel and CCNet member, is planning to translate reviews on breast cancer topics into Hebrew. Yuval Arbitman of Karkur College in Israel has requested permission to translate reviews in the area of complementary medicine into Hebrew.   .

INDONESIAN
Detty Nurdiati, based in Yogyakarta and a review author of the Pregnancy and Childbirth Group, is planning to translate reviews on pregnancy and childbirth topics into Indonesian.

TURKISH
We have received a request from Dr Kemal Tuskan from the Istanbul ENT & Head-Neck Surgeons Association who would like to translate Cochrane abstracts of his specialty into Turkish.

GERMAN
The German Cochrane Centre translated around 700 PLSs in 2007, however there have not been any resources available since to update these or to continue the project.

Appendix 3: Updating project evaluation

Follow-up of centralised updating pilot project: Focus on the numbers of updates published

Summary description: This report describes the findings of semi-structured interviews with six Cochrane Review Groups (CRGs) carried out between December 2012 and February 2013 to follow up on the centralised updating pilot project conducted in 2010/11. An update on the publication status of reviews as of January 2013 was sought, and participants were asked to identify any continuing barriers to publication following centralised updating support. They were also asked to reflect on the successes/weaknesses of the centralised updating model or to suggest alternative updating forms of assistance, bearing in mind the final goal of increasing the number of updates published.

Results: Six interviews were conducted with editorial base staff - four current Managing Editors (ME), one former ME, and one Coordinating Editor. One ME communicated by email only. Four of the 14 review updates included in the centralised updating pilot project have been published as of January 2013; one is due for publication in Issue 2, 2013, and remainder are with the author or the editorial group. Participants identified issues that can be grouped into five major themes: 1) the selection of appropriate reviews; 2) communication and managing expectations of the updating service 3) use of a formal agreement prior to service commencing; and 4) specific errors attributed to the updating service; 5) additional planning in case of reviews that involve complex data extraction. These findings echoed findings outlined in the July 2011 report on the updating project.

Recommendations: Any future centralised updating project should be designed with the findings of this and the July 2011 report in mind. Consideration of how much time authors can devote to updating work is fundamental. Alternative models of support should be considered, including methods of incentivising authors.

It should be noted that this follow-up paper focused on the final goal of publishing the updated Cochrane Reviews. The Collaboration may also wish to consider the value of the tasks completed by the updating service to the review, to editorial group/authors and to the Collaboration (particularly in view of growing interest in linked data approaches to creating and updating reviews), as a separate goal to the publication of the updated review within a specific timeframe.

Purpose

This was a follow-up assessment of the centralised updating pilot project (2010/2011) with the six CRGs involved. The aims are to (1) ascertain the current status of the reviews involved in the project, i.e. whether/when the update was published and any barrier to

publishing the update following updating support; (2) discuss any lessons learned from the project, or suggested modifications to the centralised updating model used, bearing in mind the final goal of increasing the number of updates published; (3) discuss participant ideas about alternative updating assistance, bearing in mind the final goal of increasing the number of updates published in a timely and efficient manner.

Background

The original centralised updating pilot project was run in 2010/2011, as one part of a year-long project funded by the National Institute for Health Research (NIHR). This project also separately looked at prioritising Cochrane Review updates - see the full report for details. *[Full report: National Institute for Health Research Cochrane-National Health Service Engagement Award Scheme; Fit for purpose: centralised updating support for high-priority Cochrane Review; July 2011]*

The centralised updating pilot project aimed to provide short and focused periods of assistance by an updating team, to incentivise authors, and to address barriers to updating. This approach was designed to keep the final responsibility for updating with the authors, and the CRGs. The centralised updating team aimed to provide specific updating support in pre-defined areas, following discussion with CRGs/authors and within the updating team (for list of tasks, see Appendix 1). The pilot included 14 Cochrane Review updates from six CRGs (Cochrane Musculoskeletal Group; Cochrane Pain, Palliative and Supportive Care Group; Cochrane Infectious Disease Group; Cochrane Wounds Group; Cochrane Neonatal Group and Cochrane Airways Group). The Cochrane Reviews put forward for updating were identified by each CRG's own prioritisation processes. Most of the updating tasks were performed between November 2010 and April 2011. The mean time spent by the updating team on each update was 35.5 hours (median 26.71 hours, range 4.5 to 109.75 hours).

The centralised updating service, identified efficiencies for updating Cochrane Reviews, and suggested improvements in the structure and processes for a potential centralised updating service. The final report estimated a cost of £400,000 for updating an additional 20% of Cochrane reviews if a centralised updating model was adopted across The Cochrane Collaboration.

Feedback following the centralised updating pilot project in 2011, from both authors and CRGs, was very positive. All authors and MEs who responded to the question on rolling out an updating service for The Cochrane Collaboration were in favour. However, there were concerns in October, 2011 that none of the 14 review updates involved in the project had been published. *[DT presentation, AHRQ 2012 annual conference]*

Methods

On December 12, 2012 an email was sent to the MEs of each of the six Cochrane review groups involved in the centralised updating project, outlining the purpose of the follow-up project and inviting them to attend a short interview. Semi-structured interviews were conducted by one CEU editor, by phone or face-face meetings (see Appendix 2). Participants

were encouraged to discuss any other aspects of the updating project or updating in general. Notes were made during each discussion, and where necessary followed up by email for clarification.

Results

All CRGs responded to the invitation email. Six interviews were conducted, representing five CRGs (four interviews with current MEs of four groups, and one additional interview with a former ME, and one conversation with a Co-Ed). One ME communicated by email only.

STATUS OF THE COCHRANE REVIEWS IN JANUARY 2013:

By January 2013, a total of four out of 14 reviews from the centralised updating pilot project have been published. Of the remaining 10 reviews: one is due for publication in Issue 2, 2013 (February), two are with the editorial group for sign-off/approval, two are either at or waiting for copy-edit, four are still with authors, and one has been split into four reviews, which are in the process of being written.

The main delay to publishing the update was described as author delay, resulting from author workload issues, change in authoring arrangement, or author commitment following updating support (9/14 reviews). Problems with the data extraction conducted by the updating service were identified as the source of delay for one review, which has been published. Problems discovered at editorial sign-off (error, omissions and style issues) and attributed to the updating service, were identified as contributing to delay with one review. No information was obtained about delays to publication in the cases of three reviews (one of which was published in Issue 8, 2012).

The status of the reviews and summary notes about barriers to publication where identified by the participants of the follow-up, are described in Appendix 3.

LESSONS LEARNED/RECOMMENDED CHANGES TO THE CENTRALISED UPDATING PILOT:

The participants described "lessons learned" following their experience with the centralised updating pilot under broadly similar themes. These included the importance of selecting appropriate reviews for updating; communication, managing expectations of updating service and use of a formal agreement prior to updating service; and specific errors attributed to the updating service. One participant discussed the need for additional planning in case of reviews that involve complex data extraction.

- **Importance of selection of appropriate reviews for updating**: Three participants commented on this.
  -The review chosen for update should be big enough to necessitate assistance, but not so big that an update within the scope of the updating service will be practical. There may be generic selection criteria across reviews, and the ongoing work on prioritisation for updates may help inform this. CRGs may also have own specific criteria, and knowledge of suitable reviews.-
  -Consider potential for bottle-necks later in process when selecting which reviews to be updated by centralised updating service. For example, it may be easier for a centralised updating service to

update a number of similar or related topic reviews at the same time. However, often these reviews will involve some of the same authors, editors and/or external reviewers, and so this may create a "bottle-neck" later in the process, which will delay completion to publication.
-The reviews selected by the group for this pilot were particularly problematic reviews, either due to authors not engaged, or other difficulties, such as lack of time by author to update, or issues within reviews, so need to consider that selection for pilot not representative of reviews for update (is a select group)

- **Importance of communication and managing expectations of updating service:** Four participants commented on this.
  -Generally, early communication between the updating service and the group is necessary. Potentially include a planning step, and securing agreement on who does what. There should be clear expectations about what the updating service, editorial team, and authors will do from the outset of the process.
  - Happy with how the communication was handled during the pilot – i.e. communication directly between the updating service and author. However, acknowledges that this experience may differ from other groups because the lead author of the review, works in the department 2 days/week.
  - Feeling that delays largely as a result of a mismatch in expectations by the authors regarding the amount of work they needed to do on the update following the centralised updating support provided. For example one author anticipated that her role would involve a simpler manuscript check and sign-off, akin to a peer review process. Authors largely didn't realise the time commitment that updating the review would involve, which led to problems with authors being overcommitted and not having allocated sufficient time to work on the review once the centralised updating service had "done their bit". Managing author expectations may be tough but early communication may help. There may also be a need to agree a time-commitment and time-schedule with the authors in advance. Meeting at outset of process – planning meeting is important. Also, proactive monitoring of the review when it is at the author stage is important. Email communication tends not to work so well, and recommends agreed regular (e.g. weekly) meetings (phone/face-face).
  - The final product returned to the CRG was not to ME expectation (expected that it would be returned in a form which was ready to publish). However, expectations were very high, as this was a project run by the CEU, and so "bar was high". Difficult, but better engagement by updating service with how the review group work may be needed. Also felt that there were perhaps too many people involved in each update, and that it would have benefited from one person taking ownership and overseeing it, and read through review for consistency before returning to group.

- **Need for a formal contract between the authors/editorial group/updating service prior to engagement of an updating team**: Four participants commented on this: 1 participant supported a formal contract between the authors/editorial group/updating service prior to engagement of an updating team; 2 participants supported communication and structured follow-up/commitment, but did not a formal contract; 1 participant did not support imposing any commitments.
  - the service is limited by the willingness of the author to get on with the review once the data has been extracted and entered. In theory it's a great idea, but I wonder if the author needs to sign up to some sort of contract at the outset.
  - Need to get a firm commitment re time-frame and a time schedule to work on the update by the authors upfront, if centralised updating support is to be provided. Ideally such a time-schedule

should be driven by the authors, and it needs to be realistic given their other commitments/timetables.

-Communication between Updating service/CRG/Author, to ensure that all are aware that specific funding has been set aside for this, and the process involved. Arrangements should also be made for follow-up, and authors aware that the status of the review will be followed up and expectation of publication. Not supportive of formal contract however.

- Recommend against imposition of commitments either on CRG group or on authors. Many of the authors are volunteers, and wary about changing the dynamic of the relationship by imposing commitments/agreements. Also, re commitments from the CRG, feels that the editorial team currently do a lot of work on behalf of the authors. If the CRG had an external commitment with a centralised updating service, fears that this pressure may increase, if for some reason the authors were slow/unable to complete update.

- **Specific errors with updating service:** Two participants commented on this.

  -Difficulties/mistakes with parts of the data extraction carried out by the updating service, which were probably due to a lack of experience with the subject area and particular review methods (generic inverse variance data). These issues necessitated re-checking and correction of the data extraction originally performed by the service, and some back and forth between authors/editorial/updating service to finalise. Problems were not insurmountable, as the review has been published. However it resulted in some delay and increase in the amount of work all-round –

  - The problems below were identified in one review where the updating service added risk of bias to the review [new studies and existing studies], and four new studies to the review. ME stated that these problems necessitated ~four days work by in-house systematic reviewer prior to publication:

  - *One case where the wrong study was described in the RoB table (wrong number of participants).*
  - *The RoB line in the text was very brief, and summary not adequate/at level group would accept.*
  - *Although four new studies were added to the text and tables, and risk of bias added to the review, group felt that these weren't really taken into account in review conclusions, discussion, and implications for practice were not revisited.*
  - *Although the number of trials in the review was amended, the number of people wasn't.*
  - *Style issues such as use of term "patients" instead of "people", as in rest of review;*
  - *New sections did not reflect the order of outcomes listed as for the rest of the review, and graph numbering was random rather than consecutive.*
  - *Use of "significant difference" rather than "statistically significant difference".*

- **Additional planning in case of reviews that involve complex data extraction:** One participant commented on this.

  -Inclusion of generic inverse variance data should not preclude a review from a centralised updating/data extraction model if otherwise suitable. However, the data extraction/updating needs to be planned/discussed in advance, and any training need for dealing with these types of data in the person extracting the data should be identified. This should help with extracting data in the correct format-

CONSIDERING A POTENTIAL FUTURE UPDATING SERVICE

Four participants supported the principle that the Collaboration invests in an Updating Service (2 answered "yes" outright and 2 answered "yes" with caveats). One participant was unsure. One participant communicating via email did not consider this question;

> *- Yes, however need to work out details to ensure workable and efficient*;
> *- Yes,* but would want publishable review delivered (without requiring extra work at group level) at the end of the process-;
> *- Question too general, without focussing on the specifics of the process; In theory it may be a good idea. However, consider that there are several specific problems which contribute to the difficulty in updating reviews. A centralised updating service may help with some of these problems but not with others, and so may help with updating some reviews, but not with others.)*

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IDEAS/OPINIONS ON ALTERNATIVE UPDATING SERVICES

A number of ideas were suggested by participants during the interviews. Where one idea was suggested, future participants were asked to consider this as well. For this reason, not all participants were asked about all these options, and as such the number of comments under each option differs.

The ideas suggested included:

1. An updating support service where one person is geographically close to the editorial base or shared between groups who are located near each other. The updating support service person can then provide updating support to those groups, and spend time at the editorial bases in person as necessary;

2. Short-term paid fellowships awarded by the Collaboration to updating support person within group or to the authors allowing them time to complete an update within the group;

3. Use of tools, for example Distiller, for assisting with data extraction/updating, with support from a centralised updating service on how to use such software;

4. 'Pared down version' of updating service but with more communication between the service and the author outside of the CRG;

5. Use of on incentive scheme, similar to that currently offered by the NIHR.

   (1) An updating support service situated close to the editorial base/shared between groups who are located near each other – five participants commented on this.
   - *An updating service where the person involved sits geographically close, either to the editorial base, or to the authors may be helpful.*
   - *An external person who can visit the CRG for a period of time to help with updating (set amount of time). Note this CRG already has an "in-house reviewer". This person works on reviews and updates, and CRG finds this helpful.*
   - *May be a good idea, and may be cost effective, dependant on arrangements. However, arrangement will need to consider that groups may be quite different in how they*

work, and how they conduct reviews, regardless of difference in subject area. It may be difficult for one person to work across multiple groups for this reason.
- *Might work better, as would get to know groups. Emphasis on trying to minimise the number of people involved in updating as compared with the piloted centralised updating project.*
- *More use of centres advocated; Updating person could sit within centres, and provide support for updating in terms of search/data extraction and also writing support where English is not first language of authors.*

(2) Short-term paid fellowships to updating support person/authors to complete an update at group level - 2 participants commented on this.

- *One CRG currently offers fellowships to some authors, who during the paid fellowship (e.g. from 1-2 weeks to several months, e.g. depending on size of update/new review) have dedicated time to work on review/update, within the department. This model, alongside an updating service may be a practical step to ensure dedicated time/resource available to complete the update to publication.*

- *Consideration of idea of visiting person to spend time (e.g. 3 weeks) within the group to work on an update may be good idea, but feeling that anything less than 8 weeks would not be sufficient, and so economically may not be feasible.*

(3) Encourage use of tools for example Distiller for assisting with data extraction/updating, with support from a centralised updating service on how to use such software – 1 participant commented on this.

(4) Centralised updating service but with less input than provided by the service, but more engagement with the author, outside of the CRG – 1 participant commented on this.

- *Updating may involve only adding RoB of new/existing studies and data extraction into RevMan, with the expectation that author puts these in the review text. Give ownership of this to the author. Updating service to engage directly with the author, although with advice from CRG editorial base, as they know authors.*

(5) Use of on incentive scheme (e.g. NIHR) – 1 participant commented on this.

- *Wouldn't work that well with this group, as only get the money when update is delivered. Also doesn't have a systematic reviewer available "on tap", as some other groups might. Would need to recruit somebody, so really would need money up-front, rather than afterwards.*

OTHER PRACTICAL STEPS FOR FUTURE SERVICE RECOMMENDATIONS
The participants emphasised many of the same issues that were identified in the 2011 centralised updating pilot report, including the importance of securing a commitment from authors upfront and maintaining clear lines of communication. One participant

recommended that the centralised updating service would need to engage in proactive monitoring once the review is with the authors to ensure that the update progresses. One participant mentioned the potential for using the McMaster plus service to help with prioritisation/selection of reviews for updating.

Discussion

Many of the "lessons learned" or changes suggested to the centralised updating service that were identified during these follow-up discussions, had been previously noted during the original updating project and included in the July 2011 report.

For example, considering the issue of communication and managing expectations of updating service that was raised, the original report (July 2011) reported that: - *"In the initial consultation with the CRGs, we discussed the time the updating service could commit, timeframes for the updates, and the aim of the project. However, some CRGs had an expectation that the updating service could work on all parts of Cochrane Reviews until publication. More clarity was needed from the updating service at the beginning and throughout the process about what the updating service aimed to offer".* During follow-up discussions, one participant stated that they expected the updating service to return them a review which was "ready to publish", while another participant commented that further follow-up by the updating service until the update was published would be desirable. Managing/matching expectations would be an important and ongoing challenge if another updating pilot was conducted.

The issue of author commitment and workload featured strongly in the follow-up discussions and had also been identified in the July 2011 report, which concluded that "*limited assistance given to committed authors can improve motivation and increase the speed of the updating process; however, assistance may not improve motivation or increase the speed of updating for authors who are not able to commit any time".* The issue of author workload and how best to manage delays due to author workload, and/or changes in author availability or arrangement, during an update process, requires careful consideration.

The level of support for the notion that the Collaboration should invest in a centralised updating service remained strong (with 4/6 groups supporting this; one unsure and one non-responder).

The costs of a centralised updating service aiming to update an *additional* 20% of Cochrane Reviews every two years, was estimated at £400,000 per annum. *[Final report]* However, this calculation assumed 30 hours of assistance from an updating service per update (actual mean 35.5 hours), and importantly did not consider the delays in publication. The costs for comparison of alternative strategies – for example an updating support person who sits geographically close to editorial bases or paid fellowships to authors/updating person would need to be further assessed. Considering the alternative strategy of implementing an incentive scheme similar to the NIHR scheme, the cost per review is likely to be higher than for the centralised updating service (e.g. £5000 awarded on completion of the update). The total cost of an incentive scheme would depend on how many Cochrane Reviews are eligible for the scheme, successful in the first application stage, and then successfully updated and published. Because the award is given after completion of the update, it benefits from certainty about publication of the update. However, it may be limited by the number of awards that can be made - the current NIHR scheme gives ~20 awards per year, at a cost of

~£100,000. There is also a risk that being unsuccessful in the initial application step may de-incentivise an update. One participant expressed a concern about the practicality of this scheme for that group

> *- As I don't have a systematic reviewer available "on tap", I would need to recruit somebody, and so would need money up-front, rather than afterwards.*

It should be noted that this follow-up paper focused on the final goal of publishing the updated Cochrane Reviews. As such, it has not considered the value added by collecting relevant data to completing the update by the updating service pilot. The value of the tasks completed by the updating service could be regarded as separate goals to the publication of the updated review. We do not know whether identifying relevant studies, study appraisal and collection of relevant data have added value, irrespective of the current publication status of the updated reviews. The positive perception of the pilot by the CRGs may in part be attributable to the value they place on targeting these processes, despite the low rate of published updated reviews almost two years after completion of the updating pilot. In view of the growing interest in linked data approaches to creating and updating reviews within the collaboration, the usefulness of these data may yet become fully apparent if they can be used in other reviews or network meta-analyses. A more comprehensive analysis of the impact of the updating service pilot project, considering the value of the collected data to the review, to editorial group/authors and to the Collaboration, may be merited.

Conclusions

As of January 2013, four of the 14 Cochrane review updates, involved in the centralised updating pilot project, have been published. The remainder are with the editorial bases or with the authors. The pilot project was small, with some groups having experience with only one review, and thus commenting on the limits of their experience. The major delay to publication was delay at author level, due to author workload issues, change in authoring arrangement, or author commitment (9 of 14 reviews).

Support for the Collaboration investing in a centralised updating service remained high in this small group, however, participants were concerned about the practical challenges of delivering a service across CRGs when editorial processes vary and the time pressures effecting authors are outside the Collaboration's control.

Future centralised updating proposals should consider the geographical proximity of the service to the groups using it; the possibility of creating short-term paid fellowships to facilitate updating; the potential for information technologies to efficiencies in the updating process and the desirability of members of the centralised updating team to communicate directly with review authors. An alternative incentive scheme, similar to that offered by the NIHR may also be considered. Any proposal should be fully costed. A rethinking of what

defines the success of a centralised updating project (e.g. updates published within a certain timeframe, or value added by tasks completed) might also be warranted.

Appendix A: Tasks included in the centralised updating service pilot

Performing the search
Appraising the abstracts for inclusion/exclusion, recording the information and sending to author
Obtaining full-text papers and sending to author
Appraising full-text papers for inclusion/exclusion, recording the information and sending to author
Inputting the selected references into RevMan
Extracting data, recording data extraction, and reconciling data extraction with the author
Performing the risk of bias, recording data extraction, and reconciling data extraction with the author
Inputting extracted data or risk of bias assessments into RevMan
Assisting authors with the interpretation of results and the discussion
Assisting authors with the abstract and plain language summary
Assisting authors with addressing peer-review comments
Creating the summary of findings tables
Checking text for sense, spelling and grammar before being sent to the CRG
Finding names for possible new author teams to update an existing Cochrane Review
Finding names for possible referees

Appendix B: Questions to cover in semi-structured discussions

DESPITE THE POSITIVE RESPONSES FROM AUTHORS AND CRG ON THE CENTRALISED UPDATING SERVICE PROJECT, MANY OF THE UPDATES ARE NOT YET PUBLISHED. PLEASE CONSIDER:

- What lessons can be learnt from the experience of the Updating Services project?

- What are the main barriers to publishing these updates (list reviews and reasons if possible, or general comment):

Review title	Barrier

CONSIDERING A POTENTIAL FUTURE UPDATING SERVICE:

- Do you support the principle that the Collaboration invests in an Updating Service?

- How could the assistance provided by the centralised updating service be improved to increase the number of updates ultimately published for your group?
- How could the relationship between the CRG and an updating service be improved to increase the number of updates ultimately published for your group? *(consider need to get agreement from author, CRG team etc.)*

- Can you think of an alternative assistance service model other than a centralized updating service, which may result in more updates ultimately published for your group?

- What other practical steps do you think would increase the likelihood of success for an updating service (centralised or alternative model)?

Appendix C: Status of reviews

Review title	Current stage (January 2013)	Summary notes
Nannini LJ, Cates CJ, Lasserson TJ, Poole P. Combined corticosteroid and long-acting beta-agonist in one inhaler versus long-acting beta-agonists for chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews*	**Published Issue 9, 2012**	Difficulties with the data extraction of generic inverse variance data by the updating service; required further checking/extraction by the group/authors
Sinclair D, Zani B, Donegan S, Olliaro P, Garner P. Artemisinin-based combination therapy for treating uncomplicated malaria. *Cochrane Database of Systematic Reviews*	Review is with authors	Author workload issues Editorial team continues to follow-up with author
Ortiz Z, Shea B, Suarez-Almazor ME, Moher D, Wells GA, Tugwell P. Folic acid and folinic acid for reducing side effects in patients receiving methotrexate for rheumatoid arthritis. *Cochrane Database of Systematic Reviews.*	Due for copy-editing this week	Author priorities changed due to change in research area resulting in delay to update Also outcomes to be included in SoF table were changed by authors/editors following centralised updating support. This necessitated authors revisiting original studies and data extraction, which delayed the process.
Green S, Buchbinder R, Hetrick SE. Acupuncture for shoulder pain. *Cochrane Database of Systematic Reviews.*	Review is with authors	Author workload issues (Managed by Australian satellite)
Buchbinder R. NSAIDs for shoulder pain. *Cochrane Database of Systematic Reviews.*	Review is with authors	Change in author arrangement Author group seeking replacement student/researcher to continue work on update (Managed by Australian satellite)
Suarez-Almazor ME, Belseck E, Shea B, Tugwell P, Wells GA. Methotrexate for treating rheumatoid arthritis. *Cochrane Database of Systematic Reviews*	Review is with authors	Author organising new research assistant to continue work on update
Trevisani VFM, Castro AA, Ferreira Neves Neto JJFNN, Atallah ÁN. Cyclophosphamide versus methylprednisolone for treating neuropsychiatric involvement in systemic lupus erythematosus. *Cochrane Database of Systematic Reviews*	Submitted for copy-edit 21st Dec	Delays at author stage
Brouwer RW, van Raaij TM, Bierma-Zeinstra SMA, Verhagen AP, Jakma TT, Verhaar JAN. Osteotomy for treating knee osteoarthritis. *Cochrane Database of Systematic Reviews*	Author submitted for editorial approval 5th Dec	Delays at author stage
Jacobs SE, Hunt R, Tarnow-Mordi WO, Inder TE, Davis PG. Cooling for newborns with hypoxic ischaemic encephalopathy. *Cochrane Database of Systematic Reviews*	**Published Issue 1, 2013**	Delay with original author team involvement. New review author recruited who took the lead on moving the review update along to completion.
Chronicle EP, Mulleners WM. Anticonvulsant drugs for migraine prophylaxis. *Cochrane Database of Systematic Reviews*	This review has been split into four separate reviews, which are still in the process of being written; hope to publish this year	-

Bell RF, Eccleston C, Kalso EA. Ketamine as an adjuvant to opioids for cancer pain. *Cochrane Database of Systematic Reviews*	**Published Issue 11, 2012**	Author workload and personal circumstances contributed to delay
Loeb MB, Main C, Eady A, Walkers-Dilks C. Antimicrobial drugs for treating methicillin-resistant Staphylococcus aureus colonization. *Cochrane Database of Systematic Reviews* <u>Title change to:</u> Ammerlaan HS M, van Rijen M, Loeb MB, Main C, Eady A, Walker-Dilks C, Bonten M, Kluytmans J. Antimicrobial drugs for treating methicillin-susceptible and methicillin-resistant Staphylococcus aureus colonization	With editorial group for sign-off pre-publication - Additional work pre-sign-off has not yet been assessed by group	-
Nelson EA, Bell-Syer SEM, Cullum NA, Webster J. Compression for preventing recurrence of venous ulcers. *Cochrane Database of Systematic Reviews*	**Published in Issue 8, 2012**	-
Wasiak J, Cleland H, Campbell F. Dressings for superficial and partial thickness burns. *Cochrane Database of Systematic Reviews*	Due to be published in Issue 2, 2013	Delays at sign-off pre-publishing. Review required ~4 days work by in-house systematic reviewer to correct issues with review (including error and style issues) prior to publication. No information about delay prior to this sign-off stage.

Appendix 4: Oversight Committee survey

Cochrane LIbrary Improvements SurveyMonkey

How important are these improvements to the Cochrane LIbrary?

	Not a priority	Not as important as others	Important	Very important	Must happen	RatingAverage
Make Library open access	0.0% (0)	0.0% (0)	0.0% (0)	14.3% (1)	**85.7% (6)**	4.86
Include as many data as possible	0.0% (0)	0.0% (0)	**42.9% (3)**	28.6% (2)	28.6% (2)	3.86
Publish reviews as soon as ready	0.0% (0)	0.0% (0)	14.3% (1)	**71.4% (5)**	14.3% (1)	4.00
Combine review groups	28.6% (2)	14.3% (1)	**57.1% (4)**	0.0% (0)	0.0% (0)	2.29
Update reviews every two years	14.3% (1)	0.0% (0)	0.0% (0)	57.1% (4)	28.6% (2)	3.86
Exclude reviews not updated for two years	28.6% (2)	14.3% (1)	28.6% (2)	28.6% (2)	0.0% (0)	2.57
Include more easily read material (blogs, book reviews, etc)	14.3% (1)	28.6% (2)	28.6% (2)	14.3% (1)	14.3% (1)	2.86
Commission more systematic reviews	0.0% (0)	0.0% (0)	57.1% (4)	42.9% (3)	0.0% (0)	3.43
Post responses to material within 24 hours	0.0% (0)	42.9% (3)	14.3% (1)	28.6% (2)	14.3% (1)	3.14
Add podcasts	28.6% (2)	14.3% (1)	28.6% (2)	28.6% (2)	0.0% (0)	2.57
Add videos	28.6% (2)	14.3% (1)	28.6% (2)	28.6% (2)	0.0% (0)	2.57
Add article level metrics	0.0% (0)	20.0% (1)	20.0% (1)	20.0% (1)	**40.0% (2)**	3.80
Fill major gaps in the library	0.0% (0)	0.0% (0)	28.6% (2)	**42.9% (3)**	28.6% (2)	4.00
Promote cooperation among review groups (on subjects like hospital infection)	0.0% (0)	0.0% (0)	**42.9% (3)**	28.6% (2)	28.6% (2)	3.86

Publish in other major languages (Spanish, Chinese)	0.0% (0)	42.9% (3)	0.0% (0)	**57.1% (4)**	0.0% (0)	3.14
Work with Wikipedia, include an editor in residence	14.3% (1)	14.3% (1)	0.0% (0)	**71.4% (5)**	0.0% (0)	3.29
Create derivative products	0.0% (0)	**28.6% (2)**	**28.6% (2)**	14.3% (1)	**28.6% (2)**	3.43
More reviews using different methods	0.0% (0)	**42.9% (3)**	14.3% (1)	**42.9% (3)**	0.0% (0)	3.00
Better data on harms	0.0% (0)	0.0% (0)	28.6% (2)	28.6% (2)	**42.9% (3)**	4.14
More fast but full Cochrane reviews	0.0% (0)	14.3% (1)	28.6% (2)	**42.9% (3)**	14.3% (1)	3.57
					AnsweredQuestion	
					SkippedQuestion	

The Cochrane Collaboration's
Strategic Planning Framework

Document prepared by: Mark Wilson, CEO, The Cochrane Collaboration

Submitted to: The Steering Group meeting on 17th March and the Collaboration's Mid-Year Meeting Strategic Session on 20th March 2013

Purpose: To map and then analyse The Cochrane Collaboration's existing strategic framework, propose potential changes, and recommend the appropriate strategic planning exercise for the Collaboration to begin in 2013 – including the focus of the strategic planning session at the mid-year business meetings in Oxford in March.

Urgency: High.

Access: This is an open access paper.

Background:

1.   One of the CCSG's strategic priority tasks in 2012-13 was to complete a new five-year strategy for the Collaboration. This work was not able to begin, however, because of the interim nature of 2012 with an Acting CEO in position until late in the year and the senior leadership's focus on negotiating the future publishing contract. A decision was taken to await the arrival of the new CEO in November 2012; and following the final agreement and signing of the new publishing contract with Wiley in late January 2013 it was only in February that I was able to turn to the strategic planning project in order to make best use of the session on strategic planning at the Collaboration's mid-year meetings in Oxford in March.

2.   This document is therefore a relatively brief assessment of the Collaboration's existing strategic framework and some initial ideas on how it might be developed, refocused and improved. The goal has been to set out a pragmatic strategic planning process for 2013 that builds on the on-going work around the 2008-09 'Strategic Review' recommendations and focuses on the most important areas of change I believe are needed.

3.   This document is not intended to be a comprehensive analysis at every level of the Collaboration's strategic positioning and future priorities and development.

Proposals and Discussion:

Mapping the Collaboration's existing strategic framework

3.   The essential first task in a strategic planning exercise is to analyse what strategic framework is already in place for the Collaboration and determine how much of the existing strategic objectives and plans sit well within it as a useful guide to action and priority setting. The table below is therefore an attempt to map the existing strategic framework that The Cochrane Collaboration already has in place:

The Cochrane Collaboration's existing strategic framework

Vision
Our vision is that healthcare decision-making throughout the world will be informed by high-quality, timely research evidence.

Mission
The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

Strategic Goals

Goal 1: To ensure high quality Cochrane systematic reviews are available across a broad range of healthcare topics.	Goal 2: To promote access to Cochrane reviews and the other products of The Cochrane Collaboration.	Goal 3: To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration.	Goal 4: To achieve sustainability of The Cochrane Collaboration.

2005 Strategic Priorities

To ensure high quality in Cochrane reviews	To improve retrieval of information from Cochrane databases	To ensure that the organisational focus supports the core function of preparing, maintaining and promoting the accessibility of reviews	To ensure an adequate income stream for The Cochrane Collaboration
To ensure that Cochrane Reviews are easy to understand	To promote effective communication with people outside The Cochrane Collaboration	To ensure that all decision-making processes within The Cochrane Collaboration are transparent and explicit	To develop a business plan for the core activities of The Cochrane Collaboration
To ensure broad coverage of healthcare topics in Cochrane reviews		To promote effective communication within The Cochrane Collaboration	To recognise and support the efforts of individuals in The Cochrane Collaboration
Diagnostic test accuracy activity			

2008 Strategic Review Recommendations

Reaffirm our primary purpose to be the production of systematic reviews	Develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration	Establish formal membership for its contributors.	Identify principles for developing new products or lines of activity.
Investigate the development of a responsive review program.	Identify principles for developing new products or lines of activity	Establish an External Advisory Board	Invest in a development function for new products or lines of activities
Improve the usability of *The Cochrane Library*		Clarify the roles and responsibilities of its	Investigate the development of a broad-based educational

and other products for diverse stakeholders		scientific/professional, managerial and editorial leadership	programme
Develop a partnership strategy to engage other systematic review producers and knowledge packagers.		Review the membership of the Collaboration Steering Group (CCSG) and its alignment with the purposes of the Collaboration	Acknowledge the reality of our current infrastructure funding model and work to maintain it
Formalise additional purposes including training, methods development and advocacy for evidence-based decision-making and identify responsibilities of entities for these purposes		Define required competencies for CCSG membership and induction and ongoing training for CCSG members.	Explore and pursue new funding opportunities
		Review terms of reference and membership of CCSG Sub-Groups and Advisory Groups	Undertake a formal environmental scan every two to three years
		Enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented	Use uncommitted income strategically to develop new products/lines of activity.
		Develop an ongoing and participatory approach to strategy formation	Develop and implement a formal succession planning mechanism for entity leadership.
		Develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans	
		Review terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration.	

2012-13 Strategic Priorities

We will continue to prioritise our support for the Editor in Chief and the CEU as they seek to improve the quality, relevance, usability, and impact of The Cochrane Library.	We will sign off on a new publishing contract for The Cochrane Library which will enhance the use and impact of the Library worldwide, and ensure we can continue to provide core infrastructural support to the Collaboration.	We will appoint a new CEO to provide leadership, vision and high-level management across the Collaboration.	We will seek to develop alternative funding sources (carried over).
We will begin to develop a more author- and user-friendly and efficient approach to the organisation of topics within The Cochrane Library (carried over).	We will improve the dissemination and uptake of our reviews, and enhance our brand, through the implementation of a coherent marketing and communication strategy (carried over).	We will expand the COU to enable it to provide better support for Cochrane groups and individuals worldwide as they seek to implement the vision and mission of the Collaboration.	We will form an external advisory board, and enhance our partnerships with external stakeholders of the Collaboration and The Cochrane Library, such as health information providers, policy-makers and funders (carried over).
		We will enhance our monitoring and management functions, particularly of individuals, groups and platforms which receive core Collaboration funding and/or use the Cochrane brand, primarily through the Editorial and Operations Units, working with relevant executives (c/o).	We will sign off on a new publishing contract for The Cochrane Library which will enhance the use and impact of the Library worldwide, and ensure we can continue to provide core infrastructural support to the Collaboration.
		We will develop a new five-year strategic plan.	We will enhance global participation and relevance of The Cochrane Collaboration and The Cochrane Library through the formation of the 'Cochrane Academy'

			(carried over).
Other We will celebrate our 21st year, and tell the world our story.			We will promote generational change within the organisation, particularly within the leadership, ensuring better global and gender equity.

4. The 'Vision' of the organization is set and is a powerful general statement of the world that the Collaboration is striving to bring about. It is far-reaching, powerful and focused.

5. The 'Mission' of the organization is much less well used by the Collaboration in its external and internal documentation, and we need to remedy this. The Mission does what it should, in outlining the specific role of the Collaboration in contributing to the realization of its Vision.

6. The Strategic Plan of 2002 set out four 'Strategic Goals' that are still in place for the Collaboration. They are:

Goal 1: To ensure high quality Cochrane systematic reviews are available across a broad range of healthcare topics.
Goal 2: To promote access to Cochrane reviews and the other products of The Cochrane Collaboration.
Goal 3: To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration.
Goal 4: To achieve sustainability of The Cochrane Collaboration.

7. In 2005 the Collaboration reviewed its strategy and established a set of 12 'Strategic Priorities' within these four Strategic Goals with a collection of 80 'Activities' below these priorities. The Activities were sometimes highly specific but most were very general and not SMART (Specific, Measurable, Realistic & Time-Bound). These 80 Activities are not included in the table for clarity and ease of reading the 'big picture' but they are attached as an Annex to the Framework document.

8. In 2008-09 the Collaboration conducted an in-depth Strategic Review of the organization and its activities. This resulted in a set of 25 'Strategic Recommendations' around the Collaboration's 'Purpose', 'Brand and Glue', 'Competition', 'Financial viability', 'Accountability and Decision-making', 'Structures and Processes', and 'Communication, advocacy and engagement with external stakeholders'. I have now mapped these recommendations (one or two appear in two equally valid columns) against the Collaboration's Strategic Goals – something I don't think was done in 2009. The number and type of recommendations may or may not accurately reflect the nature of the strategic discussions and conclusions of the 2008-09 review process; but what is immediately very striking is that the overwhelming majority of the Review's recommendations (19 of them) are internally focused (appearing under Goal 3 – on organizational structure, governance and management; or Goal 4 – on internal development to achieve the Collaboration's sustainability). Some of those are externally oriented, such as the development of new products or lines of activities to achieve financial sustainability in Goal 4, but it is obvious that the primary focus of the outcomes of the Review process were inside the Collaboration.

9. Finally, Collaboration members have recently been affirming the yearly 'Strategic Priorities' set by the Steering Group to guide its work each year during the organisation's Annual General Meeting. I have mapped the latest set of Priorities for 2012-13 against the Strategic Goals and although the disparity is not quite as great as for the 2008-09 Strategic Recommendations, nine of the 13 priorities are also engaged with mainly internal organisational and sustainability challenges.

Assessing the Collaboration's Achievements on its Strategic Goals and Priorities

10.   The next table in the document attempts to assess the progress of achievement the Collaboration has made since 2009 in implementing and completing the Strategic Review Recommendations and – over the last year – its Strategic Priorities. A basic, admittedly rather crude, traffic light measure has been used:

· A red shading indicates a Recommendation which has not been achieved (marked 'N');
· An orange shading indicates a Recommendation which has begun but not yet completed or was completed soon after 2009 but changed circumstances mean that it now needs further action or is ongoing (marked 'ON');
· A green shading indicates a Recommendation which has been completed or achieved (marked 'C');

Strategic Goals			
Goal 1: To ensure high quality Cochrane systematic reviews are available across a broad range of healthcare topics.	**Goal 2: To promote access to Cochrane reviews and the other products of The Cochrane Collaboration.**	**Goal 3: To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration.**	**Goal 4: To achieve sustainability of The Cochrane Collaboration.**
2005 Strategic Priorities			
To ensure high quality in Cochrane reviews	To improve retrieval of information from Cochrane databases	To ensure that the organisational focus supports the core function of preparing, maintaining and promoting the accessibility of reviews	To ensure an adequate income stream for The Cochrane Collaboration
To ensure that Cochrane Reviews are easy to understand	To promote effective communication with people outside The Cochrane Collaboration	To ensure that all decision-making processes within The Cochrane Collaboration are transparent and explicit	To develop a business plan for the core activities of The Cochrane Collaboration
To ensure broad coverage of healthcare topics in Cochrane reviews		To promote effective communication within The Cochrane Collaboration	To recognise and support the efforts of individuals in The Cochrane Collaboration
Diagnostic test accuracy activity			
2008 Strategic Review Recommendations			
Reaffirm our primary purpose to be the production of systematic reviews (COMPLETED – C)	Develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration (ON)	Establish formal membership for its contributors. (NOT ACHIEVED – N)	Identify principles for developing new products or lines of activity. (ONGOING – BEGUN BUT NOT COMPLETED OR COMPLETED BUT NOW NEEDING FURTHER REVIEW - ON)
Investigate the development of a responsive review program. (ON)	Identify principles for developing new products or lines of activity (ON)	Establish an External Advisory Board (N)	Invest in a development function for new products or lines of activities (C)
Improve the usability of *The Cochrane Library* and other products for diverse stakeholders (ON)		Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership (ON)	Investigate the development of a broad-based educational programme (ON).
Develop a partnership strategy to engage other systematic review producers and knowledge packagers. (ON)		Review the membership of the Collaboration Steering Group (CCSG) and its alignment with the purposes of the Collaboration (ON)	Acknowledge the reality of our current infrastructure funding model and work to maintain it (ON)
Formalise additional purposes including training, methods development and advocacy for evidence-based decision-making and identify responsibilities of entities for these purposes (ON)		Define required competencies for CCSG membership and induction and ongoing training for CCSG members. (ON)	Explore and pursue new funding opportunities (ON)

		Review terms of reference and membership of CCSG Sub-Groups and Advisory Groups (C)	Undertake a formal environmental scan every two to three years (N)
		Enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented (ON)	Use uncommitted income strategically to develop new products/lines of activity. (ON)
		Develop an ongoing and participatory approach to strategy formation (ON)	Develop and implement a formal succession planning mechanism for entity leadership. (ON)
		Develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans (ON)	
		Review terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration. (N)	

2012-13 Strategic Priorities

We will continue to prioritise our support for the Editor in Chief and the CEU as they seek to improve the quality, relevance, usability, and impact of The Cochrane Library. (C)	We will sign off on a new publishing contract for The Cochrane Library which will enhance the use and impact of the Library worldwide, and ensure we can continue to provide core infrastructural support to the Collaboration. (C)	We will appoint a new CEO to provide leadership, vision and high-level management across the Collaboration. (C)	We will seek to develop alternative funding sources (carried over). (ON)
We will begin to develop a more author- and user-friendly and efficient approach to the organisation of topics within The Cochrane Library (carried over). (C)	We will improve the dissemination and uptake of our reviews, and enhance our brand, through the implementation of a coherent marketing and communication strategy (carried over). (N)	We will expand the COU to enable it to provide better support for Cochrane groups and individuals worldwide as they seek to implement the vision and mission of the Collaboration. (ON)	We will form an external advisory board, and enhance our partnerships with external stakeholders of the Collaboration and The Cochrane Library, such as health information providers, policy-makers and funders (carried over). (N)
		We will enhance our monitoring and management functions, particularly of individuals, groups and platforms which receive core Collaboration funding and/or use the Cochrane brand, primarily through the Editorial and Operations Units, working with relevant executives (c/o). (ON)	We will sign off on a new publishing contract for The Cochrane Library which will enhance the use and impact of the Library worldwide, and ensure we can continue to provide core infrastructural support to the Collaboration. (C)
		We will develop a new five-year strategic plan. (ON)	We will enhance global participation and relevance of The Cochrane Collaboration and The Cochrane Library through the formation of the 'Cochrane Academy' (carried over). (ON)
Other We will celebrate our 21st year, and tell the world our story (ON).			We will promote generational change within the organisation, particularly within the leadership, ensuring better global and gender equity. (N)

11.   Some of the scoring may be incorrect (it is drawn from discussions with Secretariat staff and the Co-Chairs) but it is clear that many of the recommendations are still to be achieved, with seven very far from completion and others with much work still to be done. It does not appear that any of the recommendations are no longer important to implement – in fact many are framed very generally and would remain ongoing necessities - so although the Strategic Review was published four years ago this set of strategic recommendations have continuing validity and a considerable distance to travel to completion.

12.   The achievement of the strategic priorities for 2012-13 is much better. Work on marketing and communications plans was begun and then stopped for the new CEO to take on; and work on promoting generational change within the organisation, development of alternate funding sources, and creating an external advisory board to support the Steering Group are still to begin properly. However, all of the other strategic priorities could be said to have been met or well under way, with many of the ongoing priorities clearly of major strategic significance and requiring a great deal more time to achieve (such as expansion of the COU; improving management and monitoring; global capacity-building in the production of systematic reviews).

Thoughts on a Strategic Planning exercise in 2013:

13.   My conclusion from this analysis, therefore, is that the Collaboration has a reasonable strategic framework in place, but that it needs to be updated and refreshed, with two critically important areas of change to take place:

Focusing externally

14.   I would invite the Collaboration to look again at its mission in terms of defining its place in the world and its ambitions over the next decade in order to do more to bring about its vision that 'healthcare decision-making throughout the world will be informed by high-quality, timely research evidence'. What would that mean? My vision for the Collaboration is more than that set out in the present Mission statement. I want 'Cochrane' to become the 'go to' organisation for everything to do with healthcare systematic reviews: when anybody anywhere thinks about systematic reviews in the field of healthcare, they think 'Cochrane'. I want the Collaboration to become a global leader in the promotion of evidence-based medicine, much more influential in health policymaking, and much more focused on the users and the uses of our products rather than simple production of systematic reviews.

15.   This means that our strategy needs to address much more comprehensively the Collaboration's **external place and profile** in the world; on our **content not only in terms of its quality** (which must remain the basis of all of our actions) **but its application**. What are our specific ambitions to reach new and more audiences, and to influence policy-makers? How can we focus more on the external impact of our organisation and our products and less on the mechanics of the production? How can we respond better to the priorities of others in what, when and why we produce reviews; and how we respond to a revolution in information technology to ensure that our information is seen and used over that produced by others? How and what are the best partnerships to ensure that we build on our strengths, cover our weaknesses and attain wider, deeper global reach?

Becoming more supportive and efficient internally

16.   This altered strategic focus externally will mean that the internal concerns and recommendations of the Strategic Review must be addressed and completed soon. As discussed above, the recommendations (and improvements implementation of them would bring) remain important strategic priorities for the Collaboration, but we should be more specific in setting out the targets to be reached.

17.   I think the Collaboration needs to become more coherent and efficient, in its internal organisation and ways of working; not to dampen the creativity, innovation and dynamism that are the unique characteristics and strengths of the Collaboration but to make them more powerful. Improving our governance, strengthening our management structures, supporting our overworked volunteers and engaging them more effectively will enable us to meet the external challenges in the healthcare and information management sectors that we face. We need to change the author experience as well as the user experience for the better: to try to make

the authoring process less intimidating and drawn out; to shorten the production times, and learn from best practice within the Collaboration's Review Groups and other entities in providing more consistent support to authors.

Implications on strategic planning:

18.   My recommendation is that in the Collaboration's mid-year meetings in Oxford in March the strategic planning session should begin work on a new 'Strategy to 2020' for the Collaboration focusing on several areas.

1.   The Collaboration's 'Vision' statement should be left unchanged, but that the strategic planning exercise addresses its 'Mission' statement. The existing statement is tightly focused and well written, but it begs the question as to whether it is too tightly focused around 'preparing, maintaining and promoting the accessibility of systematic reviews' given its ambitions and its potential wider role in promoting evidence-based healthcare decision-making (see argument above).

2.   Four Working Groups should look at revising the existing four Strategic Goals – keeping their central focus but considering amendments to meet the latest and future challenges (see notes below for more details). In addition, a fifth Working Group should draft a potential new Strategic Goal specifically addressing our ambitions for our place and profile in the world in the next decade.

3.   If time permits, these groups could then suggest the key strategic priorities that should be considered under each of the five Strategic Goals (for initial framing see notes below).

4.   This work would then be shared with the wider Collaboration and a process of consultation undertaken for further development and drafting of the Mission/Goals and priorities. They would also be tested with external stakeholders (including funders).

5.   Preferably, after a period of extensive consultation, a draft Strategic Plan could be prepared for discussion and ratification at the AGM at the Collaboration's Quebec Colloquium in September 2013. If more time is needed further strategic consultation and discussion could take place in Quebec with a target of finishing a new Strategic Plan in early 2014.

6.   The central Secretariat would then establish an operational plan to deliver the strategy with measurable targets on an annual or bi-annual basis.

Proposed Work – March 2013

(New work highlighted in light tint)

Vision
Our vision is that healthcare decision-making throughout the world will be informed by high-quality, timely research evidence.

Mission
Tнe Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

Comment / Proposal
Assess the external challenges over the coming decade for the Collaboration and consider amending the Mission statement to reflect an organisation which is global, which focuses more on accessibility and use, and possibly other elements from the re-development of strategic goals (below)

Strategic Goals

Goal 1:	Goal 2:	Goal 3:	Goal 4:	Goal 5:
To ensure high quality Cochrane systematic reviews are available across a broad range of healthcare topics.	**To promote access to Cochrane reviews and the other products of The Cochrane Collaboration.**	**External Focus**	**To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration.**	**To achieve sustainability of The Cochrane Collaboration.**
Comment / Proposal				
Expand this Goal by inserting relevance, scope, etc. Also expand the ambition by looking to provide 'high quality Cochrane evidence …'	An obvious need to highlight the extent of our Goal to Open Access to Cochrane content (not just reviews) & needs to be much more about Usability and Impact on use.	We need a Goal setting our ambitions for our place and profile in the world – I would like us to be the 'Go to' organization for systematic reviews. When people think 'SRs' they think	Rewrite to include what kind of organization we want to be. Well governed; inclusive; membership organization; voluntary; effective and efficiently managed.	This Goal seems to me to be still relevant as it is – Detail to be included in the Strategic Objectives.

		'Cochrane' and to be a leading organization in evidence-based medicine.		
Strategic Priorities/Objectives to 2020				
Strategic Priorities to highlight fewer, better systematic reviews	Strategic Priorities need to highlight specific reach and impact to individual audiences (clinicians, patients/consumers, etc) in their healthcare decision-making.	Strategic Priorities to highlight the advocacy, external affairs positioning; the geographical reach and international policy influence; and the capacity-building in spread of EBM.	Strategic Priorities to pick up the organizational characteristics/targets we are reaching for; and the character/culture of the Collaboration.	Strategic priorities to pick up on the adequate, **diversified** set of income streams; and internal skills and competencies.
SP 1:	SP 1:	SP 1:	SP 1:	SP 1:

Resource Implications:

19.   There are no immediate resource implications, although the strategic planning process in 2013 will have to be costed once the CCSG and the mid-year meeting have set the terms of the exercise for the Secretariat.

Mark G Wilson
12 March 2013

PUBLISHING MANAGEMENT TEAM

STEERING GROUP REPORT

OXFORD, UK, 17 MARCH 2013

DOCUMENT PREPARED BY: The Cochrane-Wiley Publishing Management Team.

SUBMITTED: For the Steering Group mid-year meeting, Oxford, UK, 17 March 2013, on 8 March 2013.

PURPOSE: To provide the Steering Group with an update on the establishment and first meeting of the Cochrane-Wiley Publishing Management Team.

URGENCY: Low.

ACCESS: This is an open access paper.

DECISIONS REQUIRED: None. This document is for information only.

BACKGROUND:

Cochrane and Wiley both recognised the need to strengthen the management of their partnership. The establishment of the Cochrane-Wiley Publishing Management Team was formalised in the new publishing agreement signed in February. The principal role of the Team is to manage the parties' business relationship in order to meet their overall goals; to direct current strategies and develop future strategies for the publication and delivery of Cochrane content; and to monitor performance against targets. We have responsibility for delivering the commitments set out in the new publishing agreement.

DISCUSSION

FIRST TEAM MEETING:

We met for the first time on Wednesday 6 March 2013 at Wiley's offices in Oxford, UK, and will meet at intervals of not more than eight weeks thereafter, in person or by tele/videoconference. We will alternate responsibility for hosting meetings and each party will be responsible for any costs of its representatives in attending the meetings.

The primary purpose of the first meeting was to confirm the membership of the Team, elect a chairperson and establish governance and reporting responsibilities.

MEMBERSHIP:

The parties had agreed during negotiations for the new publishing agreement that the Team will consist of senior staff from each of the parties to ensure that it has appropriate business, technology, editorial and marketing expertise; and will comprise no more than five representatives each. In addition, each party may invite non-voting guests to meetings for relevant agenda items.

Cochrane:

- Lucie Binder, Project Officer (role TBC)
- Harriet MacLehose, Senior Editor
- Chris Mavergames, Director of Web Development
- David Tovey, Editor in Chief
- Mark Wilson, Chief Executive Officer

The plan is to replace the Director of Web Development with the Head of Informatics & Business Performance should that post be approved by the Steering Group. Mark Wilson will become a director of *Cochrane Innovations*, the Collaboration's second trading company with responsibility for developing new Cochrane products, so this business element will be represented on the Team.

Wiley:

- Deborah Dixon, VP Publishing Director
- Deborah Pentesco-Gilbert, Editorial Director
- Todd Toler, Director and Publisher Wiley Online Library
- Jonathan Wynne, Sales Director
- Fifth seat TBC

It is still to be decided whether the fifth seat on the Team will be taken by David Aldea, VP Technology & Chief Technology Officer, or whether Todd and David will share one 'technology seat'. If the latter, Wiley will appoint a fifth member with expertise in a different area.

Chairperson:

We unanimously agreed that Mark Wilson should chair the Team. This will be reviewed in six months.

Administrative support:

We agreed that the seniority and business of the Team requires it to have administrative support, including someone to take minutes of proceedings. The responsibility for providing this support will alternate between the parties depending on who is hosting the meeting.

GOVERNANCE AND REPORTING:

Governance:

The Team does not have one reporting line: each party will report to its own senior management and/or governors. In Cochrane's case this is the Steering Group and in Wiley's case, the Wiley

Leadership Team. If, in the opinion of either party, we are unable to fulfil our responsibilities or resolve any dispute which has arisen in relation to our work, either party may refer the matter or dispute in question for informal resolution by a committee of two representatives of the Steering Group and Leadership Team. We will endeavour, though, to reach unanimous decisions. Each party will have five votes in meetings, irrespective of the actual number of members attending those meetings. The quorum for a meeting will be a minimum of four voting members attending from each party.

Reporting to the Team:

The Team has overall responsibility for managing the publication and delivery of Cochrane content under the business partnership, and will therefore rely on a regular flow of information from the people and teams working in these areas. No person or team will be directly managed by the Team.

New Technology Environment

We spent a significant proportion of our first meeting discussing the management of the technology environment in which Cochrane content is published and delivered. We have agreed to establish a Cochrane-Wiley technology working group, reporting to the Management Team, which will have direct responsibility for planning and overseeing the ground-up re-design of the technology environment whilst at the same time ensuring that the projects in the *Cochrane Content Publication and Delivery Programme* can be delivered within the agreed timeframes, or that changes to the timeframes are justified by the delivery of first-order technology improvements. This working group will be composed of technologists and content specialists from both parties. It will be committed to ensuring that the author and user experience of Cochrane content is continuously improved.

Reports and reporting format:

We are in the process of developing a standard format for reports to and by the Team. Report topics will include (listed here in no particular order):

- Updates from the technology working group (content and technology development, including the *Cochrane Content Publication and Delivery Programme*)
- Technology service standards
- Financial reports, including sales revenue & royalty
- Derivative product development
- Open access management and strategy
- Subscriptions and sales (including progress of negotiations with regional and national licence purchasers)
- Usage metrics and media coverage statistics
- Permission and sub-licence management
- Fulfilment (customer service)

In order to ensure that Team meetings are not dominated by reviewing reports we are in the process of developing a reporting timetable. The reports prepared for Team meetings will form the basis of this Steering Group report on an ongoing basis.

Facilitating communication and shared working:

The Team will use a combination of online project management and document sharing tools to facilitate communication and shared working between members.

OPEN ACCESS:

On the Monday before the first Team meeting, representatives from the parties met to finalise the arrangements for providing the gold and green open access options agreed under the new publishing agreement. These options will have been publicised on *The Cochrane Library* by the time of this meeting (17 March 2013) and will be included in the new *Publishing and Editorial Policy Manual.* In June, the parties will meet in Hoboken, USA, to develop strategies for achieving large-scale open access for Cochrane Reviews and other content.

Your Publisher's Report

For *The Cochrane Library and Derivatives*

Oxford
2013

Oxford, CCSG report

prepared by the Wiley-Blackwell Cochrane Team:

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WILEY-BLACKWELL

Table of Contents

1. New Publishing Agreement

"The noble mission of The Cochrane Collaboration is closely aligned with Wiley's mission to generate shared knowledge and understanding the world over and, since first partnering ten years ago, together we have moved from strength to strength, making significant gains in the reach and influence of *The Cochrane Library*, including achieving a top ten Impact Factor,"

Stephen M. Smith, Wiley's President and Chief Executive Officer.

Press Release :Oxford, UK and Hoboken, N.J. – February 5, 2013 – The Cochrane Collaboration, the international not-for-profit organization that produces systematic reviews of healthcare evidence and the largest database of randomized controlled trials; and John Wiley & Sons, Inc., (NYSE:JWa, JWb), a global provider of content and workflow solutions in the areas of scientific, technical, medical, and scholarly research, professional development, and education, today announced that they have renewed and redefined their partnership to publish The Cochrane Library from February 2013.

"This new agreement provides a huge boost to The Cochrane Collaboration's work to inform healthcare decision-making with high-quality research evidence", said Mark Wilson, Chief Executive Officer of the Collaboration. "It marks a significant advance in establishing funded, free, and open access to Cochrane systematic reviews for clinicians, researchers and patients around the world; provides major investment in technology and new product development to keep us at the cutting edge of innovation in healthcare information; and also supports our organizational ambitions to promote evidence-based health care across the globe."

The new contract includes a programme to enhance the international reach, awareness, and influence of all Cochrane content in evidence-based health care and practice. Accessibility for non-English language users will be improved. The Cochrane Collaboration and Wiley will work together to increase the impact of Cochrane content including the development of new products and services to better serve clinical and non-clinical communities and to grow the Collaboration's reputation as the world's foremost provider of independent, trusted, high-quality evidence for healthcare decision-making.

More than half the world's population already has one-click access to Cochrane content through licenses or free access through the low- and middle- income countries programme. Under the new contract, all Cochrane systematic reviews published from February 2013 will be available open access 12 months after publication in The Cochrane Library.

"We see our new agreement as redefining and enhancing our relationship," added Dr. Andrew Robinson, Wiley's Vice President & Managing Director, Health Sciences. "Our shared goal is to ensure that all of the world's healthcare decision-makers have access to this essential resource."

"Through the use of innovative technologies and investment in product development, we aim to ensure that all users can access Cochrane content when, where, and how they need it," said Dr. David Tovey, Editor in Chief of *The Cochrane Library.* "The Cochrane Collaboration has had a profound impact on health care in its first 20 years. This agreement provides the platform for even more significant transformation in the years ahead."

Signing the contract: Stephen M. Smith, Wiley's President and Chief Executive Officer (left) and Mark Wilson, Chief Executive Officer of The Cochrane Collaboration

About Wiley

Founded in 1807, John Wiley & Sons, Inc. has been a valued source of information and understanding for more than 200 years, helping people around the world meet their needs and fulfill their aspirations. Wiley and its acquired companies have published the works of more than 450 Nobel laureates in all categories: Literature, Economics, Physiology or Medicine, Physics, Chemistry, and Peace.

Wiley is a global provider of content and content-enabled workflow solutions in areas of scientific, technical, medical, and scholarly research; professional development; and education. Our core businesses produce scientific, technical, medical, and scholarly journals, reference works, books, database services, and advertising; professional books, subscription products, certification and training services and online applications; and education content and services including integrated online teaching and learning resources for undergraduate and graduate students and lifelong learners. Wiley's global headquarters are located in Hoboken, New Jersey, with operations in the U.S., Europe, Asia, Canada, and Australia. The Company's Web site can be accessed at http://www.wiley.com. The Company is listed on the New York Stock Exchange under the symbols JWa and JWb.

2. Executive Summary

We are pleased to present a selection of highlights from the full calendar year 2012 and 2013 year to date:

Usage

- Full text downloads grew 25% in 2012 compared to prior year.
- The most downloaded review in 2012 is *Nicotine receptor partial agonists for smoking cessation.*

Bibliometrics/ Impact

- The 2011 impact factor (IF) for the *Cochrane Database of Systematic Reviews* (CDSR) is 5.912.
- The CDSR published the highest number of citable items in 2010 of all journals in the category.
- The expected denominator for the 2012 IF is 1,400 published reviews for the CDSR in 2010(703) and 2011(697). An increase of 100 reviews.

Technology Developments

- New Publishing Management Team will oversee technology.
- New Cochrane search launched (September 2012) and enhancements launched (December 2012).
- New Ipad edition of The Cochrane Library launched.
- New publication frequency model for CDSR ("when ready" publication model) is in testing for implementation in 2013.

Content Management

- 2012 saw an increase of 10% in the number of records in CDSR.
- CENTRAL grew by 2% from 666166 to 680109 records in 2012.
- *The Cochrane Library* currently displays over 17,000+ review versions, of which 5,492 have unique translations.

Sales & Marketing Campaigns

- New national provisions in Oman and Egypt in 2012 and renewals in all countries including Australia-wide access funded by NHMRC for a 5 year license.

Finances

- 2012 royalties are showing strong growth, against the global publishing trends, 8% up on prior year excluding other financial contributions and investments (e.g. annual quality improvement funds and derivative product investments).

- New agreement in place from 1 February 2013 with new financial terms.

3. Usage

Usage of *The Cochrane Library* on Wiley Online Library grew globally by 25% in 2012.

In 2012 *The Cochrane Library* Homepage received 2.5 million visitors compared with 2.2 million visitors in 2011.

These figures and all the following usage figures relate to only the usage on www.thecochranelibrary.com (Wiley Online Library version). It is an underestimate of usage and impact of Cochrane content. It does not include the activities on our partner sites including pubmed, pubmed health, OVID platform, EBSCO platform, cochrane.org, handheld/mobile devices, etc. The data includes direct accesses through Wiley Online Library only.

We provide annual usage reports to the Cochrane Steering Group, Cochrane Centres and national provision funders, who receive a country level report and Review Groups. In 2012, we supplied materials for funder reports for all Cochrane Review groups. Custom reports are available on request.

Abstract Usage

In 2012 **11,813,920** abstracts were viewed from *The Cochrane Library* on Wiley Online Library compared with 9,461,246 abstracts in 2011.

The table below illustrates the growth in Abstract usage since 2006.
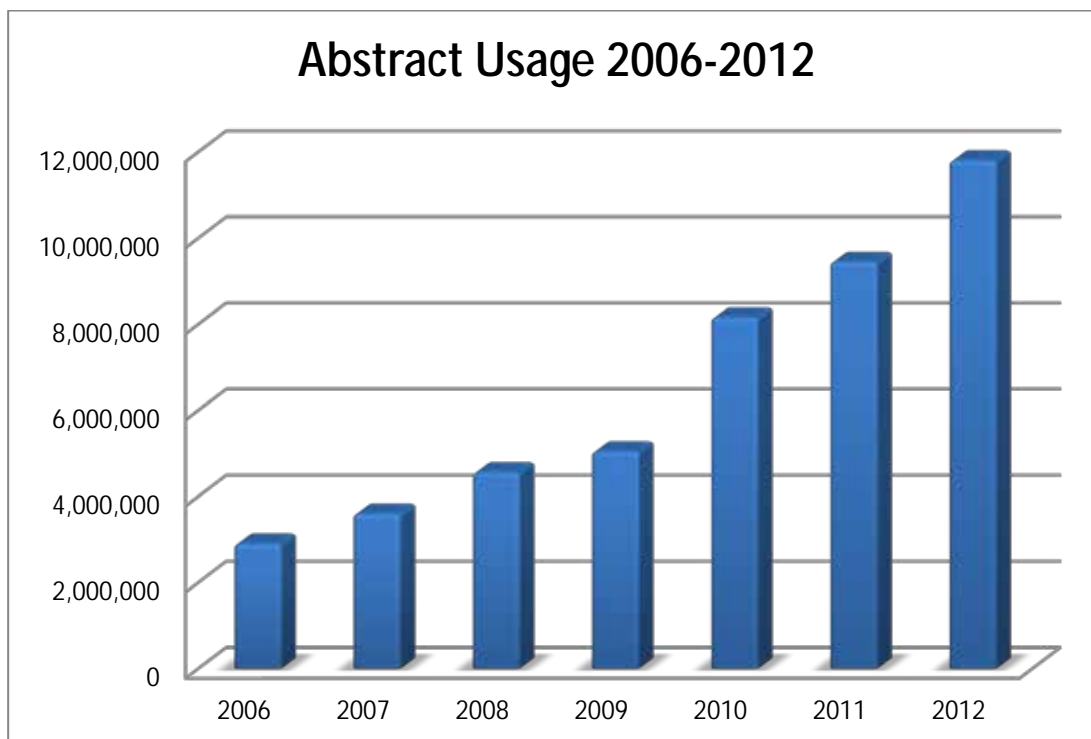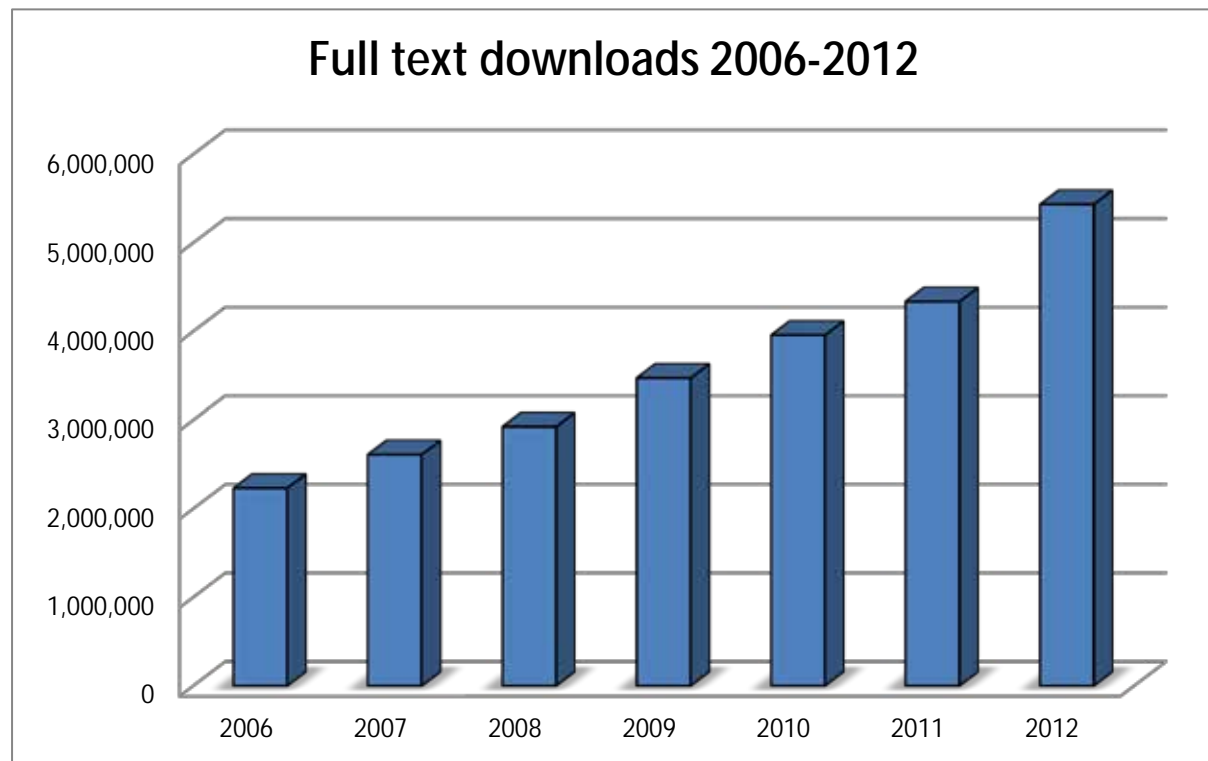

The table below shows the top 10 most accessed abstracts worldwide in 2012. The second column shows the ranking in 2011.

2012 Rank	2011 Rank	Article Title	Authors	Abstract
1	61	Nicotine receptor partial agonists for smoking cessation	Kate Cahill, Lindsay F Stead, Tim Lancaster	145,372
2	3	Interventions for preventing obesity in children	Elizabeth Waters, Andrea de Silva-Sanigorski, Belinda J Hall, Tamara Brown, Karen J Campbell, Yang Gao, Rebecca Armstrong, Lauren Prosser, Carolyn D Summerbell	53,933
3	4	Interventions for preventing falls in older people living in the community	Lesley D Gillespie, M Clare Robertson, William J Gillespie, Sarah E Lamb, Simon Gates, Robert G Cumming, Brian H Rowe	42,289
4	15	Cranberries for preventing urinary tract infections	Ruth G Jepson, Jonathan C Craig	29,885
5	62	Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases	Goran Bjelakovic, Dimitrinka Nikolova, Lise Lotte Gluud, Rosa G Simonetti, Christian Gluud	24,425
6	9	Vitamin C for preventing and treating the common cold	RM Douglas, H Hemilä, E Chalker, RRD D'Souza, B Treacy	24,213
7	5,362	General health checks in adults for reducing morbidity and mortality from disease	Lasse T Krogsbøll, Karsten Juhl Jørgensen, Christian Grønhøj Larsen, Peter C Gøtzsche	23,964
8	2	Statins for the primary prevention of cardiovascular disease	Fiona Taylor, Kirsten Ward, Theresa HM Moore, Margaret Burke, George Davey Smith, Juan P Casas, Shah Ebrahim	22,279
9	12	Vaccines for preventing influenza in healthy adults	Vittorio Demicheli, Carlo Di Pietrantonj, Tom Jefferson, Alessandro Rivetti, Daniela Rivetti	22,231
10	3,786	Pain management for women in labour: an overview of systematic reviews	Leanne Jones, Mohammad Othman, Therese Dowswell, Zarko Alfirevic, Simon Gates, Mary Newburn, Susan Jordan, Tina Lavender, James P Neilson	21,429

Full text downloads

In 2012 5,434,662 full text downloads were made to *The Cochrane Library* on Wiley Online Library, a 25% increase compared with 2011.

The table below shows the growth in full text downloads from 2006 to 2012.

Full text downloads 2006-2012

Most accessed reviews

The table below lists the top 10 most accessed reviews worldwide in 2012. The second column shows the article's ranking in 2011. Note: The top review *Nictoine receptor partial agonists for smoking cessation* usage is unprecedentedly high. Investigations reveal only that usage is spread across multiple countries and not linked to any potential mis-use or crawlers.

2012 Rank	2011 Rank	Article Title	Authors	Full Text Access
1	59	Nicotine receptor partial agonists for smoking cessation	K Hey, T Lancaster, M Bala	137,501
2	1	Interventions for preventing obesity in children	K Campbell, E Waters, S O'Meara, S Kelly, C Summerbell	21,594

3	3	Interventions for preventing falls in older people living in the community	Lesley D Gillespie, M Clare Robertson, William J Gillespie, Sarah E Lamb, Simon Gates, Robert G Cumming, Brian H Rowe	16,673
4	16	Early skin-to-skin contact for mothers and their healthy newborn infants	GC Anderson, E Moore, J Hepworth, N Bergman	12,134
5	15	Exercise for depression	D Lawlor, P Campbell	10,789
6	43	Support for breastfeeding mothers	J Sikorski, M J Renfrew, S Pindoria, A Wade	10,648
7	20	Colloids versus crystalloids for fluid resuscitation in critically ill patients	P Alderson, G Schierhout, I Roberts, F Bunn	10,460
8	9	Interventions for preventing falls in elderly people	Lesley D Gillespie, William J Gillespie, M Clare Robertson, Sarah E Lamb, Robert G Cumming, Brian H Rowe	9,977
9	12	Interventions to promote collaboration between nurses and doctors	Merrick Zwarenstein, Wendy Bryant	9,541
10	10	Discharge planning from hospital to home	J Parkes, S Shepperd	9,486

National provision usage data

Agreements for two new National Provisions were implemented in 2012. Funded access to *The Cochrane Library* for Egypt and Oman begun in June 2012. The table below shows the increase in demand (full text download attempts) in Egypt and Oman since June 2012.

Country	Year	Q1	Q2	Q3	Q4	Total
Egypt	2011	2,732	3,707	2,355	4,116	12,910
	2012	5,292	4,906	9,831	10,239	30,268
Oman	2011	568	437	364	1,085	2,454
	2012	1,060	1,141	1,462	2,435	6,098

National Provision countries - Full text downloads
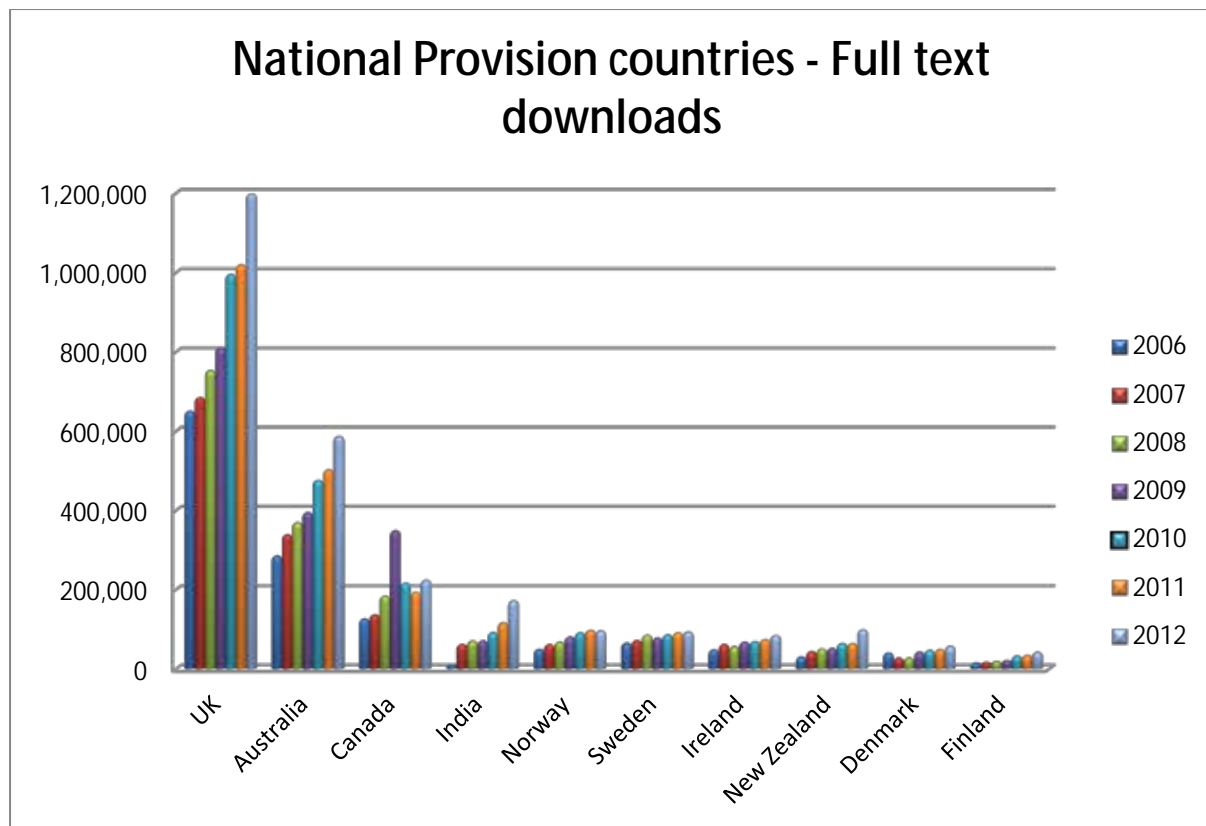
Press Releases

To coincide with each monthly publication (launch) day our PR department work with the Cochrane Editorial Unit to select and deploy approximately 3 press releases on new or updated reviews. The PR department also coordinates with Health Behaviour News Service (HBNS) to deliver news stories with approximately 3 stories per issue. Media training for authors, interview materials for authors, press user guides, free access details and workshop support to regional meetings, including the Association of Healthcare Journalists continue to form the Wiley PR service offerings.

In 2012, there have been 4,270 clips and 33 press releases (129 each on average), which reached at least 68 countries and were covered in at least 14 languages.

Compared with 2011, the number of clips is down from 5,277, but that is skewed because of the Zinc review which had over 1,000 clips. Discounting the zinc review would mean in the same period last year there were 1,529 clips.

The most popular stories were:

Rank	Article Title	Clips
1	Cochrane Review Finds No Benefit from Routine Health Checks	512
2	Cranberry Juice Now Unlikely to Prevent Cystitis	479
3	Continuing Uncertainties Surround Anti-Influenza Drug	467
4	Cocoa Compounds May Reduce Blood Pressure	373
5	Role of Omega-3 in Preventing Cognitive Decline in Older People Questioned	337

Cochrane Journal Club

We continue to publish one journal club a month and by the end of 2012 we have published 38 Journal Clubs.

The Top 5 most accessed Cochrane Journal Club articles published during 2012 are as follows:

Title	Release date	Unique Visits*	CRG
Cold-water immersion (cryotherapy) for preventing and treating muscle soreness after exercise	April	3,633	Bone, Joint and Muscle Trauma Group
Cranberries for preventing urinary tract infections	December	3,622	Renal Group
Omega 3 fatty acid for the prevention of cognitive decline and dementia	July	2,775	Dementia and Cognitive Improvement Group
Interventions for preventing falls in older people living in the community	November	2,670	Bone, Joint and Muscle Trauma Group
Disposable surgical face masks for preventing surgical wound infection in clean surgery	March	2,386	Wounds Group

* Data is taken from the first two months after release

The Cochrane Journal Club website was viewed by users from a total of 177 countries including visits from 77 (73%) of the countries on the Cochrane Evidence Aid programme.

Podcasts

Potential podcast authors are selected from the list of Cochrane reviews chosen for press release and the podcast editor Mike Clarke selects additional review authors to ensure a balanced coverage of topics. The authors are invited to summarise their review in an audio podcast. Mike Clarke works

with the review authors to write a suitable script, with the intention of summarising the review in only 3–4 minutes. Chris Mavergames provides technical assistance to ensure a high-quality recording is produced.   Podcasts continue to be popular with authors and listeners. 2008 – 53 ; 2009 – 59 (including 15 non-English); 2010 – 66 (including 6 non-English) ; 2011 - 52 (including 9 non-English); 2012 - 56 (including 3 non-English).

The most visited Podcasts (not including any RSS feeds or other postings) during 2012 are as follows:

Title	Release date	Unique Visits	CRG
Cold-water immersion (cryotherapy) for preventing and treating muscle soreness after exercise	Feb-12	626	Bone, Joint and Muscle Trauma Group
Interventions for preventing obesity in children	Dec-11	624	Heart Group
Oxygen therapy for acute myocardial infarction	Jun-10	438	Heart Group
Disposable surgical face masks for preventing surgical wound infection in clean surgery	Jan-12	431	Wounds Group
Reduced or modified dietary fat for preventing cardiovascular disease	Jul-11	396	Heart Group

The Cochrane Library – iPad edition

In November 2012, The Cochrane Library iPad edition was launched. Up to 12 Cochrane reviews chosen by the Editor-in-Chief and specially abridged to suit iPad users are included in each issue. The reviews are enriched with the addition of multimedia content, including podcasts, videos and slide decks. The app provides a new method of dissemination for Cochrane Reviews and includes links to the full text versions of the review on The Cochrane Library website. The app is freely available in Apple's iTunes Store.

Since January 2013, the app has received 7,254 visits from 3,536 visitors. Visitors have come from countries where usage of Cochrane reviews is traditionally strong such as the UK, USA and Australia but the app is so far proving popular with visitors worldwide with visits from 114 countries including 615 visits from Colombia.

4. Bibliometrics /Impact

2011 Impact Factor

The 2011 impact factor for the CDSR is 5.912.

During the compiling of the 2011 impact factor report, an error was discovered in the calculation of the CDSR impact factor for 2011. Thomson ISI were informed and agreed to publish the amended CDSR impact factor in the September JCR release in mid-late September.

The 2011 impact factor of 5.912 describes the ratio of the number of reviews published during 2009(602) and 2010(704) (sum 1306) to the number of citations these reviews received in 2011 (7721).   A review published in the CDSR in 2009 or 2010 was cited, on average, 5.912 times in 2011. CDSR is ranked 10th of 153 journals in the "Medicine, General & Internal" category, placing it in the top five percent of all titles listed in the ISI Journal Citation Report.

The impact factor of the CDSR fell for the first time since the first impact factor was received in 2007. This was mainly due to a high number of articles published in 2010(704) as the CDSR moved from Quarterly to Monthly publication. The CDSR published the highest number of citable items in 2010 of all journals in the Medicine, General and Internal category(153). The next nearest (in terms of number of articles published), of the journals alongside the CDSR in the top 10 of the category was NEJM(345).

Impact Factor Year	Number of Articles published	% Difference	Number of citations received	% Difference	Impact Factor
2007	1,126		5,240		4.654
2008	1,212	7%	6,281	17%	5.182
2009	1,163	-4%	6,574	4%	5.653
2010	1,128	-3%	6,978	6%	6.186
2011	1,351	17%	7,721	10%	5.912

Thomson Web of Knowledge currently lists 1,400 published reviews for the CDSR in 2010(703) and 2011(697). This is subject to change prior to publication of the 2012 JCR but can be seen as a good indicator as to the CDSR denominator for the 2012 impact factor.

Co-Publication

Under the new 2011 Co-publication policy and procedures the CEU and Wiley administer agreements and permissions to extend the impact of reviews. There are now over 50 Co-publication agreements.

5. Wiley Cochrane Technology Programme

The newly formed Cochrane Wiley Publishing Management Team will oversee the Technology programme including The Cochrane Library Technology Roadmap, this was originally drafted using the Paris Strategic Recommendations and was presented at the Auckland Colloquium.

Key activities from the Roadmap undertaken since our last report include:

· **New Cochrane Search Enhancements.** In December additional enhancements to the new search, launched in September 2012 went live to users.   The new search service for *The Cochrane Library* on Wiley Online Library now includes additional feature such as Did you mean? Spelling suggestion service and the ability to Share a Search via email links. More details on new search can be found at: http://www.thecochranelibrary.com/view/0/ccochnewsearch.html

- **New Ipad Version.** In November / December 2012 we launched special editions of the Ipad edition of The Cochrane Library with regular monthly issues starting in January.   Download the app from itunes: https://itunes.apple.com/app/id573181475

- **When-Ready Publication for CDSR.** This project has now reached the testing phases and the joint project teams are finalizing launch and communication plans – expected to be in mid-2013.

- **"Anywhere Cochrane Review "- Redesign of CDSR articles**.   This project will be restarted with the new agreement in place to redesign full text html Cochrane Reviews to vastly improve the user experience and mobile optimisation.

6. Content Management

CDSR monthly increase

2012 saw an increase of 10% in the number of records in CDSR, (Dec 2011 = 6967, Dec 2012 = 7626), with a further growth of 1.5% to February 2013 (Feb 2013 = 7745). The reviews and protocols grew at roughly the same rate of 9.5% and 9.7% in 2012. A monthly breakdown, of 2012, shows the average submission maintained at 38 new Reviews, with an 8.6% increase to 43 updated Reviews, and an average of 54 new Protocols a month, up 12.5% from 48 per month. The first 2 months of 2013 indicate increase across all Review and Protocol submissions. 2013 – Averages: New Reviews = 33; New Protocols = 62; Review Updated = 46. The withdrawn Reviews have remained, on average, at 1.5 reviews per month. Protocols have remained at the 6.5 withdrawals, per month for 2012. This is the projection for 2013 with the average continuing for January and February 2013 at 6.5 withdrawals for Reviews and Protocol.

CENTRAL Database

The monthly publication of the CENTRAL database has been successful in 2012 using the new data from the CRS.   CENTRAL has grown by 2% from 666166 to 680109 records in 2012. This has further increased to 683114 records at the February Issue, 2013. Metaxis are now supplying the data and regular communications and production meetings are being held.

DVD

The DVD has maintained its presence as a reference source for those users without, or who have intermittent, internet access. 500+ DVD are published and distributed globally on a quarterly basis. It will continue to be produced on a quarterly basis through 2013.

Translation Abstracts and PLS

Legacy translations supplied to Wiley, are now being converted and loaded to the translation exchange, from the translation partners. Cochrane Centers and groups, we are using the automated process for translating the latest reviews as soon as they are available. *The Cochrane Library* currently displays over 17,000+ review versions, of which 5492 have unique translations. 32% of the available review versions have a translation. The linguistic division is a as follows Spanish = 584; French = 2137; Japanese = 10 (sample); Traditional Chinese = 2663 and Simplified Chinese = 98 Chinese (Simplify).
The new Cochrane XML for translations has been adopted by the French and Spanish translators and they are supplying the data to Wiley for loading. Phase II of the Non-English Translation project is seeing the translations loading into Archie for storage and process. Only legacy datasets beyond automated conversion will be processed manually by Wiley.

2012-2013 Completed Activities and Change Requests

Change requests and modifications to the content and productions systems were undertaken to improve both Cochrane and customer user experiences including: CEU Editorial accepted into PubMed; Datafeed to NHS Scotland; Datafeed to NICE for English national provision; eLENA Free Article processing for WHO (e-library of Evidence for Nutrition Actions); UCSF free access processing; Search Strategy heading changed to Search Methods on all 4929 CDSR Reviews;' Share This' on Facebook display changed to citation; PDF Rendering Service released to all CRGs; Additional Tables relocation on PDF versions; Footnote for graphs included; Subtotals included for graphs included; Translation management for legacy translations; Editorial unit additions to home page links; New Search information linking from homepage; Central processing from CRS sign off; RevMan 5.2 DTA review processing; PRISMA compliance style and delivery changes; New Search functionality; Free Access maintenance on CEU compiled content and processing; Editorial display changes to allow additional Editorial (s) and Special Collections; Homepage Browse List updates; Evidence Aid free access processing and monitoring; Publish When Ready project progression; ABOUT database feasibility request for change to data provision; Open Access processing for New and Updated reviews from February 2013; Complimentary Subscription automation feasibility and further progression towards Archie access process.

Free Article Access Control and Open Access

Since August 2011 Individual reviews can be made freely available to all on *The Cochrane Library*. This is currently extended to articles included in the WHO e-library of Evidence for Nutrition Actions (eLENA) and has been extended to include reviews included in *The Cochrane Library* Special Collections for the duration of their position on *The Cochrane Library* homepage. Evidence Aid collections are freely available. 33 reviews were submitted, under 12 month embargo, as per author funding requests including NIH grantees to PubMed Central and PubMed Central Canada. A new Open Access policy has been agreed as part of the new Publishing Agreement and will be implemented and publicized in 2013.

Copy Edit Support

This service continues to be fully funded by Wiley. In December 2012 Elizabeth Royle was appointed as CES Manager taking over from Gavin Stewart, Associate Editor for *The Cochrane Library* at Wiley who acted in the interim role of CES administrator.

Harriet MacLehose and John Hilton from the CEU and Elizabeth have begun working together to refine a proposed copy-editing work-plan that will clarify the copy-editing-related work that the CEU and Copy Edit Support will undertake over the coming year, and which team will be responsible for the different activities.
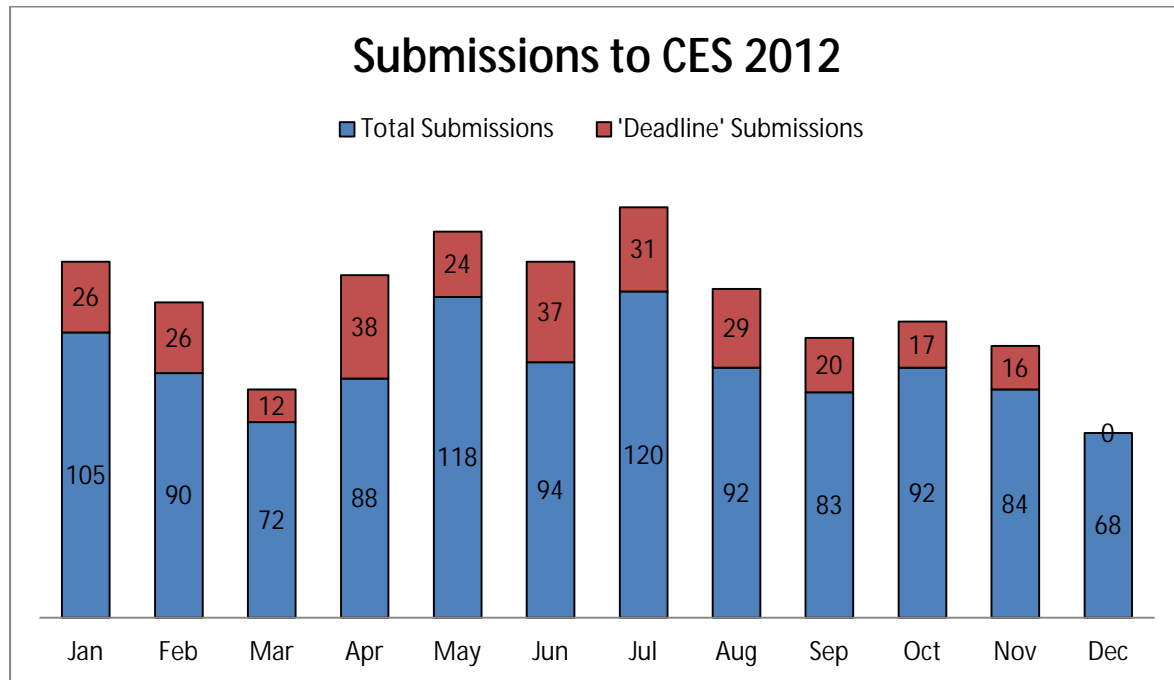
A summary of proposed activities for 2013 include:
(1)Implement the policy that all Cochrane Review Groups will submit all Cochrane Protocols and Reviews to CES or an in-house copy-editor before publication (by May 2012)
(2) Set up management and administrative processes for the CES team
(3) Develop and implement an accreditation process for prospective in-house copy-editors and new CES copy-editors
(4) Update the Cochrane Style Guide and related website periodically
(5) Develop and update copy-editing checklists; and develop a policy for their use
(6) Audit the work of copy-editors, and provide training and information-sharing opportunities for copy-editors
(7) Provide training and support for copy-editors
(8) Evaluate the copy-editing activities and report back to the Collaboration

Submissions to Copy Edit Support

The number of submissions to Copy Edit Support increased in 2012.

An average of 92 requests for copy-editing were received per month in 2012, 65% of total submissions for publication.

Submissions to CES 2012

■ Total Submissions ■ 'Deadline' Submissions

Month	Total Submissions	'Deadline' Submissions
Jan	105	26
Feb	90	26
Mar	72	12
Apr	88	38
May	118	24
Jun	94	37
Jul	120	31
Aug	92	29
Sep	83	20
Oct	92	17
Nov	84	16
Dec	68	0

On average 24% of total submissions in 2012 were 'Deadline Submissions' (received on or 48 hours before the CES deadline).

7. Sales, Dissemination and Marketing Campaigns

This report focuses on providing a brief overview of the marketing activities of 2012 and work plans for the future.

Global Marketing Activities

E-mail campaigns and web advertising

New issue 'launch emails' campaigns

The Cochrane Library is updated every month with new reviews. We promote every new issue 'launch' with an email campaign to relevant Wiley-Blackwell e-mail lists.

The e-mail campaigns are deployed to an average of 75,000 contacts with an average CTOR (click-to-open rate) of **16.53.** CTOR measures the number of people who clicked compared to the total number who opened, thus helping to evaluate the quality of our content and engagement of subscribers. In the last six months, our CTOR has

nearly doubled, increasing from an average of 8.98 six months ago and just 5.61 one year ago. This marked increase reflects our efforts to narrow our list usage to include just those subscribers who actively engage with Cochrane content; this metric also indicates we are successfully choosing content which interests our subscribers.

Our average click-through rate is 3.31%, up from 3.0% six months ago and 2.6% one year ago. A 'good' click through rate is considered to be 3% or above. We are continually monitoring these figures and refining the email lists in order to further improve the figures for *The Cochrane Library*.
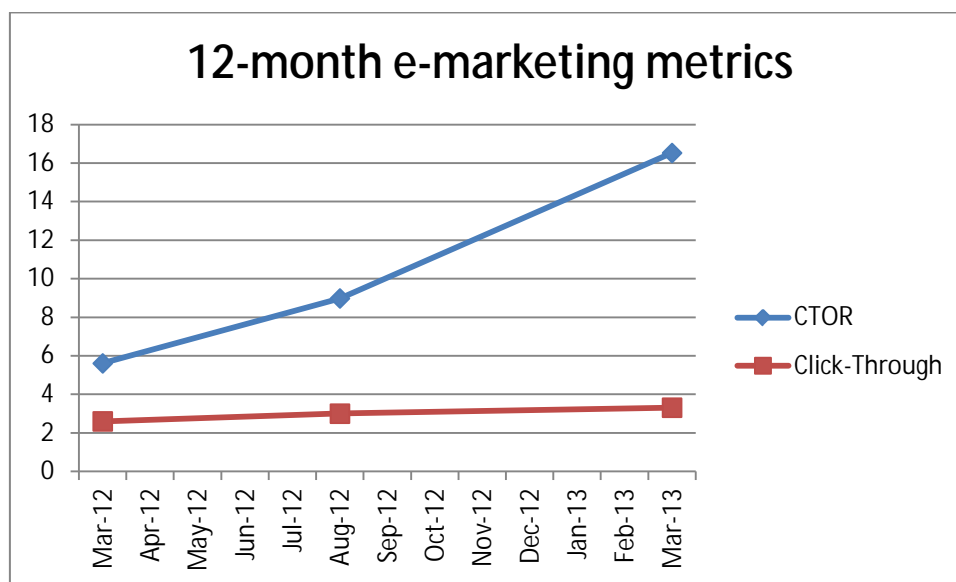
The top ten links in our launch campaigns over the past six months include two editorials, seven reviews, and one survey. The wealth of reviews in the top ten is encouraging as these are typically featured toward the middle of the e-mails, thus requiring readers to scroll down to find and click the links. The inclusion of reviews tell us that readers are engaging with our e-mails beyond just a passing glance at the message headline, while the editorials and survey reinforce that our readers are interested in a variety of content types.

The most popular link in the last six months was the December editorial on statins. 1500 unique subscribers clicked on this editorial link, an impressive portion of our total readership. This excellent result indicates that the launch e-mail continues to be a valuable means of communicating forthcoming changes and announcements for *The Cochrane Library.*

Top 10 E-mail Links: August 2012-January 2013				
Month	Name	Click Count	Unique Subscribers	Click Percent (%)
December	Editorial: Convincing evidence from controlled and uncontrolled studies on the lipid-lowering effect of a statin	1774	1500	11.1
October	Review: Cranberries for preventing urinary tract infections	1294	1080	13.6
August	Review: Effect of cocoa on blood pressure	1110	1005	25.4
November	Review: Vitamin E for Alzheimer's dementia and mild cognitive impairment	889	779	11.3
September	Editorial: Procalcitonin: Hope in the fight against antibiotic resistance?	738	634	6.8

January	Survey: The Cochrane Library Reference Guide	717	33	0.1
September	Review: Interventions for preventing falls in older people	584	452	8.5
November	Review: Exercise for the management of cancer-related fatigue	534	437	7
October	Review: General health checks in adults for reducing morbidity and mortality	519	444	4.9
January	Editorial: Evidence supports TB test, so what now?	498	418	5.9

E-newsletters

New reviews, podcasts and other information about *The Cochrane Library* such as the Special Collections are promoted in the Wiley-Blackwell quarterly Evidence-Based Healthcare e-newsletter, reaching over 45,000 contacts. In the past four Evidence-Based Medicine newsletters, Cochrane reviews have represented 3 of the 5 most-clicked links.

The Cochrane Library is also regularly promoted in the Medical Librarian e-newsletter. To publicize the new search functionality launched in 2012, a dedicated campaign was sent to the library e-mail list which reaches over 8,000 medical librarians.

Web advertising

Web links to *The Cochrane Library* and details of new Cochrane podcasts, reviews, and journal clubs are placed on the health care subject and journal web pages on Wiley Online Library. These ads typically receive anywhere from 10,000 to 50,000 impressions depending how long they are scheduled to run. In the past year, these banners have been used to promote the launch of the Cochrane iPad Edition; new changes to search functionality; the global access infographic; and each month's Journal Club issue. The top three banner ads placed in the last year are listed below; by far the most successful was the advertisement for The Cochrane Library iPad Edition. This ad (at right) was first placed in December 2012 and has performed impressively in just three short months with over **two million** impressions and over **one thousand** clicks at the time of this report. This ad is still active and will continue to drive app downloads in the following months.

- Cochrane Library iPad Edition: 2,196,317 impressions / 1,349 clicks
- Cochrane Search Tools Now Available (post-launch): 204,997 impressions / 121 clicks
- Cochrane Search Tools Coming Soon (pre-launch): 57,928 impressions / 31 clicks

Print promotions

We continue to produce and distribute the following promotional materials for *The Cochrane Library*:

– *The Cochrane Library* Reference Guide (including translations)
– Cochrane Library banner stands
– Cochrane Library pens, bookmarks and notepads

The Cochrane Library also featured in the Evidence-Based Healthcare promotional materials including the catalogue and mini banner stand which are sent to conferences and events throughout the year.

<u>International conference promotion</u>

In 2012 *The Cochrane Library* was promoted at more than 225 global medical conferences that Wiley attended, representing over 35 clinical specialties including medical library meetings. Copies of *The Cochrane Library* Reference Guide are sent to every medical conference attended by Wiley, and *The Cochrane Library* banner stands are sent to key shows. For large conferences such as the Medical Library Association, custom materials are printed and sent to ensure *The Cochrane Library* is heavily promoted. As part of our Promotional Support Process, marketing items for *The Cochrane Library* have been sent to even more conferences via Cochrane entities and review groups whose members attend those shows.

The Cochrane Library logo and website has been added to conference program ads, specialty pop-up stands , CD-ROMs, and flash drives for specialty medical subject conferences.

For Cochrane events we have been unable to attend, such as Cochrane Centres' Symposiums, we have worked with the organizers to send promotional materials, delegate bag inserts, and custom giveaways.

For the 2012 Annual Cochrane Colloquium in Auckland, we provided design, sourcing, and funding of several conference items for attendees. In addition, we completed the following activities:

· Ongoing demonstrations on the Wiley booth, including new Search functionality, a preview of the iPad app, and Twitter tutorials
· Designed and provided lanyards, conference bags, notepads, and pens for conference attendees
· Designed and provided flash drives containing links to extensive range of resources on *The Cochrane Library* and peripheral products
· Featured an on-booth TV monitor displaying a stream of tweets with the hashtag #CochraneAuckland and offered free t-shirts to encourage the dissemination of Cochrane information via social media
· Created an innovative digital booth designed to provide attendees electronic access to a variety of online resources and rolling presentations as well as Wiley's books and journals
· Hosted a Journal Club reception and awards ceremony attended by authors and podcasters
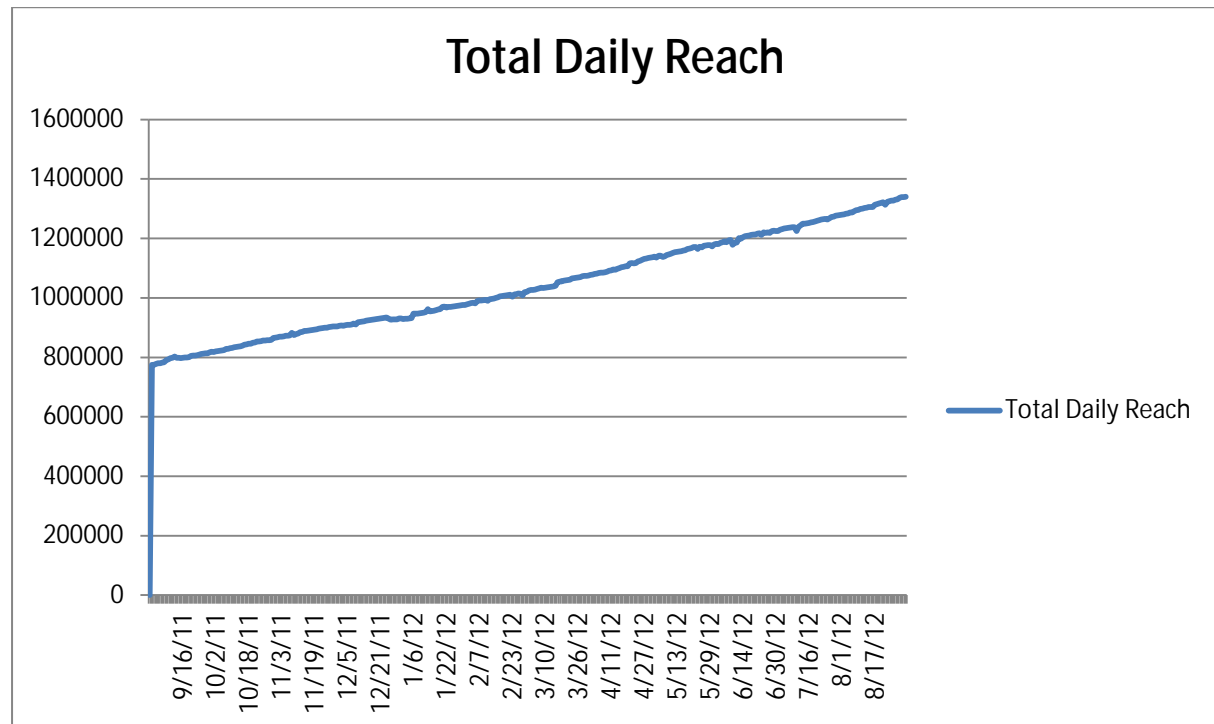
Social media

The Cochrane Library has been active on social media throughout 2012 and our social reach has grown exponentially.
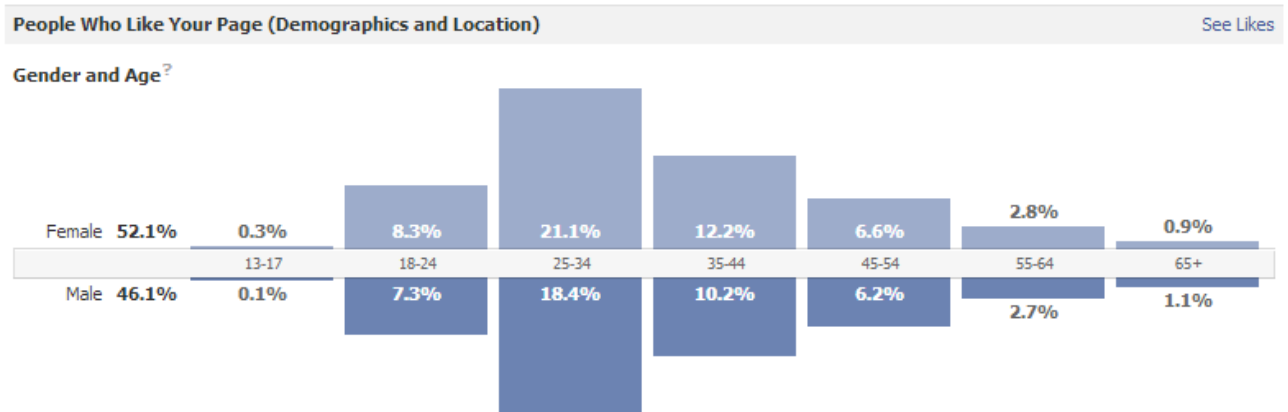
<u>Facebook</u>

From March 2012 to March 2013, *The Cochrane* Library Facebook page received 3,464 total clicks. In the same time period, the page's fan count increased by 57% to reach 4,977 lifetime likes.

The chart below reflects Total Daily Reach, calculated by adding **Lifetime Total Likes** (exactly how many people like your page) to **Daily Friends of Fans** (how many friends of those total likes can be reached). This metric represents our true total reach; the graph below demonstrates that our Total Daily Reach has increased by **71%** since March 2012 and **225%** since September 2011.

Total Daily Reach

The demographics of our fans reflect the overall popularity of social media with the 25-34 age group. Fans of the Facebook page are mostly female in all age groups except those users aged 45-54 and 65+. These demographic details have remained largely unchanged since September 2011:

People Who Like Your Page (Demographics and Location)   See Likes

Gender and Age

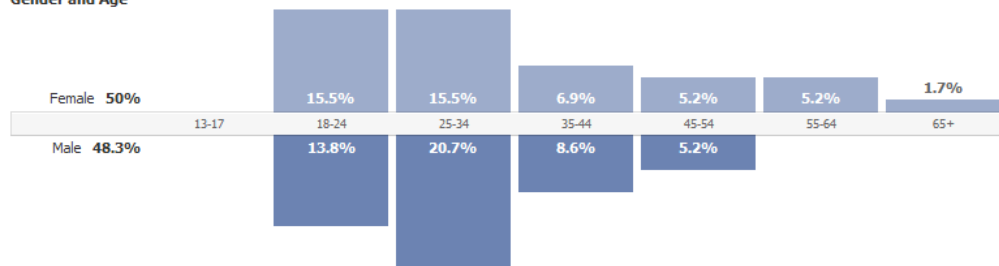|		13-17	18-24	25-34	35-44	45-54	55-64	65+
Female	52.1%	0.3%	8.3%	21.1%	12.2%	6.6%	2.8%	0.9%
Male	46.1%	0.1%	7.3%	18.4%	10.2%	6.2%	2.7%	1.1%

Examining the geographic locations of our Facebook fans reveals that the top countries represented are Egypt (486) followed by the US (408), the UK (250), Italy (250), and India (247). Just six months ago, Egypt was in third place behind the US and UK. The top city for our fans is now Cairo. By far, the majority of our fans list English as their default language (2711 fans) with Spanish a distant second (684 fans).

WILEY-BLACKWELL

One of the most valuable features of Facebook is the ability for fans to share and discuss page posts. In examining the gender and age of those fans who have engaged with our page in this way, there has been a notable shift in demographics. While September 2012's statistics indicated the majority of social sharing came from the 25-34 age group, the March 2013 analytics indicate that this is broadening to include more fans from other age groups. As fan interaction is key to increased reach, this data will be used to inform our strategy going forward in order to maximize increased post interactions.
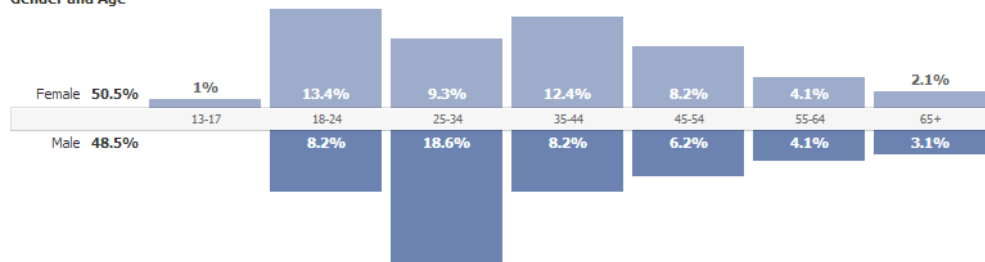
September 2012 vs. March 2013

Twitter

Through March 2013, *The Cochrane Library's* Twitter account (@cochranelibrary) has increased its total follower count to 4,597 total followers, an increase of **54%** from 2,489 just six months ago. In March 2012, our Klout score was 37.49 out of a possible 100; as of September 2012, it has increased significantly to a total score of 58. Klout uses data from our social networks to measure how many people we influence; how much we influence them; and the influence of our network. For comparison, here are Klout scores for similar accounts:

- @WHO: 95
- @cochranecollab: 62
- **@CochraneLibrary: 58**
- @BMJGroup: 57
- @UkCochraneCentr: 52
- @PubMedHealth: 52
- @CochraneBack: 45

Our Klout score increased considerably in the first few months of 2012, and showed even more dramatic improvement over the rest of the year thanks to a new social media strategy driving improvements in our overall effectiveness.

From March 2012 through March 2013, we received 4851 total clicks on Twitter. The graph below indicates that while there are peaks and valleys depending on the popularity of particular posts, on the whole our clicks have steadily grown throughout the year.
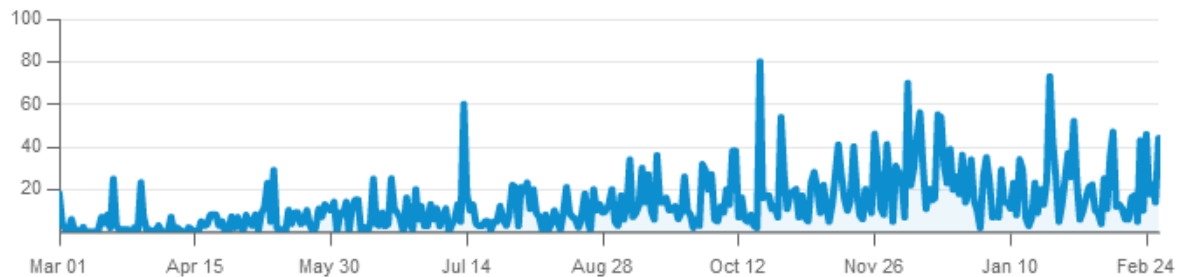

Examining the geographic locations of clicks reveals a slightly different set of countries than were found in our Facebook analytics, likely due to differing popularity of various social networks in specific countries. For our Twitter posts, the top countries represented are the UK, US, Canada, Spain, and the EU (general classification).

Ow.ly : Clicks by Region
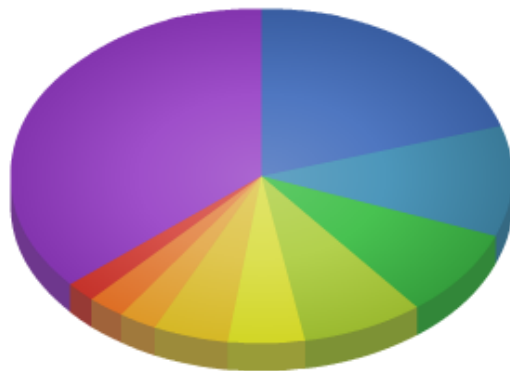
Ow.ly : Top Referrers

Region	Clicks
United Kingdom	20.2% (978)
United States	10.7% (519)
Canada	8.5% (411)
Spain	7.9% (382)
European Union	4.9% (240)
Australia	4.8% (235)
Germany	2.5% (119)
Netherlands	2.4% (116)
Austria	2% (95)
Others	36.2% (1,756)
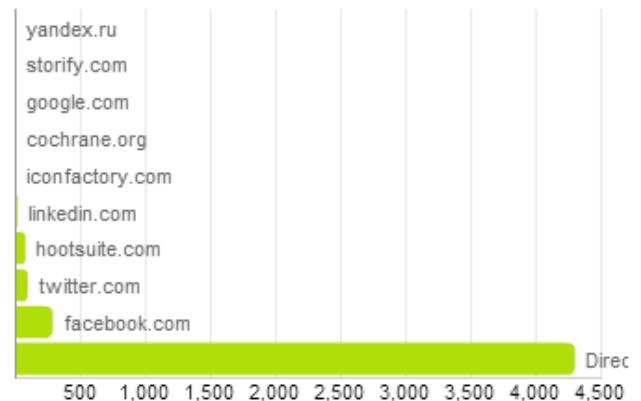
Referrer	Referrals
Direct Click	4,308
facebook.com	294
twitter.com	102
hootsuite.com	84
linkedin.com	23
iconfactory.com	13
cochrane.org	9
google.com	6
storify.com	6
yandex.ru	6

With accounts on both Facebook and Twitter, *The Cochrane Library* has reached a global community of healthcare professionals, librarians, researchers and students.

Promotional support for entities

The promotional support request process forms another key part of the marketing support for the Cochrane Collaboration. Twice per year we provide formal marketing support for all Cochrane entities.

Over the last year, Wiley's promotional support process has lent its marketing efforts to five Cochrane centres, twenty review groups, and six Cochrane entities spanning nine different countries. The support offered by Wiley has included everything from sponsorship funds given toward the attendance of a conference to sourcing and print costs for custom promotional materials designed especially for the requesting group.

Here are a few examples of the materials we have provided to the requesting Cochrane entities in 2012:

- 3,344 copies of *The Cochrane Library* Reference Guide
- 1,525 Cochrane Library bookmarks
- 2,685 Cochrane Library pens
- 1,520 Cochrane Library notepads
- 1014 Cochrane Library sticky pads
- A custom web and e-mail banner for the Cochrane Occupational Safety & Health Review Group
- A custom web/e-mail/social media banner for the Cochrane Back Review Group
- Custom USB cards for the Cochrane Dementia and Cognitive Improvement Group
- Flash drives for the Cochrane qualitative research methods group
- Funds for integrating brochures & folders in conference bags to advertise the Austrian Cochrane Branch
- Custom flyers for twelve different review groups
- Free trials for delegates at workshops and events throughout the year
- Distribution of Cochrane Library promotional materials for conferences and events the entities are attending

Throughout 2013, we plan to use our existing promotional support infrastructure to provide entities with materials promoting the Collaboration's 20th anniversary.

Country focused marketing

In addition to the global marketing activities detailed above we have also carried out marketing campaigns for specific countries. These countries we selected through analysis of subscriptions and revenue, usage and from discussions with the Editor-in-Chief and CEO. The table below shows the countries selected for targeted marketing campaigns and their tier:

TIER	DEFINITION	COUNTRIES
1	High revenue markets to protect	National Provision countries and other important licenses

2	High revenue markets with potential to grow	USA, Canada, Germany
3	Low revenue markets with potential to grow	France, Turkey, China, Middle East
4	East Asia	Taiwan, Japan, South Korea, Singapore, Hong Kong
5	Low Revenue markets to develop/protect	Rest of world

Some examples of Tier activities to date:

National Provisions (Tier 1)
Each national provision country has a local marketing plan. New activities undertaken include 'One-Click' free access web banner for charities, agencies, societies and colleges, Wiley-Blackwell journals pages and local search engines to promote Cochrane access and special collections (where relevant) on national health awareness days. (E.g. National Non-smoking day).

- In February 2013, we sponsored and attended the Special Library Association (Arabian Gulf Chapter) Symposium in support of our new national provision in Oman.
- At the SLA, Deborah Pentesco-Gilbert led a "train the trainer" session, an evidence based change workshop focused on Cochrane, and a workshop on navigating *The Cochrane Library.*
- Certificates were provided to all workshop participants.

USA (Tier 2)
- At the 2012 Medical Library Association we ran Cochrane training seminars, held booth demos and distributed promotional materials. We also promoted new Cochrane search functionality with even more demos and conference sessions.
- We set up and promoted free one-month trials at a selection of US healthcare conferences including the AAO, the STFM, SRNT, and Medical Library Association.

Taiwan and South Korea (Tier 4)
- We provided free country-wide access in South Korea and Taiwan during the Taiwan Evidence Based Medicine Association Conference in September 2012. The free two-month access was also promoted with a press release. In addition, we sponsored Mike Clarke's keynote address and provided a separate conference sponsorship for the meeting.

Focus on clinical specialties
In addition to targeting key countries we have also identified six clinical specialties to focus our marketing efforts on. These specialties are:

- Oncology
- Neurology
- Nursing & Midwifery
- Dermatology
- Cardiology
- Dentistry

Marketing activities to date include:

- Dedicated pages on Dentistry and Dermatology USB sticks which have been distributed at related conferences throughout the year
- A special issue of 'Cardiovascular Disease Update' promoting *The Cochrane Library* to cardiology e-news subscribers
- Dedicated space in the subject newsletters and ads on the Wiley Online Library pages for these specialties
- New reviews have been promoted in related Wiley-Blackwell clinical specialty e-newsletters, including Skin Matters, Oncology Online, Gastro-Hep News, Dentistry newsletter, Neurology Newswire, The Cutting Edge, Endocrinology Newswire, Mind Matters, Infectious Disease Update, and Discover Nursing. Each issue reaches on average 25,000 contacts from our internal database.
- Twitter posts from @CochraneLibrary are routinely provided to Wiley marketers who manage Twitter accounts in the six specialty areas as well as general Wiley Health social media accounts so that messages can be shared/retweeted to their own followers.

The Cochrane Library is also promoted more widely through additional Wiley subject marketing.

Cochrane Journal Club

Email campaigns

For each new monthly issue of The Cochrane Journal Club, we deploy an email campaign to contacts from our internal database of related disciplines.

The Journal Club email is deployed to approx. 80,000 contacts. An average of 20% of recipients open the e-mail, an increase from 14% one year ago. Click to open rates (CTOR) now average 12%. These increases are a result of our continued efforts to refine our e-mail lists.

Clinical specialty e-newsletters

The Journal Club is also promoted in related clinical specialty e-newsletters deployed to Wiley contacts. In the past year, relevant Journal Clubs have been promoted in Skin Matters, the GastroHep Newsletter, The Cutting Edge, Endocrinology Newswire, the Infectious Disease Newsletter, and more.

Web advertising

For each new Journal Club we produce a web banner which is placed on related clinical specialty and journal pages on Wiley Online Library. These banners received between 3000 and 10000 impressions depending how long they are displayed.

Social Media

New Journal Club issues are also promoted via *The Cochrane Library*, Cochrane Journal Club and related Wiley specialty Twitter and Facebook pages. In the past six months, The Cochrane Journal Club's Facebook page has received 638 new likes, bringing the total fan count to 3706. Fan demographics are similar to those reported above for *The Cochrane Library's* Facebook page with no significant differences noted.

Print promotions

Banner stands have been produced to encourage readership of the Journal Club; promotions have also been placed in the Evidence-Based Healthcare Collection catalogue. All items are sent to relevant conferences and events throughout the year.
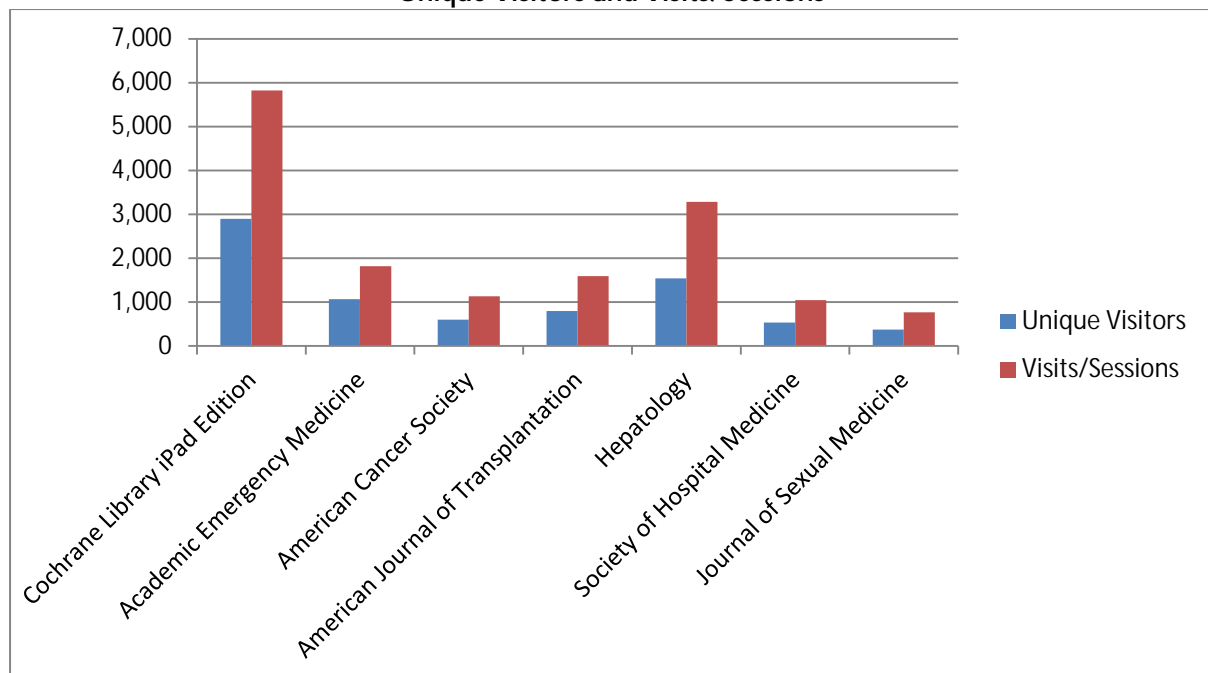
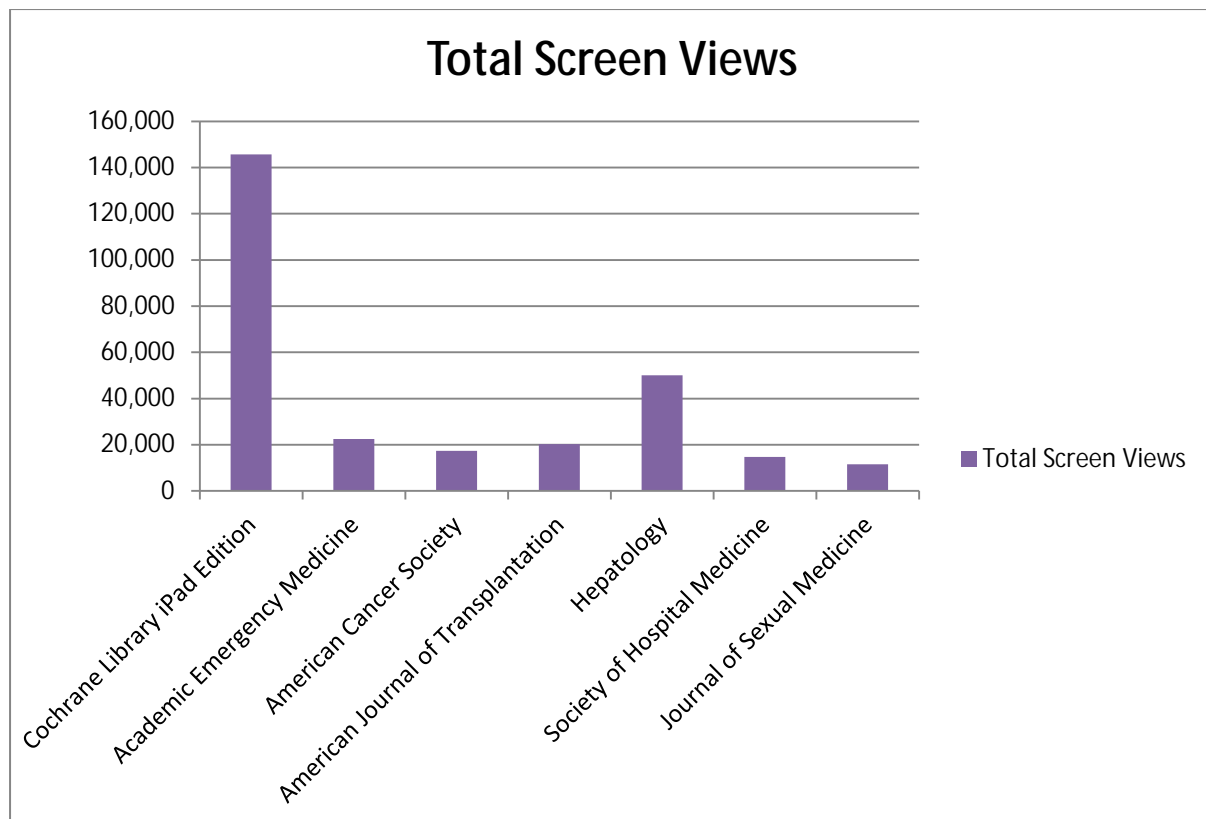**The Cochrane Library iPad Edition**

The Cochrane Library iPad Edition was launched with a full online marketing campaign, including site banners, ads on Wiley Online Library, e-mail promotion, and social media blasts.

As highlighted earlier in this report, an online advertisement for The Cochrane Library iPad Edition has received over **two million** impressions and over **one thousand** clicks since being placed in December. This high-performing ad is still active and will continue to drive app downloads in the following months.

Since launch, *The Cochrane Library* iPad edition has performed extremely well when compared with Wiley's slate of medical apps. Below is a comparison of *The Cochrane Library* iPad Edition with Wiley's most-downloaded health sciences apps in their first six weeks post-launch. In every metric, *The Cochrane Library* app has outperformed Wiley's strongest medical apps. This is especially impressive when you consider that the other apps are available on multiple platforms while *The Cochrane Library* app is currently limited to iPad.

Unique Visitors and Visits/Sessions

Total Screen Views

A full marketing plan for *The Cochrane Library* iPad Edition is available upon request.

Cochrane Learning

Marketing plans for Cochrane Learning and Dr Cochrane Canada are underway; logo and page design are nearly complete and will be ready in early 2013. Marketing for Dr Cochrane will focus initially on Canadian practitioners targeted through partnership opportunities with relevant Canadian associations; through online and e-mail marketing; and through Wiley's extensive network of Canadian sales teams. After the Canadian launch is complete, we will look to extend our marketing campaigns to reach a global audience. A full marketing plan for the Dr Cochrane Canada pilot launch is available upon request.

Cochrane Clinical Answers

Wiley's Health Sciences Product Management team is engaged in an in-depth market research project aiming to pilot Cochrane Clinical Answers to select institutions in our subscriber base. The goal of this market research is to gain insight on the market view of Cochrane Clinical Answers to better inform our go-to-market strategy and sales plan. This research is scheduled to be completed April 2013. A marketing plan is currently in development for Cochrane Clinical Answers with the final plan contingent upon the current market research findings.

Cochrane Book Series

Cochrane series books are available in four different digital formats. As consumer acceptance of digital books increases, sales are steadily growing in these formats.
Adobe ePDF. This format works for PC or Sony eReader, and must be viewed using Adobe Digital Editions Software.

· This format is sold on wiley.com and by certain eBook vendors.
· This format is purchased by individual customers.

ePUB. This format can be viewed on PC, iPad, iPhone, Android, Kobo, Nook, Sony eReader, and most other platforms.

· This format is sold on wiley.com and by certain eBook vendors.
· This format is purchased by individual customers.

MobiPocket. This format is exclusive to Amazon Kindle, though eMobi files can also be viewed on other devices through the Amazon app.

· MobiPocket is sold exclusively by Amazon and purchased by individuals.

Online Products. This format consists of static PDF files; one for each chapter or section. It must be read on a personal computer and is exclusively available for purchase through Wiley Online Library.

Higgins: Cochrane Handbook for Systematic Reviews of Interventions
Lifetime sales for the hardcover edition of this book stand at 5,438 through February 2013. Combined digital versions of the book raise the tally by 389 copies, bringing total sales across all platforms to **5,827.** Of particular note are the Online Edition figures, which make up nearly half of all digital sales. 219 copies have been sold through Wiley Online Library, indicating popularity with librarians and institutions.

Hofmeyr: A Cochrane Guide to Pregnancy and Childbirth
Lifetime sales for the paperback edition of this book stand at 2,394 through February of 2013. Combined digital versions of the book add 158 units, bringing total sales across all platforms to **2,552**. As with the Higgins book, Online Edition figures are the largest contributor to digital sales. 81 copies have been sold through Wiley Online Library, which is more than double the amount sold through ePDF, ePUB, and Kindle formats.

Hill: The Knowledgeable Patient: Communication and Participation in Health
Lifetime sales for this book stand at 596 copies sold in the first seventeen months of publication. While the bulk of the sales come from the paperback edition, Wiley Online Library sales look promising at 47 units and digital units as a whole make up 17% of overall sales.

Abraha: A Cochrane Handbook of Alcohol and Drug Misuse
With just five months of sales history to report, unit sales are looking strong with 201 copies sold since the book published five months ago. Impressively, an additional 72 units have sold through digital mediums, meaning digital sales comprise over one-quarter of the total book sales. This represents a greater proportion of total sales than have been seen with any of the other books in the Cochrane series. Digital sales are evenly split between Wiley Online Library (representing institutional sales) and ePDFs (likely to indicate personal sales). Compared with the first year sales of Hofmeyr (256), the lifetime sales potential is extremely promising.

This book published in September 2012, launching at the Cochrane Colloquium in Auckland. Cover artwork was displayed prominently on the Wiley booth, and review copies were distributed to major publications immediately upon release. The book has been promoted through Wiley's extensive network of sales teams and has been publicized through *The Cochrane* Library's social media accounts and Wiley's e-marketing. This book was also be added to the "go anywhere" list to be displayed at all medical conferences attended by Wiley in 2012 and 2013.

8. Derivative products - highlights

Additional information on derivative products can be found in the Cochrane Innovations report. We work closely with Lorne Becker and David Tovey on all projects relating to Cochrane Innovations and provide regular updates and reports (weekly and monthly).   In future we will also report and work with the Cochrane Wiley Publishing Management Team.

Cochrane Learning

- Editor-in-Chief: David Tovey
- Wiley Editors: Bryony Urquhart and Sally Cowlard
- Editorial content in development: accredited educational content based upon Cochrane Reviews
- Scheduled for launch 2013
- Global distribution via Wiley Health Learning platform

Cochrane Learning: Dr Cochrane

- Editor: Lorenzo Moja under direction of David Tovey (Editor-in-Chief)
- Wiley Editors: Bryony Urquhart and Sally Cowlard
- Pilot Dr Cochrane programme (70 clinical vignettes) developed with CIHR grant to the Canadian Cochrane Centre
- Involving the Review Groups: Musculoskeletal, Back, Inflammatory bowel disease and functional bowel disorders, and Upper-GI and pancreatic diseases
- Written by medical writers, with peer review involving CRGs and original review authors.
- Global distribution via Wiley Health Learning platform
- Available online mid-2013
- Accreditation applied for: ACCME (USA), RCPSC (Canada) and CFPC (Canada)

Evidence Based Child Health: A Cochrane Review Journal

- Editors: Joan Robinson, Mike Smith; Managing Editor: Denise Thomson
- Wiley Editor: Bryony Urquhart
- Editorial board meeting May 2012 and one planned for May 2013 (Washington)
- During 2012 usage increased over 38% to **39,055 full-text downloads**
- Applications to ISI submitted (July 2012)
- New in 2012: indexed by MedLine and Scopus
- New in 2012: podcasts from Evidence-Based child Health
- New in 2012: systematic reviews from CORE-INFO (http://www.core-info.cardiff.ac.uk/)
- New in 2012: co-publishing overviews with *Cochrane Database of Systematic Reviews*

Journal of Evidence-Based Medicine

- Editors: You-Ping Li(Director of China Cochrane Center), Mike Clarke(former director of UK Cochrane Center)
- Wiley Editor: Jason Hu
- Started in end of 2008, quarterly

- 28,556 full-text downloads in 2012
- Accepted by MEDLINE in Oct 2010
- Each issue is with a focused topic

Cochrane Methods: supplement to *Cochrane Database of Systematic Reviews*

- Editors: Jackie Chandler, Mike Clarke, Julian Higgins
- Wiley Editor: Bryony Urquhart
- Third annual supplement to CDSR published September 2012
- New-look cover to make each issue recognisable
- Largest issue to date, with 64 pages, including primary research content
- 650 copies supplied for the delegate bags at the Colloquium
- 500 copies to the Cochrane UK Centre for distribution
- Fourth edition to publish September 2013

Cochrane Learning: Cochrane Journal Club

- Editor: Mike Clarke
- Wiley Editor: Bryony Urquhart
- Launched in October 2009; 40 journal clubs published to date
- 7,659 members (receive monthly email alerts)
- NEW in 2012: patient vignettes
- Active Facebook page
- Activities underway to include Cochrane Journal Club in Cochrane Learning

Cochrane Clinical Answers

What are Cochrane Clinical Answers?

Cochrane Clinical Answers (CCAs) are derived from Cochrane systematic reviews and are aimed at clinicians at the point of care. The concept behind the product is to data mine the high quality evidence from Cochrane systematic reviews to create short answers to a clinical question

- Editor: David Tovey
- Wiley Editor: Karen Pettersen
- 16 Associate Clinical Editors
- Beta Launched in October 2012; 80+ published to date
- Market research and testing underway for launch in early 2013
- CCAs will only be available with a Cochrane Library subscription

Finances

A full financial report is provided to the Trading Company and details are provided in their report to Steering Group. A new publishing agreement, including new financial terms, was signed on 1 February 2013.

2012

- Cochrane royalty income increased by 8% on prior year
  .

OPEN ACCESS
Proposal for the Development of a
5-year Cochrane Translation Strategy

Document prepared by: Xavier Bonfill (Convenor) and Juliane Ried (support), with contributions from Jordi Pardo, Salomé Planas, Gabriel Rada and Philippe Ravaud. A draft version of the proposal was reviewed by Amani Al Hajeri, Gerd Antes, Lorne Becker, Cliff Chen, Roberto D'Amico, Zbys Fedorowicz, Qin Liu, Chris Mavergames, Jacob Riis, Maria Regina Torloni, and Mark Wilson.

Submitted to the Steering Group on: 6 March 2013

Purpose: To propose a translation strategy for Cochrane content identifying the key strategic priorities and approaches over the next five years for consideration by the Steering Group.

Urgency: Medium

Access: Confidential

Table of contents

A. Executive summary

This document outlines the rationale and potential impact of a comprehensive and sustainable Cochrane translation strategy. It provides background on past and on-going Cochrane translation activities, and presents and recommends key approaches and strategic decisions to inform the Steering Group on possible options for conducting a long-term, centralised, translation project. While it provides a summary of estimated resource implications, it does not include a detailed budget proposal.

B. Background

A number of projects translating Cochrane materials have been conducted in the past, and several small or bigger projects are currently on-going or planned (see Appendix 1 for details)[1]. All of them have been initiated, co-ordinated, funded and published by Cochrane Centres, Review Groups or Cochrane external organisation based in non-English speaking countries, without any resources, funding or infrastructure provided by The Cochrane Collaboration centrally. The results are spread over different platforms, many of them partially outdated and difficult to track. The most comprehensive and sustained project has been conducted by the Iberoamerican Cochrane Centre over the past 15 years, but other initiatives have also been, or are still, enabling access to Cochrane content in a variety of languages: French, Japanese, Simplified and Traditional Chinese, German, and Portuguese.

It has only been relatively recently that the Collaboration has started to become aware of the importance of translations. At the Split Mid-Year Meetings 2011, the issue was addressed in the Strategic Session on "Ensuring The Cochrane Collaboration enables better global participation". The final report included recommendations on language support "for authors whose first language is not English, with a focus on providing language, not methods, support"[2]. While the identified required actions included very good suggestions, to date none of these have been implemented.

After the Split Mid-Year Meeting, the Cochrane Translation Working Group was set up by Lorne Becker on David Tovey's request, because of the increasing need for coordination of various Cochrane translation initiatives. The working group was constituted of representatives of the groups providing translations, plus those responsible for the technical implementation, including programmers based at the IMS, the Web Team and Wiley-Blackwell. The group has mainly been working on supporting on-going translation projects of Cochrane abstracts and Plain Language Summaries (PLS), on improving work flows and infrastructure for managing and publishing these translations, and serving as a point of contact for people interested in translations. However, there was no dedicated budget allocated to the working group, which made progress and action relatively slow and certainly limited the extent of the work that was manageable.

After the Paris Mid-Year Meeting (April 2012), translation strategy and its implementation were identified as one of the components of the Cochrane Content Publication & Delivery Programme (under Workstream 3: Dissemination and Impact), but progress in this area has been limited to the efforts of the Translation Working Group, with substantial contributions from the Cochrane IMS and

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[1]An update on currently on-going and planned translation activities is also provided in the progress report of the Translation Working Group which is included in the Editor-in-Chief's report to the CCSG.

[2]See page 8 of the final report. Required action items identified were:

•Define roles of CRGs, centres and editorial base in supporting authors whose first language is not English

• Determine how best to provide technical writing support and English copy editing support

• Identify and form a network of key individuals in the Collaboration with multilingual skills

• Develop/source materials to teach Centre and CRG staff intercultural communication skills, e.g. use of clarifications, avoidance of jargon

• Standardize terminology across the Collaboration

OPEN ACCESS

Web Team. In line with what had been proposed for the Cochrane Content programme, one of the 'highlights' of the new Publishing Arrangement with Wiley constitutes a multi-lingual content plan which includes "implementing search support for multiple languages, which will enable users to search *The Cochrane Library* in the official languages of the World Health Organization (and other languages as agreed) and have the titles of all relevant Cochrane Reviews returned to them in the translated language via a user interface that has also been translated".

At the Auckland Colloquium, the CCSG identified translation as a priority for the organisation and signalled its intention to invest in this area over the next five years. Lorne Becker was charged to develop a budgeted strategy over the next five years to be presented to the Steering Group for consideration at its meeting in March 2013[3]. While it wasn't feasible to produce a detailed plan in this timeframe, an ad-hoc working group has been formed to develop this proposal advising the Steering Group on the 'broad direction of travel', including consideration of the key issues, and recommendations. The working group was led by Xavier Bonfill, who approached members and consultants as listed above. Juliane Ried had been freed up for a day a week to support the working group under the direction of Xavier.

C. Proposals and discussion

1. Importance of translations for The Cochrane Collaboration

The Collaboration's vision is "that healthcare decision-making throughout the world will be informed by high-quality, timely research evidence" and that it "will play a pivotal role in the production and dissemination of this evidence across all areas of health care"[4]. Among the ten key principles of the Collaboration, there are two that clearly commit to becoming a global organisation responding to the needs of people in any country, regardless of their economic or linguistic background:

Promoting access	by wide dissemination of the outputs of the Collaboration, taking advantage of strategic alliances, and by promoting appropriate prices, content and media to meet the needs of users worldwide
Enabling wide participation	in the work of the Collaboration by reducing barriers to contributing and by encouraging diversity

From a linguistic point of view, the world is very diverse. The largest languages by native speakers are Mandarin (14%), Spanish (6%), and English (5%)[5]. Although in many countries most educated health professionals can read texts in English, many others are not capable of doing so. If we consider the general population as potential consumer of Cochrane materials, then the proportion of people who can be reached and influenced at the moment is actually surprisingly small. Furthermore, evidence from the usage statistics of the Biblioteca Cochrane Plus (the Spanish version of *The Cochrane Library*) has repeatedly demonstrated that universal access to content in the local language increases usage substantially, in this case reaching more than four million users every year. Lately, the addition of French content on Cochrane Summaries has showed this effect as well: Access to Cochrane Summaries by French-speaking users has tripled from September 2012 to February 2013, and France is now ranking third among the countries most accessing Cochrane Summaries. At the same time, the number of French translations increased from around 1000 to 2500, and the French interface and search functions were improved.

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[3] See item 15, page 8, of the Auckland minutes, available at www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg.
[4] See http://www.cochrane.org/about-us/our-principles.
[5] See http://en.wikipedia.org/wiki/List_of_languages_by_number_of_native_speakers.

Issues related to dissemination and impact are not the only disadvantage of the Collaboration's mostly monolingual being. There is also a need to overcome the barriers that hamper wider participation of non-native English speakers in the Collaboration. For example, it is a well-known problem that non-native English speakers face difficulties being accepted as review authors or contributors in other capacities due to their (supposed or real) limited English skills.[6]

If the Collaboration continues to produce its materials in English only, and does not effectively address the problems arising from being monolingual, it will fail in fulfilling the aforementioned two principles of the organisation and in achieving the impact it needs and wants to have. As a first step, this conclusion must be acknowledged by the Collaboration to then be able to adopt the strategies and take the decisions that may be required going forward.

2. Proposed underlying translation strategy – adoption of simplified English

Global English-speaking work environments involving native speakers of different languages are challenging and impact negatively on the effectiveness of communication and productivity[7]. Highly complex and technical English, as it is applied in Cochrane Reviews and most other Cochrane content, has negative implications on the production, readability and translation of content:

- Review authoring: it limits the possibility for non-native English speaking authors to contribute.
- User experience: it decreases the readability, clarity and consistency of the content for both non-native English and native English speakers. An example of a highly complex sentence from a Cochrane Review is provided in the footnote[8].
- Translations: it increases the cost of translation and edition, incites mistakes in the translations, and thus hinders or limits the feasibility of translation.

Although English is the accepted language of communication of the Collaboration, most non-native speakers do use a somewhat simplified English in the Collaboration's work environment. If the Collaboration wants to truly enable global participation and accessibility, it would be highly desirable that the Collaboration adopts the language which facilitates productivity and communication best, which means moving from a more formal and technical English to a kind of standardised 'Simplified English'[9]. As used in other areas, Simplified English aims to:

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[6] See: Ciapponi A, Glujovsky D, Rey Ares L, GarcíaMartí S, Reveiz L. (2011). Testing selective responses of Cochrane groups to the request of conducting a Cochrane systematic review: A crossover randomized controlled trial. Oral presentation at 19th Cochrane Colloquium, Madrid, Spain.

[7] See for example: Kumju Hwang. Effects of the Language Barrier on Processes and Performance of International Scientific Collaboration, Collaborators' Participation, Organizational Integrity, and Interorganizational Relationships. Science Communication 2013 35: 3 originally published online 27 June 2012. DOI: 10.1177/1075547012437442.

[8] "For comparisons where there were non-overlapping studies that examined therapeutic success, global improvement (by doctor) or global improvement (by patient), we also examined the outcome of 'any success' at the end of treatment using data on global improvement (by doctor) when therapeutic success data were not available and data on global improvement (by patient) when neither therapeutic success nor global improvement (by doctor) were available." According to the Gunning Fog index an English speaker would require 34.8 years of formal education to understand this sentence. Taken from: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005063.pub2/full. The example was part of the primary outcomes section of the review, which has been updated in the meantime and doesn't include this sentence anymore.

[9] Kamprath et al. call it a 'controlled language' (CL), which is a normalised form of a natural language, generally involving a restricted vocabulary list, a streamlined grammar and a prescribed set of stylistic rules. See: Kamprath C., E. Adolphson, T. Mitamura, & E. Nyberg 1998. Controlled English for multilingual document production: experience with Caterpillar Technical English. In: Proceedings of the Second International Workshop on Controlled Language Applications (CLAW98), 51-61.

- Reduce ambiguity
- Improve the clarity of technical writing, especially procedural writing
- Improve comprehension for people whose first language is not English
- Make human translation easier, faster and more cost effective
- Facilitate computer-assisted translation and machine translation[10]

Simplified or Plain English is, at least in the UK, not an alien concept. The *Plain English Campaign* is "Fighting for crystal-clear communication since 1979"[11], and the most recent article on their website is reporting on a new study that investigated how complex medical jargon puts people's lives at risk, indicating that "nearly half of working-age people cannot understand or use everyday health information"[12].

Simplified English is increasingly recognised as an important strategy to facilitate translation.[13] For example, Philippe Ravaud has assembled a multidisciplinary research group (QUARTET M) in Paris, specialised in linguistics, text mining and automatic translation. Rather than focusing on the technical problems of automatic translation only, they have shifted to a novel approach and included concepts such as Simplified English and writing aid tools into their efforts. Their work has fed into this proposal.

Adoption of a 'Simplified Medical English' or 'Simplified Cochrane English' has the potential to increase Cochrane's productivity, inclusiveness, accessibility, readability, and user experience, the latter which ties in with a project on readability of our reviews which is currently conducted by the CEU within the Cochrane Content Programme[14]. And, most importantly in the context of this proposal, it would increase the feasibility of human and machine translation dramatically. Besides, we suspect that the usage of Simplified English a) would have a positive effect on Google search results, i.e. Cochrane content would be easier to find; and b) could enhance the development of derivative products, as it may facilitate automatic extraction of data.

The implementation strategy for Simplified English should include the following components:
- Introduction of **standardised terminology and writing guides**.
- **Writing aid software** that can directly feedback on the 'simplicity' of a sentence during the writing process, and suggest better, i.e. clearer, easier and more translatable sentences[15]. A writing aid tool linked to, or incorporated into, RevMan for example, would not only help non-native English-speakers write better English in their reviews, but at the same time help native English-speakers write clearer English.
- Development of **standard templates and standard phrases**, e.g. for protocols, abstracts and other sections of a review, composed in Simplified English.
- **Central copy-edit support**.
- **Training** in this area for review authors and others producing Cochrane content.

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[10]As described for Simplified Technical English, see http://en.wikipedia.org/wiki/Simplified_Technical_English for more details. See also: Gledhill, C. 2011. Simplified Technical English: from the description of a new technolect to a critique of New-speak. Paper presented at 32ème Colloque du GERAS, 17-19 mars 2011, Université de Bourgogne.

[11] See http://www.plainenglish.co.uk. The Plain English Campaign also collaborated on the 'Simple English' Wikipedia: http://simple.wikipedia.org/wiki/Main_Page. The Cochrane Summaries site, which focuses on the Plain Language Summaries of Cochrane Reviews, won the campaign's 2011 web award.

[12] See http://www.plainenglish.co.uk/news/x-rated-study-on-confusing-medical-terms-plain-english-campaign-prescribes-cure.html.

[13] See http://www.translationdirectory.com/articles/article1359.php for a discussion, and www.muegge.cc for a working example.

[14] Some CRGs have also been discussing issues around readability within their groups.

[15] For an example of an English writing aid software see: http://www.smartny.com/maxit.htm.

We expect that all of the above would reduce the editing burden of CRGs, facilitate and speed up authoring, and improve readability of Cochrane Reviews. It would facilitate translation in general, but also enable much more correct automatic translation, as similar or repeated phrases are recognised, and consequently reduce the cost for translation substantially.

Successful development of a 'Simplified Medical/Cochrane English' and related writing aid tools could also constitute an investment in a product that Cochrane could sell to other health content developers, i.e. there is a possibility for investment return.

In summary, we recommend that the Collaboration develops and adopts a 'Simplified Medical/Cochrane English' and develops writing aid tools for Cochrane content as a key point and necessity to facilitate a comprehensive translation strategy across the Collaboration. We acknowledge that this would constitute an important strategic choice for the Collaboration, affecting the priorities of the various Cochrane core teams and entities. It would require joint and streamlined action across the Cochrane groups, and could not be considered a marginal project.

By embracing and implementing the idea of moving towards Simplified English, the Collaboration would take an important step to a mind shift in terms of how it approaches global participation. It would reverse the predominant concept of international work environments, whereby the non-native English speakers have to make the main effort, and introduce an alternative concept in which both the native and non-native English-speakers are called on.

The Collaboration should consider this an opportunity to take a leadership role in the area of translation and communication in health care, similar to the role it has as a leader in systematic review methods.

3. Translation methods
We have identified five major methods for translations:

Translation method	Details	Quality	Resource implications
1. Professional translation (+ human validation)	Pay a company specialised in medical translations, and editors specialised in the content area or methods.	High in particular in terms of language and grammar, but due to our specialised content, human validation by content or methods experts is required.	Highest cost compared to the other models, thus least sustainable. In addition to the cost for the company and editors, the multi-step process requires a high level of coordination.
2. Computer aided translation (CAT, e.g. *Déjà Vu*)	Pay translators and editors specialised in medicine/methods and capable of using CAT software. The most recent versions of CAT combine its output sequentially with machine translation (see below).	High, especially when the software's translation memory has grown after a while to include many identical or similar sentences. Nonetheless, human validation by content or methods experts is required.	High cost, but the price is graded depending on the number of repetitions, exact matches, fuzzy matches, etc. with content in the memory. The multi-step process requires a high level of coordination, but new technologies and software can facilitate some of that effort and reduce costs, e.g. linked data or memoQ.

3. Machine translation (without human validation)	Use automated software. Many free or paid for online or desktop solutions exist.	Lowest compared to the other models, but depending crucially on the software's translation memory and the complexity of the original content. Software can be trained with existing Cochrane or health content translations, which will increase the quality greatly, especially as a lot of Cochrane's content is repeating the same sentence structures and has a relatively limited and specialised vocabulary.	Low cost and long term solution. Cost implications mainly for developing the software and the translation corpora, if there isn't sufficient translated content available.
4. Machine translation + human validation	Use automated software, and paid for or volunteer editors specialised in the content area or methods.	Very good, likely better than option 1.	Moderate, but much lower than option 1 and less than option 2. Compared to option 3, there is an increased need and cost for co-ordination, infrastructure, and the editors if paid.
5. Collaborative network of volunteers	The Wikipedia principle: provide the infrastructure for a network of volunteers, a social community, where everyone can contribute as much or little as they like.	Likely to vary, but probably good, as it can be presumed that mostly committed people would contribute and correct each other. Style guides, glossaries and training may facilitate more standardised results. There may be a risk that conflicted people try and modify evidence, so there is need for some kind of central control mechanism and/or initial qualification examination of each volunteer.	Low cost, but also unreliable. Costs mainly for setting up and maintaining the infrastructure.

Translation projects may apply various combinations of any of these five approaches in order to increase efficiency and quality.

We recommend that the Collaboration, directly and through pertinent alliances, works towards a combined approach of methods 2, 3, 4 and 5, and offers three quality levels of Cochrane translations:

1. Automatic translation by Cochrane trained software (CAT and/or machine translation) + human validation by paid editors who are content or methods experts. The Collaboration

would assume the editorial cost and commit to guaranteeing immediateness regarding the publication in different prioritised languages.

2. Automatic translation by Cochrane trained software (CAT and/or machine translation) + human validation by volunteers (similarly to Epistemonikos' approach to translation, see Appendix 2).

3. Automatic translation by Cochrane trained software (CAT and/or machine translation)only without any validation

Depending on the resources available, we could start, for example, by providing level 1 translations for prioritised abstracts or PLS only, and most other Cochrane content in level 2 and 3 translations. The different levels of translation would need to be designated clearly next to the translated content, and disclaimers should accompany at least level 2 and 3 translations. Level 1 should aim at providing the same quality as the English original.

We should consider providing an option for people to consult the English version in parallel to the translated version. This could serve as a control mechanism and allow users to feedback in case of translation errors. A schematic illustration of the proposed approach is provided in Appendix 3.

The success of this approach is dependent on the following factors:
- Original content in Simplified English to foster the performance and quality of automatic and human translation.
- Dedicated software with reliable memory for the languages that we are providing translations for, i.e. fed with existing translation corpora. Corpora are ideally Cochrane content translations and Cochrane glossaries, but can also be related healthcare/methods content that may be available at a cost or free of charge (e.g. the CONSORT statement is available in 11 languages[16]). Research may help identify what minimum size of corpora is required to achieve a certain quality level.
- Development of user-friendly software and infrastructure to support translation processes, management and publication, including in particular the validation by paid editors and volunteers.

Operative research is very much necessary in this area in order to develop and evaluate the possible options, taking into account that applicability may vary depending on the language. Some research with Cochrane involvement is already on-going or planned. For example, Philippe Ravaud has submitted a grant proposal for a research project on automatic translation for medical content, Simplified English and writing aids for French, Spanish and German (in collaboration with QUARTET M, see above). The proposal is available upon request. Gabriel Rada is also assessing the validity of Spanish translations produced by the translators' network of Epistemonikos and the editors of the Iberoamerican Cochrane Centre.

4. Organisational issues and infrastructure

a. Central co-ordination
As the main focus in terms of translation should be on Cochrane Review content and its derivatives, translations should fall under the responsibility of the Cochrane Editorial Unit and the Editor-in-Chief. To be able to manage translations effectively, we recommend that the Collaboration considers employing a full time Cochrane Translation Co-ordinator, accountable to the Editor-in-Chief. This person would then also liaise with the COU, Web Team, Wiley's media team, the Training and Methods Co-ordinators with regards to translation of Cochrane content other than reviews. Central co-ordination and implementation of a Cochrane translation strategy must be led by a non-native

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[16] See http://www.consort-statement.org/consort-statement/translations/.

English speaker, who can fully grasp the issue, or should at least involve non-English speakers as consultants on a regular basis.

b. Translation work flows and data repositories

The Collaboration is currently providing the Translation Exchange in Archie as a means to manage translations of Cochrane abstracts and PLS and to publish them on *The Cochrane Library* and Cochrane Summaries. While this is an important improvement compared to the previous situation where there was no central infrastructure available and no possibility to publish translations of Cochrane Reviews on Cochrane websites, the Collaboration needs to continue improving and expanding translation work flows and infrastructure. Issues to be addressed include:

- Expand the Translation Exchange to support translation of content beyond the abstract and PLS; and provide translation management and publication systems for content which could not be efficiently handled via Archie.
- Improve the usability of the Translation Exchange and expand on its functions, in collaboration with the groups using it, to help rationalise and facilitate translation processes and management.
- Create better links and integration between our content databases (e.g. Archie for reviews) and external translation systems to reduce the number of steps involved in producing and publishing a translation.
- Develop a more efficient system to help manage updates of translations. At the moment, around 100 reviews are republished with amendments or updates every month. A portion of these is amended or updated while they are still being translated. Managing the updates and amendments of reviews that have already been translated before, is very time and cost intensive. Therefore, we need to provide a system that supports this endeavour effectively. The same applies to any other types of content: We need to be able to track and act upon easily, when a translation does not match the original content anymore.
- Create and maintain a database of past and on-going translation activities to be able to track projects, to avoid duplication, and to use the information for marketing purposes – who is doing what, and where is it available. Explore if this can be automated to a certain extent.

c. Translations in the context of the Linked Data project

The Collaboration is currently exploring a linked data approach to software development and content management. The Translation Working Group and prototype Translation Exchange have accomplished a lot, but face limitations due to the "silo" development pattern of our current systems. All technical teams are involved, Wiley, IMS, Web Team, Update Software, and there is even the potential to involve high-priority partners such as Epistemonikos and EROS. While linked data technologies are not the only option for improving translation work flows, they offer a potentially elegant solution to translation management in the complex Cochrane environment. Linked data features that would foster translation efforts include:

- A service-oriented architecture that would facilitate communication and interoperability between the software and data stores of the Collaboration, Wiley and external organisations (i.e. the providers of translations, translation software or writing aids).
- A focus on user stories as a software development tool, which would allow specific identified translation needs to be addressed in a coordinated way by the various Collaboration or Wiley software teams whose involvement is needed.
- An ontology model that would allow Cochrane Reviews and their included studies to be broken down into components would facilitate translation and publication of specific portions of a review only.

Translation could be made a first-order, high-priority project within the implementation of linked data for Cochrane. The aim would be to fix the current problems with translations in a way that

works for all of the various players while also serving as a pilot project for the agile development approach that is being identified in the Cochrane Linked Data Project.

d. Publication and presentation of translations

The Collaboration should aim at publishing all available translations in any language, including English, on a common platform, featuring a user-friendly interface, search and browse in all available languages. Easy navigation between the different languages must be ensured. This recommendation aligns with the Cochrane Content Publication & Delivery Programme and the new Publishing Agreement. It should be noted that there is a difference between a multilingual search engine that can return results in multiple languages at the same time, and a search and browse function for different languages (as it is implemented on Cochrane Summaries for example), that only returns results for one specific language at a time. To our knowledge, multilingual search engines are currently difficult to implement and maintain, and consequently much more expensive as the latter solution.

It should be a requirement that any translations of Cochrane content, regardless of who performs them, must be published on dedicated Cochrane platforms; in addition, they may be published on Cochrane external sites, but only where it can be guaranteed that they are kept up to date and that the Collaboration's open access or license agreements are applied. Automated feeds to external sites, rather than independent and unlinked publication, would permit easy tracking.

Translations of different types of content may be published on different platforms, e.g. training materials in various languages on the [Cochrane Training website](). However, we should set up language portals guiding speakers of a certain language to all content available in their language and at the same time link prominently from one platform to another.

e. Marketing for translations

Existing Cochrane translations are currently not promoted or used for marketing in any strategic way. A central marketing and dissemination strategy for translations would increase the usage of our content in non-English speaking countries. Furthermore, the availability of translations in certain languages puts us in a much better position for attracting funders from non-English speaking countries. In this context, we also recommend that the Collaboration works with Wiley to offer license or funding models in non-English speaking countries that take into account that the service and product currently provided cannot be considered the same than that in an English-speaking country: If a funder or subscriber, theoretically, has to provide the resources to translate the content into a different language to make them accessible in its region, then it shouldn't be charged the same price as a funder or subscriber in an English-speaking country. Nonetheless, subscriptions in non-English speaking regions should always include access to both the English and translated content, possibly to the entire multilingual platform without any language restrictions.

f. SOPs and policies

A strategic approach to translations should involve the development of official guidelines, standards and policies. These should cover copyright issues, publication permissions and decision-making, ensure certain quality standards and procedures, but also provide guidance to people interested or involved in translations and enable building on the experience of past or on-going projects. The following items should be considered:
- Update the translation section of the Policy Manual to reflect the state of the art. What content can be translated, how can someone get permission, where must/can translations be published, who owns the copyright, etc.
- Develop quality standards and minimum requirements for Cochrane translations. For example, experience from the French and Spanish teams revealed very clearly that even

translations from professional companies specialised in medical translations require validation by content and/or methods experts.

• Develop standard operating procedures on how to process and act on translation interest inquiries to enable quick and clear responses.

g. International communication

Even though this goes probably beyond the scope of this proposal, we recommend that the Collaboration builds on and implements the required actions identified at the Split Strategic Session regarding language support for authors whose first language is not English, and helps Centres facilitate the communication between non-English speaking authors and CRGs in order to increase acceptance and inclusiveness.

5. Potential types of content to translate

Cochrane Reviews are our main product, and that should also be the priority of our translation efforts, along with material promoting our reviews. Assuming, however, we have good infrastructure and processes in place, and enough resources available, so that we can guarantee high-quality translations, the Collaboration could consider translating some or all of the following types of Cochrane content:

• **Cochrane reviews and the platforms on which they are published (The Cochrane Library, Cochrane Summaries) including web interface, browse and search.** The focus should be on title, abstract, and PLS. The CEU could be consulted to identify other review sections that should be prioritised, if sufficient resources are available for a specific language. A strategy for inviting, and replying to, feedback in languages other than English, and translating feedback into different languages, needs to be developed.

• **Cochrane apps.** When we develop apps, we need to ensure that they have the capability to support the multilingual Cochrane content platforms that we aim to implement, not only the English version.

• **Content on cochrane.org.** We should focus on key sections (e.g. Getting involved, About Us, impact stories, news features, blogs), and rather than approaching it as a copy of cochrane.org, we should create language specific portals, which guide users of a specific language to all Cochrane content available in this language.

• **Podcasts.** A total of 52 podcasts is available in other languages[17] on cochrane.org, however they are very difficult to find, and there is no co-ordinated approach to translation, they are often initiated by the authors of the related reviews themselves.

• **Cochrane videos (promotional).** Translated subtitles would be a cheaper and faster option than translated audio, although automatic voice-detection and translation, as offered for example by YouTube and Google Translate, is also an option to explore further.

• *The Cochrane Library* **press release and editorials.**

• **Derivative products** (Cochrane Journal Club, Evidence Aid, Special Collections, Dr Cochrane, Cochrane Clinical Answers).

• **Training materials** (standard author training materials, online learning modules, etc.). The need and demand for translation of these materials is likely to vary in different languages and should be investigated before investing into it. Non-English speaking Centres and other entities should be consulted for advice. On the other hand, Non-English speaking entities may be interested to participate in this translation activity, or contribute their own materials, as training is one of their core functions.

• **Guides and manuals** (Cochrane Handbook, MECIR Standards, editorial resources and checklists, etc.). Similarly to training materials above, the need and demand for translation

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[17] 11 different languages are available, but only 1-9 podcasts per language. There is a total of 309 English podcasts.

of guides and manuals is likely to vary in different languages. The Handbook and MECIR have been translated into Spanish, the Handbook also into Simplified Chinese.

- **Reports of trials in languages other than English** (for use by review authors). Data extraction from non-English trial reports is currently relying on a network of Cochrane volunteers with a Translator role in Archie who are approached by the review authors on a case by case basis. The Collaboration could consider funding central translation of trial reports into English or financially rewarding the efforts of the volunteers.
- **Colloquia** (content of website, simultaneous translation). The need or requirement for Colloquia related translations will be different every year, as the Colloquium is held in a different country every year; the majority of organisers have not provided any translations, and those who have, have assumed the cost from their overall budget. Event Manager supports multilingual web pages. The Collaboration may want to consider contributing to the cost of Colloquia translation, where there is a critical local need.
- **Official documents** (policies, minutes).While translation of official documents could constitute a statement of transparency, it may be rather low priority within the translation project, as it is unlikely to generate a lot of interest. Translation of these documents could be assumed by interested people or entities.

6. Into which languages should Cochrane content be translated?

The decision on which languages should be prioritised is largely dependent on three factors: available funding, potential investment return, and existing Cochrane translations in a certain language.

With the new Publishing Arrangement, Wiley has committed to providing a multilingual version of *The Cochrane Library* "in the official languages of the World Health Organization (and other languages as agreed)". Producing translations in the WHO languages other than English (Arabic, Chinese, French, Russian and Spanish) would be an important strategic choice which could open up new markets in Arabic countries, China, Russia and several Eastern European countries. To a certain extent, it might also put us into a better position on the Latin-American and Francophone markets, taking into account, that there is already a lot of material available in these languages. However, this would require substantial and continuous investment into high-quality translations, in particular for Arabic, (Simplified) Chinese and Russian – languages for which we don't have any or very little Cochrane content available yet. For these three languages, the Collaboration should thus conduct research to gain more insight into the potential markets: how much return can we expect in terms of increased usage, and new license or funding agreements, and how does that relate to the investment cost for producing high-quality translations for these languages.

Alternatively, or additionally, the Collaboration could priorities those languages where a substantial number of Cochrane translations already exist: Spanish, French, Traditional Chinese, Japanese, Portuguese, and maybe German. As explained under '3. Translation methods', a critical amount of existing Cochrane translations (or other corpora with Cochrane related content) is the basis required to facilitate automatic translation, which appears to be the most cost-effective and sustainable translation solution (in combination with paid for or volunteer human resources).

Finally, a third approach to prioritisation could be based on to the likely impact and reach to potential contributors and users, i.e. the most widely spoken languages in the world[18]. But this approach would again require careful research on the market potential.

It is important that the Collaboration ensures that the quality standards are the same across the different languages it prioritises, and that the same minimum set of content is translated for each of

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[18] See http://en.wikipedia.org/wiki/List_of_languages_by_number_of_native_speakers

them, for example it could be limited to the abstract, PLS and podcast of the reviews featured in the press release each month. Initiatives to translate content beyond the specified minimum set (e.g. by volunteers or external funders), should certainly be encouraged, even if that meant that the amount of available content differs from language to language. Similarly, the Collaboration should not discourage volunteer or external groups that wish to translate into a language that has not been prioritised by the Collaboration, provided they can adhere to our minimum standards and requirements. Such initiatives might provide valuable contributions to translation corpora and consequently support machine translation.

7. Funding

Funding for translations has mostly been provided by national governments, public health organisations and associations to date. The Collaboration's sponsorship policy wouldn't allow for commercial funders due to potential conflicts of interest.

Generally, the Collaboration is currently only addressing part of our potential audience and sponsors: we are providing services and content in English, but the vast majority of the world speaks different native languages. Providing translations in various languages would put us in a better position to attract new funders from non-English speaking countries, which may become even more important in view of the planned move to open access.

The regular updates occurring with Cochrane content require regular updates to the translation as well, thus, continuous funding. However, the cost of traditional translation models is so high[19], that it would be very difficult to find continuous funding for Cochrane translations in any language. All of the bigger translation projects had to "take a break" due to lack of funding at some point, or reduce the volume of their projects. We need to explore more sustainable and cost-effective models of translation (see section '3. Translation Methods') in order to reduce the cost, which will in turn put us in a better position to attract external funders and make it more affordable for ourselves to invest into translations.

Rather than paying for professional translations into specific languages, the Collaboration should use its resources for investing into:
- the development of central infrastructure and software to support cost-effective translation models;
- research on and implementation of 'Simplified Medical/Cochrane English';
- developing or buying translation corpora for priority languages where there don't exist any yet.

The listed measures constitute a long-term investment towards any language, not only a specific one, and potentially into a product that we could sell to other organisations.

Some Centres or other regional entities may be in a position to assume smaller tasks, e.g. translation of selected podcasts or training material. Nonetheless, and very importantly, the Collaboration should start seeking external funders or partners for translations proactively. Partnership or funding models could include Cochrane Library licenses, or joint research and software development projects, including the development of Simplified Medical English. Apart from the usual national public organisations and foundations, potential partners/funders include:
- The European Union; might be in particular interested, if we translate into its official and member state languages.
- WHO; might be interested in our content being available in its six official languages, and also buying translation software and memory, as they translate a lot of content into their official languages.

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[19]The French and Iberoamerican Centres spend around 500,000 Euros annually.

- World Bank; may have similar interests to the WHO.
- Academic or research groups, e.g. QUARTET M, Epistemonikos, Plain English Campaign; may be interested in joint research projects and/or development of automatic translation and Simplified English tools specialised in health.
- IT or linguistic companies, e.g. Google Translate; may be interested in developing automatic translation and Simplified English tools specialised in health in collaboration with us.

In this context, we should also think about good ways of acknowledging translation sponsors, for example by rewarding funders with some kind of presence on our websites.

D.   Summary of recommendations

1. That the Collaboration acknowledges that its current monolingual nature does not effectively address its key principles related to promoting access and enabling wide participation, and limits its potential impact.

2. That the Collaboration strives to take a leadership role in the area of translations in health care, similar to the role it assumes as a leader in systematic review methods.

3. That the Collaboration endorses the concept of Simplified English and sets up a strategic plan to implement it across the organisation.

4. That the Collaboration actively explores funding and partnership opportunities for translations, e.g. with the EU, World Bank, WHO, Google Translate, QUARTET M, Epistemonikos and others.

5. That the Collaboration works with Wiley to offer license or funding models in non-English speaking countries, acknowledging that the service provided is not the same than that in an English-speaking country.

6. That the Collaboration provides central funding to:
    6.1   continue to provide support to on-going translation activities;
    6.2   continue to improve management and publication work flows of translations in collaboration with the IMS, Web Team, Linked Data Project Board, translating groups and our publisher Wiley;
    6.3   work with Wiley to develop a central platform for Cochrane translations as per the Cochrane Content Publication & Delivery Programme and new Publishing Agreement;
    6.4   conduct research projects on Simplified Medical/Cochrane English, writing aid tools, machine translation and other translation strategies aiming at implementing it across the Collaboration after successful piloting;
    6.5   create translation corpora for the languages it chooses to prioritise (i.e. fund a critical number of translations for these languages), which also constitutes an investment in the attraction of funders and in automatic translation; and
    6.6   develop and implement a strategic approach to marketing and dissemination of translations.

7. That the Collaboration considers appointing a Translation Co-ordinator reporting to the Editor-in-Chief and working closely with the CEU, COU, IMS, Web Team and Wiley.

8. That the Collaboration invests in obtaining evidence to inform decisions related to translation strategy and management. This may include contracting with consultants, commissioning of research, or supporting research applications to external funding bodies.

9. That the Collaboration conducts a functional and economic analysis in order to establish the operational plan for implementing a comprehensive Cochrane translation project.

E. Resource implications

Recommendation	Resource implications
1. That the Collaboration acknowledges that its current monolingual nature does not effectively address its key principles related to promoting access and enabling wide participation, and limits its potential impact.	N/A
2. That the Collaboration strives to take a leadership role in the area of translations in health care, similar to the role it assumes as a leader in systematic review methods.	N/A
3. That the Collaboration endorses the concept of Simplified English and sets up a strategic plan to implement it across the organisation.	Core teams staff time (CEU, COU, IMS, Web Team, Linked Data Project Board) + CEO
4. That the Collaboration actively explores funding and partnership opportunities for translations, e.g. with the EU, World Bank, WHO, Google Translate, QUARTET M, Epistemonikos and others.	CEO
5. That the Collaboration works with Wiley to offer license or funding models in non-English speaking countries, acknowledging that the service provided is not the same than that in an English-speaking country.	CEO
6. That the Collaboration provides central funding to	
6.1. continue to provide support to on-going translation activities;	Translation Co-ordinator (or other central support staff) + IMS and Web Team
6.2. continue to improve work flows and publication of translations in collaboration with the IMS team, Web Team, Linked Data Project Board, Wiley and translating groups;	Translation Co-ordinator + IMS, Web Team and Linked Data Project Board
6.3. work with Wiley to develop a central platform for Cochrane translations as per the Cochrane Content Publication & Delivery Programme and new publishing agreement;	Translation Co-ordinator, or other central support staff + IMS and Web Team
6.4. conduct research projects on Simplified Medical/Cochrane English, writing aid tools, machine translation and other translation strategies aiming at implementing it across the Collaboration after successful piloting;	CEU staff + Translation Co-ordinator + IMS, Web Team and Linked Data Project Board + potentially external consultancy
6.5. create translation corpora for the languages it chooses to prioritise (i.e. fund a critical amount of professional translations for these languages), which also constitutes an investment in the attraction of future funders and future automatic translation; and	Translation Co-ordinator + external translation providers
6.6. develop and implement a strategic approach to marketing and dissemination of translations.	Marketing and Communications? CEO? Translation Co-ordinator?
7. That the Collaboration appoints a Translation Co-ordinator reporting to the Editor-in-Chief and working closely with the CEU, COU, IMS, Web Team and Wiley.	Translation Co-ordinator

8. That the Collaboration invests in obtaining evidence to inform decisions related to translation strategy and management. This may include contracting with consultants, commissioning of research, or supporting research applications to external funding bodies.	External consultancy and commissioning + Translation Co-ordinator and others involved
9. That the Collaboration conducts a functional and economic analysis in order to establish the operational plan for implementing a comprehensive Cochrane translation project.	CEO, CEU, internal and external consultancy

F. Impact statement

- Providing Cochrane content in different languages…

  …will increase the usage and accessibility in non-English speaking countries, thus, will enlarge the impact of the Collaboration and constitutes an investment in new markets.

  …will foster the Collaboration's role in informing evidence-based decision-making globally.

- Investing in automatic translation methods, writing aid tools, and Simplified Medical/Cochrane English…

  …will facilitate comprehensive and sustainable translation models for Cochrane content.

  …is an opportunity for the Collaboration to take a leadership role in this area.

  …has the potential to increase Cochrane's productivity, inclusiveness, accessibility, readability and user experience.

  …may generate products that we can market and sell to other organisations.

G. Decision required of the Steering Group

- To approve the recommendations 1 to 6.
- To nominate a person in charge of moving this forward, i.e. creating a strategy plan and budget request, and appointing a Translation Co-ordinator.

APPENDIX 1: Overview of past, on-going and future translation projects

This list includes the projects that we are aware of, and that have been coordinated in some way with Wiley or the Collaboration. It most likely does not cover all existing Cochrane content translations.

ONGOING						
Language	**Group**	**Translated content**	**Translation process**	**Publication**	**Funding**	**Status/comments**
Arabic, Chinese, French, Russian, Spanish	WHO	WHO Reproductive Health Library (not all content for all languages)	professional translation companies or individuals, depending on the language, all translation teams use computer aided software (TRADOS)	http://apps.who.int/rhl/ru/index.html	WHO	
Croatian	Croatian Branch of the Italian Cochrane Centre	50 PLS, selected based on consultation with patient associations, top 50 downloaded reviews, and top 50 accessed on Cochrane Summaries	two Centre staff members translate 25 PLS each, reciprocal validation, third person consulted if needed	Clib and Summaries + external websites to be defined	Grant under the Croatian 'Popularisation of Science' programme	project to be completed by 20 April 2013 in time for their annual regional Symposium
French	French Cochrane Centre	> abstracts and PLS of new and updated reviews monthly; > abstracts and PLS of previously published reviews gradually, by Review Group, prioritised by funder interests, advisory board and availability of content experts for evaluation (see step 3. of Translation process)	Translation Exchange in Archie, two professional translation companies working with computer-aided software, validation by content and methods experts	> Cochrane Summaries (summaries.cochrane.org); >*The Cochrane Library* (thecochranelibrary.com); > external (not linked to Archie): cochrane.fr	Canadian Institute of Research Health, three Quebec government institutes, French Ministry of Health	2500 translations completed; plan to complete 3500 translations by September 2013; no further funding confirmed for thereafter
Japanese	MINDS (Japan Medical Information Network Distribution Service)	1400 abstracts and PLS selected because of their relevance to Japanese guidelines		to be on CLib and Summaries pending conversion to Cochrane XML format by Wiley and a license agreement with the funder	MINDS (Japan Medical Information Network Distribution Service)	
Portuguese	Brazilian Cochrane	>selected abstracts and PLS of interest to Brazilians and/or the	done manually by volunteer Centre staff	>*The Cochrane Library* for Latin America and	None so far; they are	

	Centre	Portuguese speaking world, around 10 translations per month >652 abstracts had been translated in the past, but are now all outdated		Caribbean (http://cochrane.bireme.br/cochrane/main.php?lang=pt&lib=CCB) > Brazilian Cochrane Centre website >Brazilian Cochrane Consumer website > going forward also on CLib and Summaries via the Translation Exchange	looking for sponsors to continue their project	
Simplified Chinese	China Effective Health Care Network/ Infectious Diseases Group	100 abstracts and PLSs	character conversion based on existing Traditional Chinese translations, validation by content and methods experts	CLib and Summaries, in Cochrane XML format, but problems importing these into Archie	Infectious Diseases Group	pilot project completed, report available upon request; thinking about a new project translating directly from English to Simplified Chinese
Spanish	Iberoamerican Cochrane Network	> entire CLib plus monthly new and updated reviews; started by translating the entire review; then due to reduced funding a shortened format of the review; currently abstract and PLS only; > Cochrane Handbook for Systematic Reviews of Interventions, Version 5.1.0 > MECIR, Standards for the conduct and reporting of new Cochrane Intervention Reviews 2012 > some podcasts > Cochrane Evidence Aid - Resources for the earthquakes in Haiti and Chile (March 2010)	Computer-aided software, validation by content and methods experts	> via Update Software on the Biblioteca Cochrane Plus (http://www.update-software.com/Clibplus/ClibPlus.asp); > Summaries, retrieved from the Biblioteca Cochrane Plus; > around 600 on Clib	Spanish Ministry of Health	project has been resumed in November 2012, after a forced break of about 1 year due to funding problems; not using the Translation Exchange, because of file compatibility issues

| Traditional Chinese | Center for Evidence-Based Medicine, College of Medicine, Taipei Medical University, Taiwan | around 3800 abstracts and PLS | | CLib and Summaries, but not in Cochrane XML format and not updated | | around 3600 translations completed two years ago; another 190 translations by the end of November 2013 |

PLANNED OR INTERESTED						
Language	**Group**	**Translated content**	**Translation process**	**Publication**	**Funding**	**Status/comments**
Hebrew	1. Sara Yaron, Consumer advocate andCCNet member 2. Yuval Arbitman, Karkur College	1. reviews on breast cancer topics 2. reviews in the area of complementary medicine				
Indonesian	Indonesian contributors of the Pregnancy and Childbirth Group	reviews on pregnancy and childbirth topics				
Korean	Korean Branch of the Australasian Cochrane Centre					
Turkish	Istanbul ENT & Head-Neck Surgeons Association	ENT reviews				

OPEN ACCESS

	PAST						
Language	**Group**	**Translated content**			**Publication**	**Funding**	**Status/comments**
French	Back Group	Abstracts and PLS of all Oral Health Group reviews					not updated since; taken over by French Centre, with quality validation done by this group
French	Center for the Development of Best Practices in Health, Cameroon; Infectious Diseases Group	Abstracts and PLS of selected reviews relevant to their region			cdbph.org		taken over by French Centre, with quality validation done by Cameroon group
French	Musculoskeletal Group	PLS of Musculoskeletal Group reviews published in 2010					not updated since; taken over by French Centre, with quality validation done by this group
French	Oral Health Group, French representatives	Abstracts and PLS of all Oral Health Group reviews					Last updated 2009; taken over by French Centre, with quality validation done by this group
French	UGPD Group	PLS and a couple of abstracts of UGPD Group reviews up until early 2011					not updated since; taken over by French Centre, with quality validation done by this group
German	German Cochrane Centre	PLS of around 700 reviews			Summaries		all translations outdated

APPENDIX 2: Epistemonikos' workflow for translations and tagging of abstracts

(1) Machine translation	→	(2) Initial human translation	→	(3) Validation by translation expert	→	(4) Validation by content expert	→	(5) Tagging of key terms to be stored as structured data. (Matching between languages)
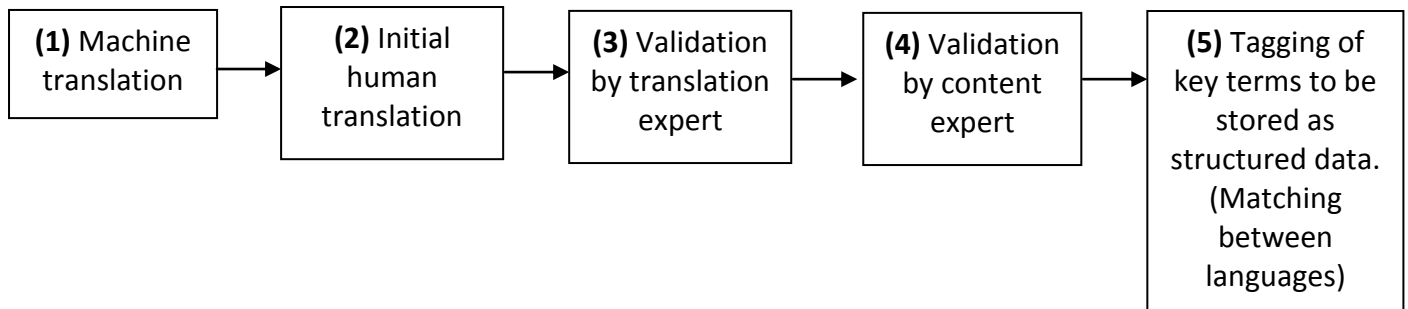
(1) Epistemonikos is not using Computer aided Translation (CAT) at the moment. We think that using CAT for a limited number of terms may improve accuracy, so we expect to implement it for research and statistical terminology. Using CAT for a broader amount of terms (e.g. medical terminology) does not seem an efficient alternative.

(2) Epistemonikos is successfully doing this for Spanish using volunteers without formal training in translation (clinicians, senior students). Our translation experts provide continuous training and feedback to them. Several alternatives exist to boost the capacity of generating translations: partnering between Epistemonikos and Cochrane (collaborators engaged by Cochrane, using Epistemonikos' platform); partnering with international initiatives (e.g. translators without borders, Google health translation project); using low cost human translation (e.g. mechanical turk).

(3) We are not using any software in the validation, since the number of mistakes we have detected is negligible. Our team of translation experts consists of five people, plus content experts. Some alternatives to explore: professional translators, community translation (e.g. wiki), Cochrane Centres.

(4) Translations are sent to one or two content experts. Changes in specialised terminology are frequent. Major mistakes are very rarely detected.

(5) Tagged terms (key terms) are stored as linked data, which make them usable for search (e.g. taxonomic search, PICO search), to be used in other products, and for (many) future developments (see Example 1 below).

Example 1. Tagging

Topical treatments for HIV-related oral ulcers
BACKGROUND: In HIV-infected adults, oral ulcers occur more frequently, last longer and produce more painful symptoms than in immunocompetent people. Oral aphthous ulcers observed during the course of HIV infection may be severe and can result in significant morbidity in these patients. Such manifestations may interfere with oral functions and alter patients' quality of life.
OBJECTIVES: To evaluate the efficacy and side effects of topical agents used in the treatment of HIV-related oral aphthous ulcers in adults.
SEARCH METHODS: The following electronic databases were searched from the year 1980 to May 2011 for randomised controlled trials involving managements of oral ulcers, apthouses in HIV infected adults: EMBASE, PUBMED, the Cochrane Central Register of Controlled Trials (CENTRAL).
SELECTION CRITERIA: Only randomised controlled trials that evaluated the efficacy of any topical agent in treating HIV oral aphthous ulcerations in HIV positive adults were considered.
DATA COLLECTION AND ANALYSIS: Two authors independently assessed the potentially eligible studies for inclusion. We did not find any studies that meet our eligibility criteria. Therefore, no analysis was performed.
MAIN RESULTS: A total of 233 abstracts were retrieved from the databases searched. None of the identified studies met our inclusion criteria. Ten of the studies identified were reports of systemic rather than topical treatment. Therefore, no studies were included in this review.
AUTHORS' CONCLUSIONS: There is a need for well designed studies to evaluate the efficacy and safety of topical agents for the treatment of HIV related oral aphthous ulcers.

Generation of structured data (e.g. Population intervention, for PICO searches):
Population/condition (main term): HIV-related oral ulcers
Secondary/subordinate/variant terms:
HIV-infected adults
HIV positive adults
Oral ulcers
Oral aphthous ulcers
HIV-related oral aphthous ulcers
oral ulcers, apthouses in HIV infected adults

Intervention: Topical treatments

OPEN ACCESS

APPENDIX 3: Schematic illustration of three-fold translation approach

Translated text officially validated

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> Xxxxxxxxxxxxx x
> xxxxxxxxxxxxxxxxxxxxxxxxxx
> xxxxxxx x

Translated text validated by volunteers

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> xxxxxxxx x
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> Xxxxxxxxxxxxx x
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Translated text without validation

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Original version in English

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Strategies for supporting and strengthening non-English language speakers' participation in The Cochrane Collaboration (CC)

Purpose: To foster non-English language speakers active participation in the CC, to promote more consumer-oriented reviews with input from consumers in non-English language countries, to enhance the dissemination of the work of the CC to non-English language countries and to increase the acknowledgement of the value of consumer involvement.

1. Introduction

Consumers are important for the Collaboration, as they bring to the table the first hand experience of their illness and they represent both a repository of critical information on the needs of the patients and a valuable resource in the care plan. Needs and experiences vary around the world, so the Collaboration cannot afford the risk to lose the expertise, the experience and the ideas which come from consumers outside the Anglo-Saxon world.

Involvement of non-English speakers

From Allen and Clarke, 2009:

The Cochrane Collaboration
- *over 22.000 people from 103 countries*
- *96/103 are countries where t English is not the first language*
- *13/17 Steering Group (SG) members are from countries where English is not the-first language*

Native English speakers are over represented at all levels in the CC: if, for the researchers/methodologists/authors international community, it is taken for granted a more than basic knowledge of English language, it is not the same for consumers. For this reason, developing strategies to overcome language barriers is crucial to ensure a true active participation of consumers from non English language countries. A first attempt to address this imbalance, at least at the consumer's level, has been to establish the presence of a representative from non-English speaking countries both in the Consumer Network Executive (CCNet –Exec) and if possible on the Collaboration SG

Barriers and difficulties experienced by non-English language consumers

1. Lack of support/mentoring
2. Lack of funding
3. Lack of coordination
4. Lack of recognition of their role
5. Obvious difficulties in communicating

2. Proposed **Strategies:**

1. Support/mentoring

   - Each National Cochrane Centre can try and play a central role as it can enroll, promote, help, and coordinate local consumers, whose problems, difficulties, needs are different according to the different settings (language, country, culture, society, English knowledge, level of development of consumerism). Mostly, if they can translate Cochrane documents, Plain Language Summaries (PLSs) and, where possible, relevant Cochrane reviews, this would help considerably

   - Identify Cochrane Centres or entities where consumer work is well recognized to provide possible models of participation, recognizing there is no single model for successful consumers involvement

   - At the Steering Group level a robust intervention seems necessary. One possibility, although expensive and not easy to implement is, to prepare simultaneous translations with an interpreter during the SG meetings and, possibly, during the two face-to -face CCNet Exec meetings (Colloquium and mid-year) appears to be a unique solution. This will represent a great cultural investment that will increase participation in and the dissemination of Cochrane products worldwide. Confidentiality would need to be assured, and the processes used for professional interpreters are presumably already available.

2. Funding
- It is proposed that Centres might take responsibility and request from funders a dedicated budget to refund/support consumers
- Inclusion of consumers/ patients/ citizens training issues in research proposal budgets, looking at this as an added value to the research proposals
- Simultaneous translations, as proposed above, will need funding.

3. Co-ordination
- Establish a support group for non-English consumers, to provide language and coordination support for consumer activities including training.
- Identify consumer representatives from National Centres to be enrolled in CCNet Geographical Advisory Group (GAG) and develop diversified teams of consumers to produce and promote access to Cochrane reviews/PLS
- Provide introductory or special online training for non-English speaking consumers
- Support local and regional meetings that invite/include consumers.

4. Recognition of their role
- Reconsider the multi-faceted roles of patients/citizens/consumers
- Accept the consumers speak up for themselves, not through or by other persons

5. Difficulties in communicating
- Avoid a paternalistic attitude
- Overcome consumer's belief they are not listened to even when they are invited and involved in discussion
- Seek funds for simultaneous translation of meetings/symposia held in English when non-English speaking consumers are invited to attend/participate

We would like the CCSG to consider these proposals, in order to support wider meaningful consumer participation in The Cochrane Collaboration.

Silvana Simi and the CCNet Executive
with input from the Geographical Advisory Group
13 November 2012

Entity Executives' reports, not requiring a CCSG decision (for information only)

Centre Directors' Executive report to the Steering Group

1. PRELIMINARY INFORMATION

- **Entity Executive:** CDs Executive
- **Meeting:** Oxford Midyear meeting
- **Report period:** September 2012 – February 2013
- **Members of the Executive for this period:**
    - Tamara Kredo
    - Steve McDonald
    - Mary Ellen Schaafsma
    - Rob Scholten (stepping down)
    - Maria Regina Torloni
    - Gerard Urrutia
- **Report prepared by:** Mary Ellen Schaafsma on behalf of CDs Executive
- **Report prepared on:** 8th March 2013
- **Purpose of report:** Scheduled update

2. WORKPLAN UPDATE

i) For this reporting period:

Objective/planned activity	Planned output	Timeline and comments
To review the requirement of Centres to have an Advisory Board	Updated policy	Completed. Approved by CDs in Paris and added to the Policy Manual. Approval of MaRC sought.
To clarify role of CDs Exec in relation to approving new Branches	Defined role of CDs Exec in approving new Branches	Completed. CDs Exec to review applications to register Branches.
To draft the criteria and checklist for registering new Branches	New criteria and checklist for Branches	Completed and approved in Auckland. Policy manual updated.
To review the implementation of the Key Performance Indicators framework introduced for the 2010-2011 monitoring period	Summary document prepared and issues highlighted	Ongoing. Summary was discussed at CDs meeting in Auckland and targets for the next reporting period have been set in the electronic form in Archie by 8 Centres and 4

		Branches.
To revise the KPI framework (Part A Monitoring form) for 2012-2013 in response to feedback from CDs	Revised KPI framework (Part A Monitoring Form)	Completed. Suggested amendments were approved in Auckland
To clarify the eligibility criteria for the Centre Staff position in CCSG elections	Agreed criteria for the two Centre positions	Completed. Discussed in Auckland and consensus fed back to CCSG for their final decision.
To rewrite and revise as necessary the Centres' section of the Cochrane Policy Manual	Cochrane Policy Manual reflects current policy in relation to governance and functions of Centres	Ongoing. Sections revised as governance documents are signed off by Centre Directors

ii) Full breakdown of expenditure:

Activity	Amount allocated
Surplus from financial year 1 April 2011 – 31 March 2012	£16,691.99
Amount available; 2012-2013	£10,000
Expenses for CD Exec 1 April 2011 – 1 November 2012	£2,322.32
TOTAL remaining	**£24,369.67**

iii) Meetings, teleconferences and other communication:

The Centre Directors' Executive met face-to-face in Auckland and held teleconferences in November, February and March. In-between time we communicated by email and shared documents through Dropbox.

iv) Descriptive summary – other activities and actions to note:

- A small group of Centre and Branch directors is looking at the issue of how we organise Centres in different countries and whether the potential to seek legal status of Cochrane Centres and Branches is feasible and/or beneficial.
- We are working with the Methods Groups to discuss how Centres can better support them (a core function) and how to find mutual benefit from stronger relationships between these Centres and Methods Groups.
- We will be discussing the strategic issue of Centre and Branch roles in furthering the goal of becoming a truly global organisation (Regional activity).
- We have discussed the role of the new CEO in the CBD meetings and CD Exec, and agree that he should be actively involved with us, informing strategy and outlining Centres' roles in achieving organisational objectives (sustainability, capacity building, participation, partnerships, etc.). Mark has attended our last two CD Exec meetings.

3. OBJECTIVE PLANNING

i) For the next reporting period and beyond (no new changes):

Objective/activity	Planned output	Timeline and comments
To develop new accountability mechanisms for Centres following adoption of new executive structure and functions of the Collaboration	Agreed overarching governance arrangements for Centres. Updated 'changes to entities' requirements.	March to October 2013. To be discussed in partnership with CEO.
To introduce performance review process of Centre Directors	System of regular performance review of Centre Directors	October 2013. To be discussed in partnership with CEO.
To develop an induction checklist for new directors	Induction checklist; clarity around expectations; consideration of mentoring role	March 2013
To contribute to relevant Cochrane Innovations projects (e.g. Cochrane Response)	Contribution to papers and working groups as required	Ongoing
To support the implementation of the Marketing and Communications (M&C) Strategy at the regional level	As directed/required	Ongoing
To contribute to activities surrounding the Collaboration's 20th anniversary celebrations	Contributions to the 20th Anniversary Task Force as required	Ongoing

4. FUNDING AND/OR POLICY DECISION REQUESTS

Are members of your entities submitting any proposals to the Steering Group for decision at its next meeting? If so, how do these fit with the wider goals of your entities?

[NOT APPLICABLE]

5. ANNEXES TO THIS REPORT

[NOT APPLICABLE]

Consumers' Executive report to the Steering Group

1. PRELIMINARY INFORMATION

- **Entity Executive:** Consumers' Executive
- **Meeting:** Mid-Year Meeting, Oxford UK
- **Report period:** September 2012 – March 2013
- **Members of the Executive for this period:**
    - Gill Gyte, Co-Chair
    - Liz Whamond, Co-Chair
        - § CCSG consumer representative
    - Mingming Zhang
        - § CCSG consumer representative
        - § Representative of consumers in developing countries
    - Silvana Simi
        - § Representative of non-English-speaking consumers
    - Godwin Aja
        - § Resigned in December 2012
    - Anne Lyddiatt
        - § Joined in March 2013
    - Catherine McIlwain, non-voting member
- **Report prepared by:** Catherine McIlwain
- **Report prepared on:** 22 Feb 2013
- **Access:** Open
- **Purpose of report:**
    - Scheduled update
    - Low urgency

2. WORKPLAN UPDATE

i) For this reporting period:

Workstream 1: Accessible Cochrane Products

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
1.1 PLEACS minimum standards and PLS guidelines*	1.1.1 PLS minimum Standards	PLS standards presented to The Collaboration for implementation	£0
1.2 Cochrane Summaries*	1.2.1 Live website for consumers 1.2.2 Promotion of site 1.2.3 Refining content	Website promoted to Live site in Feb 2013.	£0

Additional information on this project is provided in the Descriptive Summary.

Workstream 2: Integrating Existing Consumers

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
2.2 Consumer Referee Training Plan*	2.2.1 ALOIS module development 2.2.4 Cochrane Training website for Consumers	The consumer tab for Cochrane Training has been redesigned for use in educating new consumers about how to get involved or learn more about Cochrane, systematic reviews, and clinical trials..	£0 *Training Working Group has allocated 2 days a week (Feb – Sept) to develop this training program.*

Additional information on this project is provided in the Descriptive Summary.

Workstream 3: Supporting consumer involvement

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
3.1 Information Dissemination	3.1.1 CCNet website 3.1.2 CCNet Facebook 3.1.3 CCNet Twitter 3.1.4 Quarterly Newsletters 3.1.5 CCNet Mailing list And monthly CCNet Info Bulletin	Ongoing activity. Newsletters posted at consumers.cochrane.org	£0
3.2 Community Building	3.2.1 Consumer Blog 3.2.3 Discussion Forums	Ongoing activity. Blogs available on consumers.cochrane.org. Discussion Forums available on the Community site.	£0
3.3 Consumers' Executive	3.3.1 Executive Work plan 3.3.2 Monthly meetings 3.3.3 Annual Elections 3.3.4 Administration 3.3.5 Special Projects - Strategies for Non-English consumers	Ongoing activity. Meetings occur monthly. Elections occur 1-2 times per year.	£0
3.4 CRG Support	3.4.2 Special Projects	Assistance as required by CRGs	£0

Workstream 4: Attracting new consumers

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
4.1 Induction process for consumers	4.1.1 Involving new consumers 4.1.2 Point of entrance for new consumers	Implementation is ongoing	£0

4.2 Getting Involved Project	Central process for all newcomers to The Collaboration	Ongoing. Project is led by the Web Team	£0
4.3 Internal Partnership	4.3.1 Translations Working Group 4.3.2 Anniversary Working Group	Ongoing activity. Cochrane Summaries now features English, Spanish, French, German and Chinese translations.	£0

Workstream 6: External Funding

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
6.1 ECRAN*	6.1.1 Inventory of resources about clinical trials 6.1.2 Tool to assess resources 6.1.3 Multilingual website for consumers 6.1.4 Film for consumers 6.1.5 Month 6 reports	Implementation is ongoing. All outputs have been achieved.	£0
6.2 Funding proposals	6.2.1 Consumer involvement in externally funded grants.	Additional grants have been submitted.	£0

Additional information on this project is provided in the Descriptive Summary.

ii) Full breakdown of expenditure:

Activity	Amount allocated	Actual Expenditure
Fiscal year 2010-2011 (Keystone/Split)	£10,000	£ 7,029.80
Fiscal year 2011-2012 (Madrid)	£10,000	£ 2,392.07
Fiscal year 2012-2013 (Paris, Auckland, Oxford*)	£10,000	£10,536.64
*Costs for Oxford are not yet included		
Total since onset of Executive funding:	**£30,000**	**£19,958.51**

iii) Meetings, teleconferences and other communication:

The Consumers' Executive has monthly teleconferences to discuss activities pertaining to the Consumer Co-ordinator, CCNet and consumer needs. In addition, the Consumers' Executive had two temporary working groups formed with each participating in an additional conference call during this period.

iv) Descriptive summary:

PLEACS –The PLEACS group concluded a year-long Delphi decision-making process which involved a dedicated group of consumers, methodologists, MEs, Co-ordinating Editors, Managing Editors and representatives from the Central Editorial Unit. Through a collaborative process with Cochrane

Review stakeholders, mandatory standards for plain language summaries were finalized in February 2013. The standards for PLS will be implemented alongside the MECIR standards according to a schedule that will be presented at the Mid-Year Meeting.   The MECIR standards, including the new standards for PLS, will be printed for the Collaboration as a booklet of recommendations which can accompany the Cochrane Handbook.

The next portion of the PLEACS project will see the larger working group divided into two smaller groups with different purposes. To aid implementation of the standard, the first group will focus on format recommendations (i.e. the look and feel of the PLS), while the second group will design tools and guidance materials for Authors and Managing Editors to utilize the standards. An update on the progress of these two groups will follows in the next report.

Cochrane Summaries – A new website, now live for the public, presents consumers with an innovative way to find the information they need in Cochrane reviews. For the first time, all plain language summaries and abstracts on Cochrane Summaries have the resource of a built-in glossary that automatically highlights and defines technical terms and jargon as you read. In addition, search terms are mapped to a drug name database which provides consumers with the generic and brand names for the drug term for which they are searching. Any drug or disease, regardless of any misspelling, will instantly redirect the user to the relevant Cochrane Review.

Several of these and other features will be revealed in the time leading up to the Mid-Year meeting to promote use of the site. Additional information about the Collaboration, Cochrane Reviews, and evidence-based medicine has been written in plain language to promote the site to non-Cochranites. [Only new features developed in 2013 have been described in this update.] This website was built through the combined effort of Chris Mavergames, Martin Janczyk, Lorne Becker and Catherine McIlwain. Visit 'Cochrane Summaries' at http://summaries.cochrane.org for all the latest information.

Cochrane Referee Training Plan – Cochrane Training now boasts training options for consumers to learn about everything from clinical trials to systematic reviews. Caroline Struthers and Catherine McIlwain have created an inventory of choices for consumers to educate themselves or get involved. Building on this development, the Cochrane Summaries and CCNet web pages now direct users to the Consumers tab on the Cochrane Training website for more information about all things Cochrane. See what you can learn at http://training.cochrane.org/consumers.

Six new e-learning modules are being developed by Caroline Struthers which are adapted from the training videos of the ALOIS engagement project (alois.cochrane.org). Work on the modules is being supervised by Catherine McIlwain to ensure that they target a more general consumer audience. By the end of March 2013, these new training modules will be released as the first tier of the consumer training program. After the Mid-Year meeting, the revised ALOIS module will be added to this site as part of a larger outreach project for The Cochrane Consumer Network.

ECRAN – Part of an international partnership, CCNet has been awarded a grant to promote public education about and involvement in clinical trials. CCNet's involvement in the project has led to the creation on an online database of consumer educational tools, websites and other communications

devices which will be made available through a multi-lingual audience. The search engine will function in the six WHO languages, and the online interface will feature each flag from the European Union with translated interfaces in several languages. The project has successfully completed the first 6 months work, and following a positive review by the project officer, we will be awarded an additional 18 months of work.

3. OBJECTIVE PLANNING

i) For the next reporting period and beyond:

NOTE: priority levels are indicative of activity planning for the next reporting period only.

High Priority = activity are scheduled during the next reporting period.
Moderate Priority = activity will progress if resources are available.
Low Priority = activities are not expected to progress before the next reporting period.

Workstream 1: Accessible Cochrane Products

Objective/planned activity	Planned output	Timeline and comments
1.1 PLEACS minimum standards and PLS guidelines	1.1.1 PLS minimum Standards 1.1.2 Tools and Guidance 1.1.3 Format recommendations 1.1.4 PLS best practice examples	High Priority. This work will be led by Catherine McIlwain and will continue during the next reporting period. 1.1.4 Low Priority
1.2 Cochrane Summaries	1.2.1 Live website for consumers 1.2.2 Promotion of site 1.2.3 Refining content	Moderate Priority. Time commitments for this project will be reassessed in the next reporting period. This work is led by Catherine McIlwain, Lorne Becker and the Web Team.
1.3 Training Plan – Writing PLS	1.3.1 Compare existing PLS tool 1.3.2 Revise tool based PLEACS	Moderate Priority. This task will be led by Catherine McIlwain and will begin in the next reporting period.

Workstream 2: Integrating Existing Consumers

Objective/planned activity	Planned output	Timeline and comments
2.1 Process for Consumer Involvement	2.1.1 Training program for all consumer referees. 2.1.2 Monitoring system for consumer training progression in Archie.	Low Priority. The level of priority will be reassessed when training materials are in place.
2.2 Consumer Training Plan	2.2.1 ALOIS module development 2.2.2 Detailed training components for 5-tier consumer	2.2.1 In progress 2.2.2 and 2.2.3 High Priority. This task will be led by

	training plan. 2.2.3 Consumer Referee training modules 2.2.4 Cochrane Training Website for Consumers	Catherine McIlwain with input from the Consumers Executive. 2.2.4 Site goes live on 1 Mar 13
2.3 Implement Consumer Referee Process	2.3.1 Buddy system for consumer referees 2.3.2 Consumer Referee panels for CRGs 2.3.3 Archie tagging of reviews with consumer involvement.	2.3.1 Moderate Priority. This process will be led by Anne Lyddiatt. 2.3.2 Low Priority 2.3.3 Low Priority

Workstream 3: Supporting consumer involvement

Objective/planned activity	Planned output	Timeline and comments
3.1 Information Dissemination	3.1.1 CCNet website 3.1.2 CCNet Facebook 3.1.3 CCNet Twitter 3.1.4 Quarterly Newsletters 3.1.5 CCNet Mailing list	Moderate Priority. Ongoing activity led by Catherine McIlwain. Newsletters posted at consumers.cochrane.org
3.2 Community Building	3.2.1 Consumer Blog 3.2.2 Call-in Forums 3.2.3 Discussion Forums	Moderate Priority. Ongoing activity led by Catherine McIlwain.
3.3 Consumers' Executive	3.3.1 Executive Work plan 3.3.2 Monthly meetings 3.3.3 Annual Elections 3.3.4 Administration 3.3.5 Special Projects - Checklists - Strategies for non-English consumers	High Priority. Ongoing activity co-ordinated by Catherine McIlwain with input from the Consumers Executive. 3.3.5 The creation of new checklists was led by Gill Gyte. Strategies for non-English consumers was led by Silvana Simi.
3.4 CRG Support	3.4.1 Guidelines paper 3.4.2 Special Projects	Moderate Priority. Ongoing activity led by Catherine McIlwain.

Workstream 4: Attracting new consumers

Objective/planned activity	Planned output	Timeline and comments
4.1 Induction process for consumers	4.1.1 Involving new consumers 4.1.2 Point of entrance for new consumers	Low Priority. Development is complete and implementation is ongoing
4.2 Getting Involved Project		Moderate Priority. Time commitments will be reassessed in the next reporting period.
4.3 Internal Partnership	4.3.1 Translations Working Group 4.3.2 Anniversary Working Group	4.3.1 Low Priority. 4.3.2 High Priority. Activities

		for the Anniversary Working Group are expected to increase the time commitment in the next reporting period.
4.4 External Partnership	4.4.1 Partnership Plan 4.4.2 Model of Partnership 4.4.3 Targeted organizations	4.4.1 and 4.4.2 Low Priority. 4.4.3 Moderate Priority.

Workstream 5: Measuring Impact

Objective/planned activity	Planned output	Timeline and comments
5.1 MaRC	5.1.1 Financial Reports 5.1.2 Monitoring Forms 5.2.3 CRG involvement with consumers	5.1.1 High Priority 5.1.2 Low Priority 5.1.3 Moderate Priority. This task is led by Catherine McIlwain with input from the Consumers Executive.
5.2 Monitoring Plan	5.2.1 Key Indicators 5.2.2 Tracking Tools	5.2.1 Moderate Priority 5.2.2 Moderate Priority This task will be led by Catherine McIlwain with input from the Consumers Executive.
5.3 Reporting Schedule	5.3.1 Mid-year meeting 5.3.2 Annual Colloquia	5.3.1 Low Priority. 5.3.2 High Priority. This task will be led by Catherine McIlwain with input from the Consumers Executive.

Workstream 6: External Funding

Objective/planned activity	Planned output	Timeline and comments
6.1 ECRAN	6.1.1 Inventory of resources about clinical trials 6.1.2 Tool to assess resources 6.1.3 Multilingual website for consumers 6.1.4 Film for consumers 6.1.5 Month 6 reports	High Priority. Implementation is ongoing and is led by Catherine McIlwain and Gill Gyte.
6.2 Funding proposals	6.2.1 Consumer involvement in externally funded grants.	Low Priority.

4. FUNDING AND/OR POLICY DECISION REQUESTS

The Consumers' Executive has submitted a proposal to improve access to discussions in the CCSG through the use of translators. A paper has been submitted to Mark Wilson for inclusion on the CCSG agenda. You can read the draft in the annex to this report.

5. ANNEXES TO THIS REPORT

Strategies for supporting and strengthening non-English-language speakers' participation in The Cochrane Collaboration (CC): see separate item on the agenda for the CCSG meeting in March 2013.

Fields' Executive report to the Steering Group

1. PRELIMINARY INFORMATION

- **Entity Executive:** Fields' Executive
- **Meeting:** Mid-year meeting, Oxford, March 2013
- **Report period:** September 2012-March 2013
- **Members of the Executive for this period:**
    - Denise Thomson (Chair and CCSG representative), Child Health Field
    - Catherine Gallagher, Justice Health Field
    - Kathy Mahan, Neurological Field
    - Alan Pearson, Nursing Care Field
    - Susan Wieland (Monitoring and Registration Committee representative), Complementary Medicine Field
- **Report prepared by:** Denise Thomson
- **Access:** Open
- **Purpose of report:**
    - Scheduled update
    - Low urgency

2. WORKPLAN UPDATE

i) For this reporting period:

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
Meetings			
Fields Executive meeting at the Auckland Colloquium	Planning and goal-setting for the upcoming period	September 2012	None
Regular teleconferences	Ongoing communication and planning	Ongoing	None
Training and mentoring procedures for Field entity staff			
Ongoing communication and support for the Prehospital and Emergency Care Field re: Collaboration standards and processes.	Email and phone communication. Teleconference scheduled for April 2013.	Ongoing	None
Ongoing communication and support for the Developing Countries Field	Ongoing communication and support.	Ended March 2013	None
General Fields work			
Developed a website for	Fields website (www.fieldsexec.	February 2013	None (staff time contributed in-

Cochrane Fields	cochrane.org)		kind from the Child Health Field).
Cochrane Collaboration projects, working groups and committees			
Participation in the planning for the 2013 celebrations of the 20th anniversary of The Cochrane Collaboration.	Field perspective represented in planning; news about, and plans for, related activities are disseminated to Fields' stakeholder groups.	Ongoing	None
Participation in the working group developing a policy on access to trial data	Field perspective represented in developing the Collaboration's policy in this important area	Ongoing	None
Membership on the following: WHO Partnership Committee (Denise Thomson); Archie Development Advisory Committee (Susan Wieland): Colloquium Policy Advisory Committee (Kathy Mahan); Training Working Group (Susan Wieland)	Contributing Field perspective.	Ongoing	None

ii) Full breakdown of expenditure:

Activity	Amount allocated
Attendance at the Paris meetings; share of catering for Paris meetings; expenses to date for Oxford	9,744.22 GBP

iii) Meetings, teleconferences and other communication:

Face to face meetings – September 2012, Auckland

Teleconferences – February 2012

iv) Descriptive summary:

What were the priorities for your executive and respective constituency during this reporting period? What were your main activities? What were your challenges and achievements? Are there any important updates that the Steering Group should be aware of?

At the Paris meeting in April 2012 the Fields' Executive set the priority for the upcoming year to be supporting and mentoring potential or existing Fields. This work was carried out during this period as follows:

1. We worked with Dr Mario Tristan of the Developing Countries Field. In particular, our MaRC representative, Susan Wieland, maintained contact with Dr Tristan in an effort to advise him on carrying out Field core functions.

2. Denise Thomson and Susan Wieland had an informal meeting with Drs. Bruce Arroll and Tim Kenealy of the Primary Health Care Field in Auckland in October 2013, to discuss the Field's functioning and how the Fields' Executive can best support its activities. All sides felt this was a productive and useful conversation.

3. Following on the success of the meeting with the Primary Health Care Field, we have scheduled similar conversations with the Directors and staff of the Health Care of Older Persons Field and the Justice Health Field, in March and May 2013, respectively.

4. We established a website for Fields Directors and staff (www.fieldsexec.cochrane.org). This website will be maintained and stocked with resources on an ongoing basis.

3. OBJECTIVE PLANNING

i) For the next reporting period and beyond:

Objective/activity	Planned output	Timeline and comments
Training and mentoring procedures for Field entity staff		
Continued work on training and mentoring materials for Fields staff.	Mentoring program in place; training materials finalised.	We have developed materials and have plans in place for support and mentoring for all Fields.
We are leveraging opportunities provided by travel of Fields Executive members to meet in person with the Health Care of Older People Field (March 2013) and the Justice Health Field (May 2013).	Training, mentoring, support.	Ongoing – we hope to continue doing this as opportunities arise.
Meetings		
Fields meeting and Fields Executive meetings, Quebec City Colloquium	Ongoing planning and communication.	September 2013
To hold frequent teleconferences to carry out	Ongoing planning and	Ongoing

the work of the Executive.	communication.	
Fields Executive meeting, March 2013	Ongoing planning and communication.	March 2013
Cochrane Collaboration projects, working groups and committees		
Ongoing participation as detailed above.	Contribution of Field perspective	Ongoing

4. FUNDING AND/OR POLICY DECISION REQUESTS

Are members of your entity submitting any proposals to the Steering Group for decision at its next meeting? If so, how do these fit with the wider goals of your entity?

None of which we are aware.

5. ANNEXES TO THIS REPORT

None.

Managing Editors' Executive (MEs' Exec) report to the Steering Group

Prepared by Sally Bell-Syer and Anupa Shah: 1 March 2013

Purpose of paper

This paper briefly outlines the activities undertaken by the MEs' Executive during the period October 2012 to March 2013.

Access

Open.

Background

The purpose of the MEs' Executive is to be a conduit for communication and information flow to and from MEs to the Cochrane Collaboration Steering Group (CCSG) and the Editor in Chief (EiC).

Members of the MEs' Executive: Sally Bell-Syer (Co-convenor and ME CCSG representative), Chris Champion, Jane Cracknell, Karin Dearness, Liz Dooley, Sue Marcus, Anupa Shah (Co-convenor), Emma Welsh.

Meetings of the MEs' Executive

- · Face-to-face meetings in Auckland 1st and 3rd October 2012.
- · Teleconferences on 4th December 2012 and 11th February 2013.

The minutes of the meetings have been shared with the TSCs' and Co-Eds' Executives and have been shared with MEs.

Expenditure

We have been allocated an annual budget of £10,000 and have agreed with the Co-Chairs of the SG that funds not spent in the previous financial period can be rolled over. We are within our budgeted spend for this period but the expenses for the Oxford meeting in March 2013 have not yet been submitted. When these monies have been reconciled we will consider if we are able to offer any financial assistance for any members of the Executive who do not have the funding to attend the annual Colloquium meetings.

Activities of the MEs' Executive during the reporting period

We continue to ensure that MEs are represented on Collaboration committees relevant to the role of the ME, providing support if needed.

Karin agreed to represent the MEs' Executive on the Workshop Committee for the Quebec Colloquium.

Emma agreed to represent MEs at the MECIR meeting concerning review updates.

Liz has become the Co-convenor of ADAC with Chris.

Liz's first term on the MEs' Executive was up in February 2013, Liz indicated her wish to continue for a second term and in accordance with the remit of the Executive this was agreed by the Chair. We are grateful to Liz for her continued commitment.

Six members attended the Colloquium in Auckland, October 2012.

We have actively participated on the MEs' Discussion Forum and responded to queries and requests for information where appropriate.

Sally continues to act as the day to day line manager for the role of Executives Support Officer (ESO) on behalf of the CRG Executives and undertook a six month review of the role and its present incumbent, Vicki Pennick. This was done in collaboration with all CRG Executive convenors. Feedback from Vicki along with the Exec review was discussed at a meeting of the CRG Executive convenors in Auckland. Post Colloquium Sally gave Vicki the views of the convenors on the progression of the role to date which was positive and supportive. It was agreed the position was valuable and should continue subject to funding being made available.

We have worked with the ESO to harmonise the MEs mailing list and the ME Forum membership.

We are continuing to work on the ME Portal for Cochrane.org.

Sally participated in the recruitment of the Copy Edit Support (CES) Manager which included shortlisting, preparing interview questions and attending the interviews along with representatives of the CEU and Wiley. The outcome was the successful recruitment of a new CES Manager.

The Executive have established a good working relationship with the new ME Support team and Harriet Maclehose as ME Support Manager. We have maintained regular contact as the team has become established and will continue to communicate on a regular basis.

We have provided support to the organisers of the ME meeting at the UKCC meeting in March 2013.

We prepared the following documents:

- Discussion document on Non Financial Conflicts of Interest which was discussed at a MEs' Executive teleconference and has been forwarded to David Tovey at the CEU for comment.
- Descriptor of the MEs mailing list to be updated on Cochrane.org.
- Automating membership of the mailing lists which is under consideration by the IMS team.
- Publish when ready proposals.
- Budget plan for continuation of the ESO role.

We commented on the following documents on behalf of MEs:

- ME Support workplan
- ME training needs survey
- Abstracts for ME related workshops to be submitted to the early call for workshops at the Quebec Colloquium.
- Monitoring and Registration Form.
- CRG core functions.
- Welcome letter to new MEs sent on behalf of the Collaboration.
- Through the MEs' Executive representative on MaRC we have commented on the appointments of new MEs.
- Sent feedback to the ERC on the updated documents.
- Agenda for the joint Executives meeting in Oxford.

We are planning two face-to-face meetings of the MEs' Executive in Oxford.

Author Forum report to the Steering Group

1. PRELIMINARY INFORMATION

- **Meeting:** Oxford Mid-year meeting, March 2013
- **Report period:** April 2011-September 2011
- **Members of the Executive for this period:**
  - o Lorne Becker
  - o Amanda Burls
  - o Agustin Ciapponi
  - o Zbys Fedorowicz
  - o Clare Glenton
  - o Donna Gillies (Chair)
  - o Terry Klassen
  - o Tracey Perez Koehlmoos
  - o Malinee Laopaiboon
  - o Harriet MacLehose
  - o Joseph Mathew
  - o Mona Nasser (Chair)
  - o Karen New
  - o Hans van der Wouden
  - o Karla Soares Weiser
  - o David Tovey (Chair)
  - o Katrina Williams
  - o Taryn Young
- **Report prepared by:** Mona Nasser with feedback from members of the Author Forum
- **Report prepared on:** 14 February 2013
- **Purpose of report:**
  - · Scheduled update

2. WORKPLAN UPDATE

The purpose of the Author Forum is to facilitate communication and productive linkages between Authors, the Cochrane Collaboration Steering Group, the Office of the Editor in Chief, Cochrane Executives, subgroups and working groups, with a view to achieving the mission of The Cochrane Collaboration.

i) Terms of Reference:

•To identify collective Author concerns and issues and bring them forward to the appropriate parties.

•To identify priorities for improving the authorship process.

•To bring the expertise of experienced Authors into the strategic thinking of The Cochrane Collaboration and to influence the development of *The Cochrane Library.*

•To oversee, engage with and participate in, working groups that can operationalise these priorities.

•To identify key linkages within The Cochrane Collaboration, including methodologists and CRG staff.

•To provide a vehicle to communicate the perspective of Authors to the Steering Group Author Representative, the Office of the Editor in Chief, Cochrane Executives, Cochrane infrastructure support systems and other working groups.

•To provide advice and support to the CCSG Author representative and Editor in Chief.

•To represent Authors and actively participate in CCSG subgroups and other working groups where appropriate.

•To assist in filling of Author positions within subgroups and working parties.

•To help develop and maintain communication pathways with Authors.

iii) What we have achieved up to now:

To bring the expertise of experienced Authors into the strategic thinking of The Cochrane Collaboration and to influence the development of The Cochrane Library:

The Forum provided the Training Working Group, the Web Team and the Workshop Committee of the Colloquium with advice with regard to Authors' perspectives in their projects.

To identify collective Author concerns and issues and bring them forward to the appropriate parties.

We are continuously discussing important issues around Author involvement in The Cochrane Collaboration. The discussions started with the recommendations from the previous Author survey and the major topics that we had identified were as follow:

1) Strategies to improve the communication between Authors and The Cochrane Collaboration and reducing the barriers to engagement (both for new Authors and experienced Authors):

It has been recognized that this issue has multiple perspectives and cannot be addressed by one simple strategy. Moreover, it is important that new processes wouldn't unnecessary increase workload or cause anxiety and tension between groups. One of the strategies that we are currently focusing on is technological strategies to improve communication and engagement with Authors. This was also based on the increasing investment of the Collaboration in a number of similar projects. We are working and participating in the work of the Web Team to identify the best web-based strategies to improve engagement with the Authors; this includes an Author-centred portal (http://authors.cochrane.org). In our collaboration with the Web Team, we recognized that several projects identified by the Web Team address some of the recommendations of the Author survey.

2) Authorship on Updates:

The lack of clear policies around authorship has been raised by several members of the Forum. A working group along with members of the Cochrane Editorial Unit is currently working on a suggested draft on authorship of updates.

3) Non-English speakers:

The difficulties of non-English Authors to keep up with the complex language of the methodological documents has been raised and communicated with the Methods Group Co-ordinator.

4) Mentorship in the Collaboration:

The mentorship program has been part of the training program of different Cochrane entities or research groups working within The Cochrane Collaboration. Despite the known success of some of these initiatives like the HIV/AIDS mentoring program, there was not a systematic approach across the Collaboration to collect information on this mentorship program delivered by different Cochrane entities and to develop a strategic approach to it. We established a mentorship working group including different members of the Collaboration to plan the best approach to address this issue. The planned approach is a survey with all Authors in the Collaboration along with interviews of a sample of them. It became the clear that the project requires further administrative support to go forward.

ii) Costs and Expenditure:

The Author Forum currently doesn't receive any direct funding from The Cochrane Collaboration. The Editorial Unit has kindly agreed to provide the Forum with the possibility for teleconferences during the year and support from their staff. In addition to this, the Web Team recognized the importance of using technology to improve Author experiences in engaging with Authors; Caroline Mavergames is supporting us in this regard.

iii) Meetings, teleconferences and other communication:

Face to face meetings – None

Teleconferences –– 11 Oct 2011, 9 August 2012, 26 Nov 2012, 1 March 2012, 14 Feb 2013.

We are currently discussing with the Web Team to make the minutes of all the teleconferences available online. We hope they will be available before the mid-year meetings.

3. FUNDING AND/OR POLICY DECISION REQUESTS

The Author Forum has been established with the valuable support of the Editor in Chief and his staff. It would be preferable for the long-term sustainability of the Author Forum that there would be a certain number of teleconferences along with administration support allocated to the Author Forum. We also request that administrative support for the Author Forum would be considered as part of the future plans of the newly appointed CEO to develop a supportive operative structure for the Collaboration. The administration support would include preparing and sending a newsletter to the Author list on the most important Author-relevant topics (as identified by the Author Forum), preparing and maintaining the content of the Author website (http://author.cochrane.org), conducting Author surveys at regular intervals e.g. every three years to identify challenges and concerns that Authors face and finally supporting the Forum with important identified projects e.g. mentorship survey. In order to encourage increased involvement of Author representatives from non-English background, copy editing support in preparing documentation and reports would be appreciated.

Co-ordinating Editors' report

Verbal report.

Trials' Search Co-ordinators' report

Verbal report.

Methods Executive report

See Appendix to the Editor in Chief's report.