EDITOR IN CHIEF REPORT TO CCSG

Document prepared by: David Tovey and Harriet MacLehose

Submitted to Steering Group: 8 September 2009

TABLE OF CONTENTS

1. PURPOSE

To inform The Cochrane Collaboration's Steering Group (CCSG) about progress to date against objectives and action plans presented to the 2009 mid-year meeting in Copenhagen; and to present the business case and proposals for the Cochrane Response service.

2. URGENCY

High.

3. ACCESS

This is an "open access" paper.

4. BACKGROUND

At the mid-year meeting in Copenhagen I presented my first report to the CCSG identifying key objectives and proposing an action plan. Since that time I have been fortunate to appoint a small team, based in London. The members of the team are:

Harriet MacLehose, Senior Editor
Toby Lasserson, Scientific Editor, part time, on secondment from the Cochrane Airways Group
Giovanna Ceroni, Business Manager
Hilary Wilson, part-time PA

This document aims to describe progress on our objectives to date. It does not include the supportive role in relation to Cochrane Review Groups (CRGs) that has become an important element of our collective role. This has included advice, problem-solving and facilitating decision-making. Examples of this have been our role, in concert with other stakeholders, in finding a resolution to the difficulties faced by the Sexually Transmitted Diseases (STD) Group (including aiding a smooth transition during the deregistration process, finding solutions for the ongoing editorial management of active STD reviews and protocols, and exploring long-term options for the STD Group) and our work with the Publication Arbiters.

In my previous report I stated that I would "ensure that my office plays its part in supporting the Collaboration in achieving its strategic aims, outlined within the Strategic Review". Table 1 indentifies those recommendations for which the Editor in Chief has been designated as holding/sharing lead responsibility.

Table 1. Recommendations for which the Editor in Chief has been designated as holding/sharing lead responsibility

No.	Recommendation	CCSG lead(s)	Working lead (if different)	Team members	Linkages and dependencies to other groups
2b (5)	Improve the usability of *The Cochrane Library* and other products for diverse stakeholders	David, Hans, Ruth	—	Cochrane Editorial Unit	Co-ordinating Editors, Information Management System (IMS), Wiley-Blackwell web team, Managing Editors, Nordic Centre (Oslo)
3b (10)	Investigate the development of a broad-based educational programme ("Cochrane Education")	David	—	Cochrane Editorial Unit	Co-ordinating Editors, Wiley-Blackwell, Canadian Cochrane Centre, Italian Cochrane Centre
3c (11)	Investigate the development of a responsive review programme ("Cochrane Response")	David	—	Cochrane Editorial Unit	Co-ordinating Editors

1c (3)	Identify principles for developing new products or lines of activity	David	—	Co-ordinating Editors, Cochrane Editorial Unit	—
4a (14)	Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership	CCC (Lorne, Jonathan, Nick, David)	—	—	—

5. Development areas (as identified in the Editor in Chief's mid-year Report)

5.1. Increasing the frequency of publication

Proposal

I proposed that *The Cochrane Library* (particularly the *Cochrane Database of Systematic Reviews*) should move as early as possible to a "publish when ready" model.

Progress report

Following the web development summit in June in London, increasing the frequency of publication was identified as one of the four key projects taking forward improvements to the delivery of content in *The Cochrane Library*. There are two phases to this project: the first is to resolve the technical production issues associated with the change in publication frequency; and the second includes working with Cochrane Review Group editorial teams to manage the roll-out and transition to the increased publication frequency.

In the first phase, the key stakeholders, in particular the Information Management System (IMS) team and the production teams at Wiley-Blackwell are in discussion about the technical implementation of this proposal. A change to more frequent publication will involve substantive changes to the collection and processing of data, particularly moving from publishing "all data" to "changed data only". (At present, both new reviews and existing reviews are reprocessed and republished in each issue. Moving to "changed data only" will mean that only new reviews or reviews that have been modified will be processed and published.) It is currently unclear whether it will be necessary to move to a "monthly" publication cycle, as a phased approach towards publication "when ready".

Once the feasibility of the change in production processes has been established, we will work with Cochrane Review Group editorial teams and other stakeholders to support the transition in publishing frequency. A change in publication frequency will impact on the editorial teams, authors, and end users, amongst others, and we will work closely with the key stakeholders to plan for and implement this change.

5.2. Quality assurance and development

Proposal

As part of this initiative I planned to undertake a programme of work to include the following:

- Develop consensus around standards for editorial sign-off processes amongst relevant stakeholders and entities. These will include, but are not limited to, the Co-ordinating Editors, Co-ordinating Editors' Executive, Co-ordinating Editors Methods Working Group and the Editorial Management Advisory Group (EMAG).
- Audit Cochrane Review Group processes against these standards.
- Identify learning points and performance against the standards.
- Feed back to stakeholders and plan further actions.
- Develop a consensus around review standards and audit performance against these.

PROGRESS REPORT

In June we circulated two documents to all Cochrane Review Groups: firstly, a document describing essential and desirable standards for editorial processes; and secondly, a detailed self audit of Cochrane Review Group processes in relation to title registration, the editorial support and management of protocols and reviews, managing feedback, and updating reviews. The standards document was initially drafted by a small group of Co-ordinating Editors, and was then modified following consultation with the Co-Eds Executive, and a group of Managing Editors and other stake-holders. It is work in progress, and I expect to revisit this in the medium term, but it formed the basis for the self audit.

The self audit was completed by 48/52 Cochrane Review Groups. We are analysing the data and will present the full report during the Singapore Colloquium at the joint meeting of the Co-ordinating Editors, Managing Editors and Trial Search Co-ordinators. We will: present an overview of the current practices of Cochrane Review Group editorial teams; highlight variation in practice; and, where possible, link the responses to the standards document and highlight areas for consensus in best practice. This should enable us, in collaboration with the Cochrane Review Group editorial teams, to prepare an action plan to implement agreed changes.

5.3. UPDATING

PROPOSAL

In my previous report I identified updating of systematic reviews in the *CDSR* as a high priority.

PROGRESS REPORT

There has been limited progress on this objective, which remains a very high priority. We have identified a small group based on the Updating Working Group members and others who have expressed interest in the subject, and we are in the process of developing a proposal for funding to support activities aimed at addressing the substantial challenges the Collaboration faces in keeping the systematic reviews within *CDSR* up to date.

We are also working on proposals relating to the continuity of publication records and the relationship to updating and the "withdrawn" label/category for reviews, and will work with the Publishing Policy Group to take this forward.

5.4. WEB PRESENTATION

PROPOSAL

In my previous report I signalled our intention to work with other stakeholders, including the Cochrane.org web team (based in Freiburg), Wiley-Blackwell, the Publishing Policy Group and others to scope out and describe a programme of work to ensure that the presentation of content to users is improved to match standards for contemporary websites. We anticipated that this would require a phased programme of projects, but that it should be conducted with urgency, and completed within 12 to 24 months. We were committed to ensuring that there would be multiple opportunities for all stakeholders including the CCSG to influence the outcome of this programme.

PROGRESS REPORT

Following an initial meeting in Copenhagen that included representatives of the IMS team (Monica Kjelström), Cochrane.org web team (Chris Mavergames), and Wiley-Blackwell (Deborah Pentesco-Gilbert), we agreed, planned and organised a web strategy summit in London in June.

The outcomes of the meeting included a commitment to ensure that the three teams responsible for digital production would work more effectively together, to reduce duplication of effort and optimise the user experience across all content. We agreed the key functions of the various websites:

> **Archie**: restricted site aimed at members of the Collaboration providing an intranet-type service.
>
> **Cochrane.org**: unrestricted site aimed predominantly at members of the Collaboration and people who would like to learn about Cochrane
>
> **The Cochrane Library**: partially restricted site aimed at users of *The Cochrane Library.*

As a result of the meeting, we created four projects aimed at improving elements of the Cochrane web presence:

1. increasing publication frequency (see above);
2. improving search and browse;
3. improving the look and feel, navigation and organisation of content; and
4. improving interactivity and Web 2.0 features on the sites.

We have begun work on identifying the essential requirements for these projects, focusing initially on increasing publication frequency, improving browse function, and improving look and feel, navigation and organisation of content. We have agreed leadership of the projects, identified stakeholders and are working to deliver changes to improve the user experience of the Cochrane websites within the next 12 months.

5.5. PRODUCT DEVELOPMENT AND STRATEGIC PARTNERSHIPS

The mid-year report described the following Strategic Review recommendations included under this heading.

Recommendation no.	Timescale	Description
3	6 months	Identify principles for developing new products or lines of activity
4	12	Invest in a new product or line of activity of active development function
6	24	Investigate the development of a responsive review function
11	24	Develop a partnership strategy to engage other systematic review producers and knowledge packagers

At the mid-year meeting in Copenhagen, I proposed that a framework be developed to describe, develop and evaluate proposals for developing new products and product enhancements. We have now developed a two-phase process that aims: firstly, to identify and scope promising ideas; and secondly, to describe these more fully, and consider the content development, and financial and technology requirements of implementation. The document has been amended following feedback and used to develop the Cochrane Response proposal, and we welcome further suggestions for improving it.

In practice this activity has divided into distinct areas: Cochrane Response; Cochrane Education; decision support; and "Cochrane pico".

5.5.1. COCHRANE RESPONSE

BACKGROUND

The Strategic Review of The Cochrane Collaboration recommended that we should "investigate the development of a responsive review programme (Cochrane Response)". This was in part an attempt to respond to the external perception that the Collaboration was at times insufficiently responsive to customers, but also developed from the realisation that as a global organisation, the Collaboration was well placed to benefit from the presence of people in different time zones to provide "24-hour availability".

Therefore the brief was to explore whether The Cochrane Collaboration should invest in producing a service to ensure that we could respond to existing and potential customers by creating commissioned reviews on request.

PROPOSALS AND DISCUSSION

We have explored options and approaches to developing a responsive review service by consulting potential commissioners and entity leaders. In addition, and coincidentally, the Cochrane Editorial Unit has experience of two commissions offered to the Collaboration, at the instigation of the Director of the UK Cochrane Centre. These commissions, which were accepted, were useful in identifying some of the available opportunities and challenges.

The business case document (see Appendix 1) describes the development of our thinking, and our rationale for the chosen approach. The proposal is that over the next 12 months we set up, promote, and pilot "Cochrane Response". Cochrane Response will be co-ordinated by the Cochrane Editorial Unit to enable a central and single point of contact for queries about commissions.

We will develop a formal process for gathering information about proposed commissions, evaluating proposed commissions (including a risk assessment), and making formal decisions; see the framework outlined in Appendix 1. This process will involve the commissioners, relevant Cochrane Review Groups, potential authors and the Cochrane Editorial Unit. This will allow us to prepare and agree a memorandum of understanding between the stakeholders before we accept any "commission". The memorandum will outline the requirements, roles and responsibilities, timelines, risk assessment, and funding (including overall costing and allocation of funds to the involved parties).

SUMMARY OF RECOMMENDATIONS

- To set up, promote, and pilot "Cochrane Response", a responsive review process, over the next 12 months, and that the resource needs (including budget and personnel for the Cochrane Editorial Unit) for this be re-assessed after 12 months, or earlier, if there is heavy demand for this service.
- The Cochrane Editorial Unit co-ordinates "Cochrane Response" and is responsible for the promotion and management of this service. This will involve project management and liaison with Cochrane Review Groups and commissioners as appropriate.
- To develop a formal process for gathering information about proposed commissions, evaluating proposed commissions (including a risk assessment), and making formal decisions. A key component is to involve the relevant Cochrane Review Group(s) in the discussions about proposed commissions from the outset and to have approval from the Co-ordinating Editor(s) of the relevant Cochrane Review Group(s) before accepting commissions.

RESOURCE IMPLICATIONS

Nil additional: At present we envisage that we can accommodate the anticipated costs (described below) within the Cochrane Editorial Unit budget for 2009 to 2010, and 2010 to 2011, although we have previously committed to re-visiting our budgetary requirements for 2010 to 2011 towards the end of this financial year. We propose that this is re-assessed after 12 months.

For the Cochrane Editorial Unit, we anticipate costs to be associated with: editorial and project management (although we do not propose any increase in head count at present); a need for additional methodology and information specialist support (depending on commission); tender surveillance (ie subscription to tender websites); and software (eg enhanced use of proven project management software). For the Cochrane Review Groups, we anticipate the need for extra funding to facilitate the editorial development and review of commissioned reviews, which will be in addition to standard workload. For the review authors, we anticipate extra funding to prepare the reviews. The anticipated costs for each partner will vary between commissions, and these should form part of the costs for the service, or be taken into consideration in making the decision to accept or decline a potential commission.

IMPACT STATEMENT

This will be evaluated, but the requirement that this is considered *a priori* for any commissioned review should limit any risks.

DECISION REQUIRED

Does the CCSG agree to the recommendations? What changes or review if any would the CCSG like to see before any further consideration?

5.5.2. Cochrane Education

We have contributed to discussions around two potential Cochrane Education products, “Dr Cochrane” and Cochrane Journal Club.

For “Dr Cochrane”, we have held discussions with Lorenzo Moja and Alessandro Liberati (Italian Cochrane Centre), Mary Ellen Schaafsma (Canadian Cochrane Centre), and Deborah Pentesco-Gilbert and Bryony Urquhart (Wiley-Blackwell). We have explored the potential for further development of the “Dr Cochrane” model, adaptation for use in local areas, its potential as a way for clinicians to earn Continuing Medical Education credits, and its possible introduction in Canada and elsewhere.

For the Cochrane Journal Club, Bryony Urquhart has proposed a model to provide researchers, for example, with materials relating to a Cochrane Review to present at a “Journal Club” meeting. The materials would focus on reviews of special interest, such as a review that has changed practice or one that employs a new statistical method. The Cochrane Journal Club model would provide users with relevant background information, the abstract, key questions to explore, as well as PowerPoint slides to present.

Both of these proposals are at a fairly early stage of development; however, they potentially can be highly effective at promoting user engagement with *The Cochrane Library*.

5.5.3. Decision Support

We are involved in discussions between The Cochrane Collaboration, Duodecim and Infermed about the use of Cochrane content within decision support tools, or integrating such content within clinical systems. These discussions are at an early stage, although Duodecim have made rapid progress in developing their tool, having demonstrated their proposals at the Freiburg Colloquium.

5.5.4. Cochrane pico

Wiley-Blackwell has developed proposals aimed to further develop and improve the use of their “evidence” products: *The Cochrane Library*; Essential Evidence Plus; and EBM Guidelines. Deborah Pentesco-Gilbert has proposed the development of “Cochrane Clinical”, which will bring these products together in a novel way to create layers of information and enhance user experience, and create a novel Cochrane based “point of care” resource. For example, the entry point for users could be an “e-textbook”, supported by Cochrane evidence (in the form of “Cochrane pico”), with further links to the full Cochrane Reviews. Also, “Cochrane pico” could potentially be the offering to be integrated within decision support applications (see above).

“Cochrane pico” is an innovative approach to presenting Cochrane Reviews. The *BMJ* “pico” model has proven to be a popular format and one that has been used successfully for systematic reviews. The Cochrane Editorial Unit will develop prototypes of “Cochrane pico”. One difference from the *BMJ* model is that “Cochrane pico” will address a clinical question that may draw on the results of one or more Cochrane Reviews, and in some cases reviews identified by the *Database of Abstracts of Reviews of Effectiveness* (*DARE*). In addition to its use in the “layers” of information proposed for the electronic point of care product, the “Cochrane picos” could also be available in a database format and potentially be commercialised to other knowledge producers and guidelines groups.

We are at a very early stage of evaluating this idea, but will have developed more concrete proposals, working closely with Deborah Pentesco-Gilbert and her team, by the time of the CCSG meeting where Deborah will present proposals about “Cochrane Clinical”. At this stage we do not anticipate any short-term funding requirement from The Cochrane Collaboration, above that previously agreed for the Cochrane Editorial Unit, pending development of a prototype, which will be funded by Wiley-Blackwell.

5.6 Feedback

Proposal

My previous report described some challenges in relation to the management of feedback to *The Cochrane Library*.

PROGRESS REPORT

I have held discussions with John Carlisle, Convenor of the Feedback Management Advisory Group, and Deborah Pentesco-Gilbert about improving the speed with which feedback is posted, and responded to. This is a high priority for delivering improvements within the next 12 months and will be linked into the development of the new website for *The Cochrane Library*.

5.7 BUILDING PROCESS EFFICIENCIES

PROPOSAL

In the previous report I committed to work with colleagues to explore whether some centralisation of tasks within The Cochrane Collaboration could create some efficiencies and release individuals to extend their role into areas that are currently under-developed.

Also, in the longer term we intended to explore a more detailed process review, looking to identify possible process efficiencies that do not threaten the quality of our products.

PROGRESS REPORT

Apart from some early conversations, I have not had an opportunity to develop this proposal as yet. There are considerable opportunities for The Cochrane Collaboration and a general agreement that efficiencies are desirable, but there are also considerable challenges to be overcome. A process review would provide an opportunity to revisit core functions and structure, and encourage the identification of means to improve the efficiency of review production.

5.8 GOVERNANCE

PROPOSAL

The Strategic Review underlined the importance of ensuring that the leadership functions within The Cochrane Collaboration are clear and explicit as described in the following recommendation.

No.	Recommendation	CCSG lead(s)
4a (14)	Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership	CCC (Lorne, Jonathan, Nick, David)

PROGRESS REPORT

Following the mid-year meeting in Copenhagen, I drafted a document that aimed to describe the essential governance and decision-making principles for the Editor in Chief and Cochrane Editorial Unit. Feedback on this document, in conjunction with subsequent experience, has demonstrated that the document needs to be developed further to reflect the values of The Cochrane Collaboration and its structure.

The values of The Cochrane Collaboration place high importance on maintaining a collective and inclusive approach. Feedback to my earlier document argued that in concentrating on dispute resolution, I provided an incomplete and unrepresentative picture. This observation is strongly supported by my experiences working alongside entities and CRGs to find solutions to collective challenges.

Secondly, many of the functions that potentially come under the remit of the Editor in Chief are currently or historically the responsibility of one or more entities. These include entities and functions described within Table 2.

Table 2. Entities with functions that potentially come under the Editor in Chief's remit

Role within the Collaboration	Entities with an important role currently
Leadership and external relationship management	CCSG Co-Chairs; Centre Directors; Co-ordinating Editors
Governance of entities	CCSG; Monitoring and Registration Group; Oversight Committee (when formed)
Quality management	CCSG; Monitoring and Registration Group; Co-ordinating Editors, Managing Editors, Trial Search Co-ordinators, and their Executives; Handbook Advisory Group; Methods Groups; Feedback Management Group; Publication Arbiters; Centre Directors; Networks; Fields; Information Management System Group; Publishing Policy Group; Funding Arbiter; Ombudsman
Product development	Publishing Policy Group; Wiley-Blackwell; Co-ordinating Editors, Managing Editors, Trial Search Co-ordinators, and their Executives; Methods Groups; Networks; Fields
Training and education	Training Working Group; Information Management System Group; Cochrane Review Groups; Centres; Networks; and Fields

Acknowledging that most work involves close co-operation, communication and interdependent working, there does need to be better clarity regarding decision-making functions and authority when these fail to resolve problems.

I intend to continue to work on a governance document that better reflects the role of the Editor in Chief within The Cochrane Collaboration, and to present a further draft of this to entities during the Colloquium.

5.9. Develop a communication strategy for the Editor in Chief's office

The Cochrane Editorial Unit team has been developing a communication strategy to identify key stakeholders, methods of communication, and content to communicate. While this is still under way, we have made good progress to date. To some extent this overlaps with the issues raised in the above section in relation to governance and decision-making. Our plans include the following:

- creating a presence in *The Cochrane Library* (module to be published in Issue 4, 2009);
- developing a website (to go live before the Singapore Colloquium); and
- ensuring a visible presence at the Singapore Colloquium, through both attending meetings (in consultation with meeting convenors) and organizing a stand to meet attendees.

As part of this we have been working on internal branding to roll out across our web presence and documentation. We will be finalising and implementing our communication strategy during the next three months.

6. Review of timescale for changes/outcomes

First 6 months:

- Consensus on minimum "sign off" for new and updated reviews. **ACHIEVED**
- Prepare a requirements document for a web development programme, consult with stakeholders, demonstrate options, and prepare costed option appraisal. If possible some urgent changes will be prioritised for delivery within six to eight months, such as the display of updated reviews. **PARTIALLY ACHIEVED – WORK IN PROGRESS**
- Prepare a strategic document to identify principles for developing new products or lines of activity. **ACHIEVED**
- Develop a communication strategy for the Editor in Chief's office. **WORK IN PROGRESS**

First 12 months:

- Complete move to "publish when ready" for systematic reviews. **WORK IN PROGRESS**
- Initiate audit of new systematic reviews against agreed standards. **POSTPONED PENDING COMPLETION OF STANDARD-SETTING PROCESS**
- Introduce agreed self audit by Cochrane Review Groups. **ACHIEVED**
- Initiate programme of changes to web presentation of *The Cochrane Library*. **ACHIEVED**
- Complete business case for "responsive reviews" (Cochrane Response) and submit for approval. **ACHIEVED**
- Initiate process review. **POSTPONED PENDING FULL EVALUATION OF AUDIT**

SUMMARY OF PROGRESS/ACHIEVEMENTS AFTER 6 MONTHS

Whilst in some respects we are ahead of schedule in relation to the proposals made in May 2009, there is no room for complacency. In the next 12 months it is critical that we deliver on these early foundations. In particular we are determined to see implementation of changes to improve the appearance and function of our websites, in order to increase accessibility to the end user.

7. LOOKING FORWARD

Our objectives for the next 12 months include:

1. Completion of the evaluation of the self audit. Agree learning and action points and develop action plan to follow through on agreed changes in process across the Cochrane Review Groups.
2. Work with the Monitoring and Registration Group to reduce duplication of effort and ensure that monitoring and oversight of Cochrane Review Groups are co-ordinated and appropriate.
3. If go-ahead given by the CCSG, create Cochrane Response service, and complete first five projects, including timely delivery of current commissions. Initiate evaluation.
4. Submit proposal to the UK National Institute for Health Research (NIHR) for funding for initiatives related to increased engagement of users and innovation: overviews and/or updating and/or different types of review.
5. Complete prototype and pilot stage for "Cochrane pico" if go-ahead given by the CCSG.
6. Roll out phase one enhancements to web presentation, including increasing frequency of publication, improved browse function, changes to navigation, appearance, and utility, at both the website level and article level (for Cochrane Reviews).
7. Work with the Publishing Policy Group on proposals for changes to the continuity and cross-linking of publication records.
8. Initiate activities aimed at developing core standards for reviews published in the *CDSR*.
9. Develop and commence programme aimed at improving updating performance of the *CDSR*.
10. Develop and commence programme aimed at improving feedback performance of *CDSR*.

APPENDIX 1. COCHRANE RESPONSE: BUSINESS CASE DEVELOPMENT FRAMEWORK FOR NEW PRODUCT DEVELOPMENT AND ENHANCEMENTS

PHASE 1. SUMMARY DESCRIPTION OF PROPOSAL

This proposal refers to The Cochrane Collaboration investing in producing a service to ensure that we can respond to existing and potential customers by creating commissioned reviews on request.

There are a number of different potential scenarios:

1. An existing customer points out a gap in our provision and recommends that we make all efforts to fill it. No funding is offered and no hard deadline. In this instance, it would make sense that we make every effort to commission the review(s) in question, but in the absence of designated funding we could not commit to any particular deadline.
2. An existing or potential customer offers funding for one or more new reviews or updates. The Collaboration would obviously retain the right to turn down the request, but common sense would suggest that we explore the pros and cons. In most cases there would be a nominated deadline, and funding or some tangible benefit to the Collaboration.
3. There may be situations where members of The Cochrane Collaboration identify a need for a specific review and approach someone for funding (eg the World Health Organization are known to be going to prepare a guideline on X and that it would be informed by a review).
4. Funding organisations frequently advertise for organisations to tender to provide named systematic reviews with separate funding and usually within exacting timeframes. This scenario is covered within this framework. There may also be circumstances where funders put out a fairly general request for proposal (RFP) that could be addressed by creation of new reviews that would then be funded under the RFP. This would require one or more internal "champions" within the Collaboration who would be prepared to respond to the RFP.

For the second and third of these scenarios it is worth listing the potential requirements – albeit they will inevitably differ between cases.

1. The ability on behalf of The Cochrane Collaboration to respond efficiently and appropriately. This will include:
    a. Capturing the funder's specific requirements for the review(s) (eg to include certain interventions, study designs, timelines)
    b. Effective project costing
    c. Having an identifiable person or group for funders to approach
    d. Responding to an RFP proposal
    e. Identifying and contacting the appropriate Cochrane Review Group(s)
    f. Liaising with and assisting Cochrane Review Groups to begin work on the review(s), for example writing the protocol and planning/conducting an appropriate scoping or definitive search.
    g. Project management.

2. Assisting the Cochrane Review Groups to (i) support authors to prepare the review(s); and (ii) provide editorial and peer review, and prepare the review(s) for publication.

3. Identifying any additional requirements, and determining how these might be addressed:
    a. Individuals with specific skills (e.g. economic analysis, overviews, detailed content knowledge)
    b. Speed of delivery may require "24 hour" working across time zones.

4. Identifying any issues that may need to be addressed at a strategic level (e.g. copyright, "rapid reviews" that cannot be easily translated into Cochrane Reviews).

We are assuming that the overall leadership for this project would be held by the Cochrane Editorial Unit.

1.1. What are the potential benefits?

To the Collaboration:

- Addresses the criticism voiced in the Strategic Review that the Collaboration is insufficiently "responsive".
- Commissioned reviews will very likely enhance the offering within *The Cochrane Library*.
- Potentially revenue raising and also intangible benefits.
- Provides additional funding stream for CRGs/Centres.
- We will potentially acquire new skills and perhaps attract new reviewers.

- Broadens the view of the Collaboration held by key potential funders or partners – who have often been critical of the Collaboration's lack of a mechanism to produce targeted reviews on a relatively short schedule.

TO CUSTOMERS:

- Because of its structure and processes Cochrane response may undercut alternative providers.
- High-quality reviews from a trusted source.
- An identifiable person/group and recognised process for funders to approach and liaise with.

TO USERS:

- Commissioned reviews will very likely enhance the offering within *The Cochrane Library* by filling gaps or improving the timeliness of reviews within *CDSR*.

1.2. WHAT ARE THE LIKELY RESOURCE IMPLICATIONS?

In order to enter this market, the Collaboration may need to make an initial investment without secured income. However, the expectation is that this service should be profitable within a short time frame (e.g. 12 months). There is an international market for commissioned systematic reviews, and it is likely that the Collaboration could be competitive within this. As an example, the Director of the UK Cochrane Centre has identified two opportunities from two separate organisations, one funded, one not, in the past six months alone.

1.3. IMPLEMENTATION EFFORT:

CONTENT:

This may include ensuring that we have the capacity and capability to:

- Prepare standard templates for responding to tenders.
- Create teams that can make the early running for each commission, communicate with all interested parties (internal and external to the Collaboration), and project manage the process.
- Fund CRGs to (1) support author teams to prepare review(s); and (2) undertake the editorial work and see the reviews through the process. This funding may need to be provided in advance of the work being completed.
- Pay some/most authors (possibly in advance).

TECHNOLOGY:

- Possible need for specific project management software (eg Basecamp or greater investment in Netviewer).

BUSINESS AND MARKETING:

- Subscribe to a tender surveillance service.
- Identify potential funders and advocacy for the service.

MAINTENANCE:

This will be very similar to the implementation effort, since each project will likely be very individual in type. Were the business to be successful it might be necessary to create a stand-alone entity, but this is not envisaged at this stage.

1.4. INITIAL SCREENING AGAINST 10 CORE PRINCIPLES:

- 10 key principles
- No interruption of core function
- Clear benefit to health/purpose
- Likely broad support across the Collaboration
- Workload acceptable in relation to impact

- Feasible profitability
- Reflects the Collaboration's reputation for quality
- Responsibilities clear
- Addresses needs of low- and middle-income countries (LMICs)

The only principle that is possibly at stake is whether this activity will interfere with the core functioning of the relevant CRGs. This issue should be addressed as a potential risk within the second part of this business case. The Strategic Review demonstrates that there is broad support, and the other features seem to be consistent with the approach.

1.5. Summary and recommendations:

We propose that this project be accepted for more thorough analysis and evaluation within phase 2 of this framework.

1.6. Which body/individual should be involved in go/no go decision and who takes responsibility for the decision?

We suggest that the Co-Chairs/Chief Executive Officer are appropriately placed to give the agreement to proceed to phase 2 of the business case

1.7. Recommendation to proceed?

Yes

1.8. Communication of decision:

- **Who responsible?:** Co-Chairs
- **Who to be informed?:** Editor in Chief
- **Means of communication?:** Email/CCCC meeting
- **Timescale:** Full business case to be presented to CCSG, Singapore Colloquium.

Phase 1 was approved by the Steering Group Co-Chairs on 21 August 2009.

Phase 2. Detailed business case

Since phase 1 was proposed and agreed by the CCSG Co-Chairs (21 August 2009), we have further developed our work about Cochrane Response. As described below, this proposal can be simplified in practice (as compared to that outlined in hase 1), and it needs to reflect the experience of the first commissioned reviews: firstly, a review requested by the WHO and delivered by the Wounds CRG, and secondly, a series of review updates commissioned by the UK NHRI and planned to be delivered by the Acute Respiratory Infections CRG.

Detailed description of new product/enhancement (includes content, technology and process elements)

Cochrane Response is intended to be a service to ensure that we could respond to existing and potential customers by creating commissioned reviews on request.

Cochrane Response will be co-ordinated by the Cochrane Editorial Unit to enable a central and single point of contact for queries about commissions. However, a key component is to involve the relevant Cochrane Review Group(s) in the discussions about proposed commissions from the outset and to have approval from the Co-ordinating Editor(s) of the relevant Cochrane Review Group(s) before accepting commissions.

We have started to develop, and will refine with use, a framework as the basis of a formal process for gathering information about proposed commissions, evaluating proposed commissions (including a risk assessment), and making formal decisions. As shown in the framework below, this will involve input from the commissioners, relevant Cochrane Review Groups, potential authors and the Cochrane Editorial Unit, and most likely negotiation between these potential partners. The aim will be to prepare and agree a memorandum of understanding between the

stakeholders before we accept any "commission". The memorandum will outline the requirements, roles and responsibilities, timelines, risk assessment, and funding (including overall costing and allocation of funds to the involved parties).

Framework for a Cochrane Response decision to proceed

Upon the proposal of a new commission (regardless of whether for a new review or update, or other), the Cochrane Editorial Unit will work with the stakeholders to make a "go/no go" decision. We propose using the steps given in the framework below. It is possible that some aspects of the original proposal may need to be revised and negotiated (between the commissioner and Cochrane Review Group) as a result of the evaluation step, and it will be key to maintain good communication between the stakeholders.

The decision to proceed requires the following to be addressed:

Step 1: information gathering	Details about proposed topic (including healthcare question, study designs)
	Type of review (eg new or update; intervention, diagnostic, or overview)
	Proposed timescale for completion (eg up to 3 months, 6 months, 12 months, or 24 months)
	Details about the commissioner
	Has the commissioner used Cochrane Response before?
	Which Cochrane Review Group's scope does this fit in with?
Step 2: proposal evaluation	Is the commissioning agency a suitable customer for the Collaboration?
	Does the review fit within the scope and ethos of *The Cochrane Library* as described by the 10 core principles?
	Is the proposed review already covered (full or in part) in an existing Cochrane Review?
	Does the CRG agree to support updates of the reviews in future (in line with its normal practice)?
	Scoping search to assess the potential number of studies involved
	Risk assessment (see section below)
	Who will be responsible for the following? • Title registration • Protocol and search planning • Conducting the search • Appraising the search • Authoring the review • Editing the review and organising peer review • Copy-editing the review and/or report • Delivering the final review and/or report to customer

	Is the timescale feasible with the available resources? Or if not, can the necessary resources be activated within the proposed time frame? • Information scientist • Content expertise • Methodological and statistical expertise • Writing and editorial functions • Project management
Step 3: formal decisions	Should other entities be involved in the decision-making process?
	Who can make the decision?
	This will be the Cochrane Editorial Unit and CRG jointly in most cases, or the CRG alone. For a "go decision" there must be unanimous agreement between the responsible entities (e.g. Cochrane Editorial Unit and CRG).
	How will any re-imbursement be shared?
Step 4: preparation of memorandum of understanding	Detailed proposal
	Roles and responsibilities of the stakeholders
	Timelines
	Funding (including allocation between Cochrane stakeholders)
	Other requirements (eg clarification about requirement to publish as a Cochrane Review, and any intellectual property/copyright issues)
Step 5: implementation and monitoring	

FUNDING COMMISSIONS

The funder and the Cochrane Editorial Unit will agree on the funding required for the review (dependent on review complexity, timelines, etc).

The funds will be allocated to those involved in the review development (including preparation, editorial review, and project management), and will, in general, match contribution. The allocation of funds amongst the Cochrane partners will be agreed in Step 3. Although the Cochrane Editorial Unit may provide some editorial services (as described in the examples above), the intention is for the Cochrane Editorial Unit to support the Cochrane Review Group in delivering the review(s), rather than taking over this role, and the allocation of funds would reflect this.

MODELS OF SERVICE

We envisage that there would be a range of different levels of service depending on timescales, size and complexity of review, difficulty of recruiting authors, and availability of editorial resources within the Cochrane Review Group. This must be taken into consideration in determining the go/no go decision, and included in the risk assessment. We recognise that some Cochrane Review Groups may have limited resources to support the preparation of rapid reviews, which may be prepared in addition to the regular workload of Cochrane Review Groups. Therefore, the Cochrane Editorial Unit will offer editorial services to complement and help Cochrane Review Groups with the development of the commissioned reviews, and as shown in the examples below (Table 3 and Table 4), this could be linked to how

quickly the commissioner requires the review. As outlined above, the allocation of funds would be dependent on the roles and responsibilities assumed by each Cochrane partner.

Table 3. Example A: review needed within 2 months

Cochrane Editorial Unit could provide	For funders: • Weekly progress reports
	For the CRG: • Editing: overseen by an experienced editor; also technical and copy-editing • Project management to facilitate review preparation to schedule • Funds to support rapid editorial review (and/or arrange peer review) • On-call access to a statistician (if not available within CRG)
	For the author: • Searching: full search, copies of studies, references imported into RevMan • On-call access to an editor • On-call access to a statistician • Funds to prepare the review

Table 4. Example B. Review needed within 12 months

Cochrane Editorial Unit could provide	For funder: • Monthly progress reports
	For the CRG: • Funds to support editorial processes
	For the author: • Searching: full search, copies of studies, references imported into RevMan • One-off payment upon completion of review • Access to a statistician (1/2 day per month)

MARKET ANALYSIS

There is a worldwide market in evidence synthesis. Discussions with commissioning bodies have made it clear that funding of around USD $25,000 to $100,000 per review is not uncommon.

It is likely that The Cochrane Collaboration would be in a position to attract a small percentage of this in the foreseeable future. Experience so far, plus conversations with individuals at the UK National Institute for Health and Clinical Excellence (NICE), the World Health Organization, Canadian Institutes of Health Research and the UK National Institute for Health Research, have indicated that there are opportunities for attracting funding and support. This would be in addition to the core funding currently received by Cochrane Review Groups.

There are some limitations and challenges: for some reviews there might be difficulties in attracting subject experts, specific methods experts (e.g. economic analysis, non-randomised studies) or expert authoring teams, and it would be wise to proceed with caution in the first instance.

Promotion

During the first 12 months we will promote Cochrane Response. We will work with Centres to identify potential commissions and work with national funders. We will also work with other contacts identified through Cochrane Entities. Cochrane Response will also be promoted on the Cochrane website.

We will also actively search for commissions by scanning tender surveillance websites.

After the 12-month evaluation, we may seek to promote Cochrane Response more actively, but this will be dependent on our ability to fulfil the potential commissions.

Internal capacity and challenges

The CRGs are key stakeholders: initial discussions with Managing Editors have shown that some already benefit from grant funding from commissioning agencies to complete new or update reviews (in addition to core funding). Whilst there will inevitably be variation in the internal capacity of the CRGs, and the ease with which they can identify and recruit authors, information specialists, methodologists and editors, we have perceived a consistently positive approach.

Revenues estimation

This will be dependent on the update of Cochrane Response, but we envisage that Cochrane Response is likely to be cost-neutral in the first 12 months, as projects are explored and initial commissions are under way.

We have imagined a cautious implementation of a Cochrane Response, although based on the early success the market might be larger than we are describing, and will evaluate the financial arrangements associated with the roll-out of Cochrane Response.

Implementation costs (detailed):

In summary, we are not requesting additional funding at this time. At present we envisage that we can accommodate the anticipated costs (described below) within the Cochrane Editorial Unit budget for 2009 to 2010, and 2010 to 2011, although we have previously committed to re-visiting our budgetary requirement for 2010 and 2011 towards the end of this financial year. We propose that this is re-assessed after 12 months.

For the Cochrane Editorial Unit, we anticipate costs to be associated with: editorial and project management (although we do not propose any increase in head count at present); a need for additional methodology and information specialist support (depending on commission); tender surveillance (ie subscription to tender websites); and software (eg enhanced use of proven project management software). For the Cochrane Review Groups, we anticipate the need for extra funding to facilitate the editorial development and review of commissioned reviews, which will be in addition to standard workload. For the review authors, we anticipate extra funding to prepare the reviews. The anticipated costs for each partner will vary between commissions, and these should form part of the costs for the service, or be taken into consideration in making the decision to accept or decline a potential commission.

Surveillance for tenders

We propose that the Cochrane Editorial Unit explores options in discussions with appropriate Centres for arranging a surveillance process for invitations to tender for evidence synthesis. The Cochrane Editorial Unit could also monitor tender surveillance websites, such as www.tendersdirect.co.uk, which is a subscription-based service (£750 per year).

Decision making

For the foreseeable future no additional funds are required for this.

Scoping search and appraisal

Again, no additional funds are identified, since we can assume that Trial Search Co-ordinators attached to the relevant Cochrane Review Group(s) will plan and conduct the search and that authors will appraise the search. Where there is funding provided, this may be used where necessary either to support these activities or to employ freelance information scientists and other specialist services.

Methodology/content support

This will normally be identified and managed by the Cochrane Review Group, and the availability of such support, or the feasibility of commissioning freelance expertise, will be considered in the go/no go decision, and will be influenced by the available funding.

Project management

Where the Cochrane Editorial Unit is the key contact for the customer and takes responsibility for delivery of the reviews or reports based on the review, the Cochrane Editorial Unit will agree a percentage of any available funding, in advance of the go/no go decision to cover this activity.

Editorial support from Cochrane Editorial Unit to CRG

Where necessary this will be agreed in advance. Limited resources can be made available from existing resources, but in practice, the need for this should be taken into consideration, and agreed in advance of any work starting.

Technology

- Cochrane Editorial Unit additional licence for Netviewer (< £100 per year)
- Cochrane Editorial Unit licence for MS Project and training for one person

Maintenance costs

These are unclear at present, but will depend on activity.

We propose that we evaluate the process after 12 months, to determine success, financial soundness, resource requirements going forward, and impact on the Cochrane Review Groups, Cochrane Editorial Unit and the *CDSR*.

Success criteria should be:

- Reviews developed on time and to budget, as outlined in the memorandum of understanding.
- At least break even in financial terms, and revenue generation if possible
- Enhancements to the *CDSR*
- Acceptable workload for Cochrane Review Groups and Cochrane Editorial Unit
- Customer satisfaction
- New commission rate

The evaluation should be managed by the Cochrane Editorial Unit, and costs of the evaluation will be no more than £5000, and may be delivered from within the Cochrane Editorial Unit budget.

Capacity estimation:

For the reviews commissioned to date, the Cochrane Review Groups have identified available capacity. We envisage that this will not always prove to be possible. This will therefore be a key determining factor in any go/no go decision.

POTENTIAL PARTNERS:

We do not anticipate needing external support for this project in the foreseeable future. There may be value in incorporating different entities (eg methods groups, fields/networks) in individual projects, but these will be negotiated on an individual basis.

WHAT PRODUCTS/SERVICES DO THEY BRING?

See above.

WHAT IS THE ATTRACTION FOR THEM?

In the examples above, Cochrane response may provide some new opportunities for activity and funding for the entities involved.

RISK ANALYSIS:

Risk	**Impact**	**Likelihood**
No customers	Low	Low
CC fails to deliver to customers	High	Moderate
Cochrane Review Group workload unfeasible/workload distracts Cochrane Review Groups from other reviews	High	Moderate
Cochrane Editorial Unit workload unfeasible	Moderate	Moderate
Unable to attract reviewers	High	Moderate to low if go-no go decision made with this in mind
Authors do not deliver or submit elsewhere despite support from Cochrane Review Group	High	High (based on influenza reviews experience) but perhaps lower for new reviews and if contract negotiated at outset
Create an unwanted updating burden/review of low value to *The Cochrane Library*	Moderate	Low, if go-no go decision made with this in mind

FINANCIAL IMPACT (COSTS V REVENUES) BY YEAR

We expect Cochrane Response to be cost-neutral in the first 12 months, but this may change depending on the uptake of this service.

DELIVERY PLAN (RESPONSIBILITIES):

LEADERSHIP:

Cochrane Editorial Unit, working with other entities as appropriate (Cochrane Review Groups, Centres)

STAKEHOLDER ENGAGEMENT:

Cochrane Review Groups, Centres, other entities, freelance information scientists, methodologists, content experts.

IMPLEMENTATION TEAM:

The Cochrane Editorial Unit acting with Cochrane Review Group(s), other individuals and entities as appropriate.

PROJECT MANAGEMENT:

This will normally be provided by the Cochrane Editorial Unit, but may be managed by other providers, such as a Cochrane Review Group or Centre as appropriate.

DECISION POINTS:

- To set up, promote, and pilot "Cochrane Response", a responsive review process, over the next 12 months, and that the resource needs (including budget and personnel for the Cochrane Editorial Unit) for this be re-assessed after 12 months, or earlier if there is heavy demand for this service.
- The Cochrane Editorial Unit co-ordinates "Cochrane Response" and is responsible for the promotion and management of this service. This will involve project management and liaison with Cochrane Review Groups and commissioners as appropriate.
- To develop a formal process for gathering information about proposed commissions, evaluating proposed commissions (including a risk assessment), and making formal decisions. A key component is to involve the relevant Cochrane Review Group(s) in the discussions about proposed commissions from the outset and to have approval from the Co-ordinating Editor(s) of the relevant Cochrane Review Group(s) before accepting commissions.

DETAILED MATCH WITH CORE PRINCIPLES:

The following should be considered for each project pending a go/no go decision:

- 10 key principles
- No interruption of core function
- Clear benefit to health/-purpose
- Likely broad support across Collaboration
- Workload acceptable in relation to impact
- Feasible profitability
- Reflects the Collaboration's reputation for quality
- Responsibilities clear
- Addresses needs of LMIC

CONCLUSIONS AND RECOMMENDATIONS

We recommend that the Steering Group approve the plan to support the funding requested, and to re-evaluate progress after 12 months.

WHICH BODY/INDIVIDUAL SHOULD BE INVOLVED IN GO/NO GO DECISION AND WHO TAKES RESPONSIBILITY FOR THE DECISION?

CCSG.

DECISION TO PROCEED?

SIGNED:

DATE:

PRINCIPLES FOR CONSIDERING NEW PRODUCTS FOR DEVELOPMENT

At the joint meeting in Vellore on 11 April 2008, of Centre/Branch Directors, Co-ordinating Editors and the Steering Group, a set of principles was discussed for considering new products based or derived from Cochrane systematic reviews (CSRs) for development. Feedback from CCSG members since the Freiburg 2008 Colloquium has been taken into account in this version of the document:

1. These principles for new product development build on the Collaboration's ten key principles (see www.cochrane.org/docs/tenprinciples.htm), which take precedence.
   Production and dissemination of CSRs remains at the core of the Collaboration's mission, and new products should not detract from the activities necessary to this mission. New products should therefore have no negative impact on the core functions of any entity.
2. New products should have a clear purpose, allied with a clear business plan. They may have a broad approach across multiple areas of health care, or be more narrowly focused.
3. Products with a broad approach across health care will need to have broad support across entities, and will need to draw on CSRs produced by most, if not all, Cochrane Review Groups. No Cochrane Review Group, therefore, should be able to block a project approved by the Steering Group by withholding its reviews, except where there are issues of concern surrounding the quality of an individual review, in which case the review should be withdrawn from the *CDSR* at the earliest opportunity.
4. New products should aim to have maximum impact on their target audiences, with minimum impact on the workload of entities, particularly Cochrane Review Groups (CRGs). If a CRG instigates a new product, it will need to show that the additional work required can be managed in such a way that it will not impact negatively on its core production of CSRs.
5. Business plans for new products should show that, over the period of the business plan, the project will not make a financial loss, and for preference should generate additional funds for the Collaboration and/or its entities.
6. If products are to be developed, they should be done so to high-quality standards, and reflect credit on the Collaboration and its work, and the Steering Group must be assured that those developing the new product will have the necessary resources and expertise to do so successfully. New products likely to have a detrimental effect on the Collaboration's reputation or brand will not be approved, and may be halted if they are unable to meet the required standards.
7. Those responsible for developing and managing each new product should retain editorial control of the product, but an effective governance and oversight framework should be established, centred on the CCSG, and with effective feedback links to relevant Collaboration stakeholders.
8. Consideration should be given to the needs of low- and middle-income countries (LMICs). This should not preclude development of new products not targeted specifically at this group, but where this is the case, plans should be made to ensure that, of the profit generated, a proportion be used to contribute to LMIC projects within the Collaboration.

Cochrane Collaboration Secretariat
January 2009