

# Cochrane Steering Group Minutes

Vienna Colloquium: 2<sup>nd</sup> & 8<sup>th</sup> October 2015

Approved 7<sup>th</sup> January 2016

## Present:

Lisa Bero (Co-Chair), Cindy Farquhar (Co-Chair), Alvaro Atallah, Martin Burton, Karin Dearness, Anne Lyddiatt, Steve McDonald (Day 1), Joerg Meerpohl, Mona Nasser, Holger Schünemann, Liz Stovold, Denise Thomson and Mingming Zhang.

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief, item 3,4,4,6 and all of Day 2), Miranda Cumpston (Head of Learning & Support), Lucie Binder (Senior Advisor, all of Day 1 and Items 11, 11.1, 11.2, 11.3, 11.4, 11.5, 11.6, 11.7, 11.8, 12, 13), Chris Champion (Senior Adviser, Item 6,7,8, 11.6, 11.7, 11.8, 12, 13), Harriet MacLehose (Senior Editor, Item 6,7,8), Chris Mavergames (Head of Informatics & Knowledge Management, Item 3,6,7,8), Jordi Pardo Pardo (CPAC Co-Chair, Item 9), Charlotte Pestridge (CEO, Cochrane Innovations, Item 3,5,6,7,8), Holger Schünemann (Cochrane Canada, Item 4.3), Hugh Sutherland (Head of Finance & Core Services, all of Day 1), Julie Wood (Head of CEAD, Item 4.3,6,7,8,9, 10, 11.6, 11.7, 11.8, 12, 13, 14, 15, 16, 17, 18, 20), Deborah Pentesco-Gilbert (Wiley, Editorial Director for Evidence-Based Health Care, first part of Item 6), Todd Toler (digital Product Management Director, first part of Item 6), Shawn Morten (Wiley, Publishing Director for Health Sciences, first part of Item 6)

## 1. Welcome, Apologies, Declarations of interest, any other business

Steve McDonald declared that he was on the Project Board for the review of Colloquia.

## 2. Co-Chairs' Report

Lisa and Cindy reported on their activities over the last five months, including the background to the statement published on the Cochrane.org website in response to Peter Gøtzsche's continuing public statements on psychiatric drugs. The Co-Chairs also highlighted the new correspondence record on this and other issues available to CSG members in Dropbox.

## 3. Central Executive Reports

Mark reported excellent progress is being made across almost all of the 2015 targets for Cochrane's *Strategy to 2020*, representing a substantial body of work achieved by the Central Executive team and the wider Cochrane community. He was very satisfied with the achievements made so far, though he highlighted two targets that would definitely not be delivered in full: 1.4 (Updating Classification) and 2.3 (translation into five languages of the *Cochrane Library* website) due to Wiley being unable to overcome the technical challenges involved by the end of the year – with an adequate multilingual search facility having to wait until the *Library* is on a new technology platform.

The CSG acknowledged Cochrane's strong performance in the first nine months of the year: including the positive metrics highlighted in the Quarterly Dashboard, such as the growth in access figures to the Cochrane Library, encouraging sales and royalties figures, and good progress on Cochrane's Project Transform, Covidence and Linked Data technology projects.

David reported on latest developments in the quality assurance project; and the CSG requested that detailed data on groups not meeting standards be shared with them, including steps undertaken to address quality issues, information on the groups' funding status, and consideration of any common characteristics that may be influencing success. David noted that plans are in hand to enable editors to work across groups and in placements with the CEU, although a specific model has not been agreed. He announced the appointment of Karla Soares-Weiser as Deputy Editor in Chief, and that her role will include working with groups on these matters. The Steering Group requested a comprehensive plan to address quality, and that any associated budget requests would be considered.

**Action:** David to provide detailed data on groups with quality challenges by Day 2 of the meeting (See Item 11)

## 4. Finance

Hugh reported that Cochrane's financial situation remained strong. Cochrane will run a smaller than expected operational deficit in 2015 due to improved revenues from royalties (income from the *Cochrane Library* is expected to be 6%-7% higher than last year) and the slower initiation of planned activities (in particular, recruitment of staff). The Central Executive's headcount is now

at planned levels and project spending is picking up. As a result, 2016 spending is likely to be higher than previously forecast, with a larger deficit, too, though in line with the CSG decision to invest in *Strategy 2020* implementation and run down Cochrane's reserves (which also remain higher than previously forecast at £7.2 million).

Mark took the CSG through a series of three financial scenarios to 2019 that the Senior Management Team had prepared: a projected 'realistic' forecast, a 'best case' and a 'worst case'. They included projections on income from Cochrane Library royalties, as well as from the new investments in Cochrane Innovations, fundraising from trusts and foundations, and EU project funding. The CSG welcomed the future scenario planning the SMT had done and asked that it be updated each year for its Colloquia meeting. Mark agreed also to provide for the same meetings an initial indicative figure of income and expenditure for the following year but these would be subject to change as the annual Plan & Budget was finalized in December.

The CSG requested that future financial reports include contextual information on the funding of Cochrane Groups, including broad income and categories of expenditure, noting that information about Group funding may be incomplete. Mark noted that – with the exception of the Canadian Cochrane funding challenges, overall funding for Cochrane Groups appeared to be largely stable, although the financial information received from Groups was incomplete. The CSG re-affirmed its support for more comprehensive funding information to be sent by Cochrane Groups to the Central Executive in future.

Holger updated the CSG on the funding situation for Cochrane's Canadian Groups. CIHR funding has now ended and discussions with various funders and advisors about support for other Cochrane activities in Canada are ongoing and although look more positive than earlier in the year they remain uncertain. It is hoped that the Canadian-based CRGs should be able to maintain activities until – or in some cases beyond - the end of the current funding year but not at previous levels. The Centre has lost several staff and those remaining are currently looking for alternative positions. The Bias Methods Group has lost one staff member. The Child Health Field has not had a Co-ordinator for the past year.

Holger announced that agreement in principle had been reached to relocate the Canadian Cochrane Centre to McMaster University, following Jeremy Grimshaw's decision to stand down as Centre Director. It was proposed that Holger would become the new CCC Director. Mark and Holger confirmed that should a sustainable longer-term funding solution be identified for some or all of Cochrane's Canadian Groups from April 2016, a request for short-term bridge funding may be brought to the Steering Group for consideration under the recently developed CSG criteria.

Hugh then explained to the CSG the reasons for the recommendation to appoint CCLA as Cochrane's Investment managers. After running a competitive tender Treasurer Martin Burton, himself and Mark were unanimous in proposing CCLA's ethical investment framework as the simplest, most cost effective manager of the reserve funds that would be made available for low-risk investments. He confirmed that the fees charged by CCLA are reflective of market rates and discounts are not available for charities. Whilst CCLA's ethical fund may include investments in pharmaceutical and other health companies it is not possible to find an alternative company that would provide exclusions from investments in the health sector on a 'bespoke' basis without a very high cost. Our investment in the CCLA ethical investment fund would be 'blind' and not involve any direct knowledge of or control over investments with any specific companies. After discussing the recommendation the CSG agreed that these issues are difficult to avoid in this context, and do not reflect an endorsement of investment in the pharmaceutical industry on the part of Cochrane. This type of indirect investment is consistent with Cochrane's conflict of interest policy.

- Decisions:**      **The CSG noted and approved the 2014 Trading Company Directors' Report & Financial Statements that have been filed with Companies House. The Trading Company financial reports will continue to be provided to the AGM for information only.**  
                       **The CSG would welcome a transition of the Canadian Cochrane Centre to McMaster University.**  
                       **The CSG agreed to appoint CCLA as the Cochrane's investment managers.**
- Actions:**        **Future Central Executive financial scenario projections to include information about Cochrane Group funding.**  
                       **The Treasurer, Company Secretary and CEO to complete the draft Investment Policy.**

## 5. Cochrane Innovations Update

Charlotte updated the CSG on the progress of Cochrane Innovations' strategic plan approved at the Athens meeting in May 2015. Five business plans are in development and she expected that the first decisions on which of these projects would be recommended to proceed would come to the CSG for approval by the end of the year.

## OPEN ACCESS

She reported that sales of Cochrane Clinical Answers continued to remain disappointingly slow, though new contracts had been signed by Wiley with OVID and EBSCO to offer them in their portfolios, which was a positive development. CCAs may also be valuable in future as enhanced content for the Cochrane Library. Cochrane Learning (Dr Cochrane) will be discontinued in mid-2016 as module accreditation expires. A report setting out the commercial and editorial learning generated by the initiative will be produced and shared with those Groups who wrote the modules.

### 6. Cochrane-Wiley Publishing Management Team report

The CSG welcomed the strong sales figures in the first half of 2015 reported in detail by Wiley's Deborah Pentesco-Gilbert, but she conceded that not enough progress has been made in delivering the features and projects promised in the publishing contract because of Wiley's technology limitations. An RFP for a new technology partner to establish a publishing platform that would meet Cochrane's present and future needs is proceeding and had identified some promising proposals from external vendors. A brief summary of the proposals was submitted as a supplementary paper to the CSG. Cochrane and Wiley will conduct interviews with vendors jointly in October 2015. Todd confirmed that Wiley is planning to complete and manage this work within its existing budget for the *Cochrane Library*, and the proposals received are consistent with this. Delivery of the new platform is likely to be early 2017, but will depend on the details of the negotiation and development process.

Wiley confirmed that the CRD Databases would not be made available in the new platform, as they are no longer being updated. Users will be linked through to the database homes on the CRD website until they are retired in 2017.

### 7. Open Access Strategy

The CSG considered the draft Open Access Strategy prepared by the Central Executive team and approved all of its recommendations; including confirmation of Cochrane's commitment to the goal of all Cochrane Systematic Reviews becoming Open Access by 2020.

**Decisions:** The CSG approved Cochrane's new Open Access strategy, including:

- **Confirming the organization's commitment to the goal of making all Cochrane Systematic Reviews Open Access by 2020;**
- **From early 2016 making all Cochrane Protocols open access;**
- **From early 2016 ensuring automatic deposit of all Cochrane Reviews in PubMed Central 12 months after publication;**
- **From early 2016 negotiating with major Cochrane donors the provision of a limited number of vouchers for discounted Gold Open Access publication;**
- **To build an enhanced *Cochrane Library* during the remaining years of *Strategy 2020*.**
- **For the Central Executive to present an update on the OA strategy to the CSG at the Colloquium in 2017, and thereafter to present annual reports to the CSG on the open access environment.**

### 8. Options for Future Publishing Arrangements

The CSG considered the current and future publishing relationship with Wiley, in the light of the publishing performance since the new contract was signed in January 2013 and the successes and challenges highlighted in Item 6.

**Decision:** The CSG asked the SMT to proceed with Wiley to the next stage of the planned Request for Proposals (RFP) to appoint a new technology platform for the *Cochrane Library*. The CSG will decide how to proceed with the preferred provider in November 2015.

### 9. Cochrane Events & Colloquium Review

The CSG considered the review of Cochrane Colloquia and other events and approved an increase in the Central Executive budget to provide additional support to the annual Colloquium and Cochrane regional events of up to £70,000. The CSG noted that the detailed recommendations within the review on the nature of future events were primarily operational, and they left these to be managed at the discretion of the CET.

A decision on the review's recommendation to provide an additional grant for the 2017 Global Evidence Event will be considered by the CSG if required as part of the 2017 budget proposal.

**Decision:** The CSG approved an increase in the annual budget of up to £70,000 to support the annual Colloquium and regional events, to be administered by the CET.

## 10. AGM planning

The CSG prepared for the AGM to be held on 4<sup>th</sup> October.

## 11. Additional CET Reports

### CRGs and quality improvement

On 8<sup>th</sup> October David reported back to the CSG on the quality performance of systematic review production by Cochrane Review Groups (as requested during its meeting on 2<sup>nd</sup> October). He said that quality improvements have occurred since the screening project began. Of the four Groups with the most serious substantive issues, David is dealing with improvement plans for all of them. Other Groups with quality concerns will continue to be monitored, given the opportunity to make improvements, and further action taken if necessary. The CSG agreed that these improvement measures must proceed, and supported the Editor in Chief in any further action required to meet quality assurance issues.

**Actions:**        **The Editor in Chief to prepare a detailed report on CRG performance and quality improvement plans for each CSG meeting.**  
                       **The Editor in Chief to propose to the CSG any systematic quality assurance measures he recommends for CRGs with quality issues.**  
                       **The Editor in Chief to prepare a comprehensive quality assurance plan and associated budget proposal for the CSG to consider.**

### 11.1. Funding Arbiter Report

Cindy updated the CSG on the results of the conflict of interest audit conducted of all Cochrane Systematic Reviews and the measures being taken by the Funding Arbiter Panel to address them. Cindy thanked Ruth Foxlee of the CEU for her support with the audit process; and she confirmed to the Steering Group that she was stepping down as Funding Arbiter and a recruitment process started to replace her.

The CSG discussed the requirement in the Operations Manual for appeals of decisions by the Funding Arbiter and Panel to be brought to the Steering Group, and agreed to establish a sub-group of the CSG to deal with any appeals in future.

**Decision:**        **The CSG agreed to establish a small Working Group (Lisa, Karin, Mona) to take on the review of all future appeals of Funding Arbiter/Funding Panel decisions.**  
**Action:**         **David Tovey to facilitate the establishment of the Working Group.**

### 11.2. Project Transform Report

The CSG received a report on the excellent progress of Project Transform, the first parts of which (Task Exchange) had been unveiled at the Colloquium.

Holger noted that the formal partnership agreement between Cochrane and GIN includes provision for an exchange platform for communication between Cochrane and guideline developers, and a proposal was to be prepared by Cochrane within six months of the agreement. Although the Task Exchange platform has been proposed to address that need, the GIN Board does not believe this solution is appropriate for the guideline platform as planned. Mark noted that Cochrane was providing all of the resources so far required by the partnership but that he would follow up on what could be provided by Cochrane to meet GIN's needs.

**Action:**         **Mark to follow up with the relevant collaborators on the issue of a guideline exchange platform and report back to Holger.**

### 11.3. CRG Strategic Development Support Fund proposal

David introduced a proposal to establish a new Strategic Development Support Fund to assist Cochrane Review Groups that were taking over the work of other Groups no longer able to do it. Karin proposed that the framework be amended such that CRGs who are not managing their own portfolio effectively cannot be funded under this process. David confirmed that the funding is intended to be for a fixed term, but that the scale of work required in any particular case may require funding more than one year. It was noted that the specific approach to address the workload of a Group under this Fund may differ according to circumstances: in some cases reviews would be taken on by one or more other Groups; in some cases not all reviews would be retained. The CSG agreed that the Editor in Chief will be responsible for making decisions about the allocation of this Fund, and that the CSG does not need to approve decisions. The Editor in Chief will report to the CSG on the use of the Fund, and may request guidance from



the CSG if needed. It was also agreed that the Editor in Chief should participate in decisions about prioritisation of the reviews taken over; and which should be retained and which let go.

**Decision:** The CSG approved the establishment of a CRG Strategic Development Support Fund to support Groups taking over the portfolio of another Group unable to continue with their work. Grants will be up to £50,000 per Group per year, up to a total budget of £200,000 per year.

**Action:** David to amend the criteria of the Fund to clarify that there is no requirement to retain and publish all reviews currently listed with a Group (where that is not appropriate).

#### 11.4. Funding Request from Cochrane Infectious Diseases Group

The CSG considered a request for support from the Cochrane Infectious Diseases Group in relation to its absorption of the reviews from the Cochrane HIV Group. The CSG agreed that this request could now be dealt with under the discretion of the Editor in Chief in relation to the CRG Strategic Development Support Fund, and no CSG decision is required. The CSG expressed support for the Infectious Diseases Group in taking on this work, and requested that specific output targets be added to the proposal.

#### 11.5. Prognosis Reviews

The CSG considered a request to support the development of Cochrane's capacity to produce Prognosis Reviews that was supported by the Central Executive. It noted that this proposal aligns with Cochrane's strategic priorities in developing innovative methods, and that Cochrane's past investment in major methods developments (such as GRADE and DTA reviews) has not been high enough, and that Cochrane is at risk of falling behind in the development and production of new evidence synthesis methods. David confirmed that alternative resources of funding have been sought for the Prognosis Reviews but not yet received at this stage. The CSG noted that lack of resources is a barrier to progressing this work, but also that funding decisions should be made in the context of Cochrane's overall support for Methods Groups and methodological development. The CSG was very supportive of investing in Cochrane's ability to lead Prognosis Review methodology development but reluctant to assess individual funding proposals on an *ad hoc* basis, outside a framework for methodological prioritisation and budget planning in the coming years.

**Decisions:** That an expanded competitive fund for methods work, based on the Methods Innovation Fund (MIF), should be established to provide a framework for prioritisation and allocation of funds according to strategic priorities. That the most appropriate way future funding could be provided for Prognosis Reviews would be through this new framework. A future proposal to the new framework by this group would be welcomed.

**Action:** David, supported by Holger, Joerg, Jackie Chandler and Miranda C. to draft a framework for an expanded Methods Fund based on the MIF, including revisions to the MIF process and scope, to be submitted to the CSG at its meeting in Vancouver in January 2016.

#### 11.6. Ratification of approval for a Rapid Review Methods Group

**Decision:** The CSG approved the formation of a Rapid Review Methods Group.

#### 11.7. Strategy to 2020 Draft 2016 Targets

The CSG considered the *Strategy to 2020* draft targets for 2016 developed by the Central Executive and discussed in Vienna by the Group Executives. The draft targets had been supported by the Executives and no concerns were raised. The CSG also supported the draft targets; and agreed with the Senior Management Team that they had to be owned by the organisation as a whole.

A revised version of the targets will be circulated again to the Group Executives, with more explicit indicators of success for further consultation. The CET will develop a full Plan & Budget for 2016 around these targets to be presented to the CSG meeting in Vancouver in January. The CSG requested that at least indicative budget information show how much funding is allocated against each target.

Mark proposed that the CSG also plan to spend its strategic development day at the 2016 Colloquium in Seoul on a mid-term review of progress towards *Strategy to 2020* Goals and Objectives. The CSG agreed with this suggestion.

**Action:** The Central Executive to refine further the 2016 draft targets.

**Decision:** The CSG Development day at the 2016 Seoul Colloquium to be devoted to a consideration of Cochrane's progress in meeting its *Strategy to 2020* Goals and Objectives.

### 11.8. Risk Management Report

The CSG considered and approved the Risk Management Report prepared by the Senior Management Team.

Mark clarified that a new data protection policy would cover all data held in Archie, including review data and personal data. Cochrane has no current policy outlining an approval process for occasional requests received from other organisations wishing to access our review data.

David confirmed that guidance for authors on how to act when fraud is suspected or identified will be developed as part of the ongoing policy development programme.

### 12. Cochrane Membership Scheme

The CSG discussed the detailed Membership Scheme proposal and supported its further development and implementation. It was agreed that Cochrane is an inclusive organisation and membership should in general be open to all, but the CSG also recommended that a policy be established for the termination of membership under extreme circumstances (such as a member engaged in scientific fraud or publicly advocating violence). Any public statements by members will be covered by the spokesperson policy. Chris Champion clarified that following feedback from the collaboration in Athens the Cochrane membership scheme to be implemented in 2016 will not enable organisations to become members and is only focused on individual membership.

**Decisions:** The CSG approved the development and implementation of a Cochrane membership scheme as set out in the paper.

**Actions:** The CSG requested a costed budget be included in the Cochrane 2016 Plan and Budget to be submitted to the CSG for approval at its meeting in Vancouver in January.

The CET includes a process for terminating membership in the detailed membership scheme, incorporating UK Charities Commission guidance.

The CET includes in the membership process a declaration that members support the values and mission of Cochrane.

### 13. Cochrane Structure & Function Reviews

CSG Group representatives reported back on discussions of the Reviews of Structure and Function that had taken place in Vienna.

- Anne reported that the Consumers Executive warmly welcomed the recommendations of its review and was confident that implementation of these recommendations would improve Cochrane's engagement with consumers.
- Martin noted that the CRGs have made some progress in clustering (a recommendation of the CRG Structure & Function Review in 2014). Karin reported that Managing Editors have some anxiety about the impact of the review and future changes in funding; and Liz that the TSCs welcome central initiatives such as the Centralised Search Service.
- Holger reported that the day-long Methods Board workshop was constructive and will inform the next stages of the review.
- Joerg reported that Centres and Branches are strongly supportive of the proposals, but recommended some changes to the proposed tiers of functions for Centres and Branches. There was a note of caution that the presence of multiple organisations representing Cochrane within a country could complicate current funding arrangements, and that lines of accountability should be clear. Mark noted that the process of establishing MOUs with Centres and Branches had not yet begun (but would be based on and consistent with the work being done by David and the CEU to establish MOUs between Cochrane's Central Executive and the Co-ordinating Editors).
- Denise reported that Fields welcome their proposed role in Cochrane's KT Strategy, but noted their additional roles in methods and advocacy should also be reflected. There was a note of caution around their ability to implement the proposals given limited funding.

The CSG then considered the paper prepared for it by the Central Executive in relation to taking a more holistic, organisation-wide view of the structure and function changes required to implement Strategy to 2020 and ensure Cochrane is set up to meet its Goals in future. The CSG welcomed that the Group-specific processes have identified important ways to improve our work but agreed that a wider, organisation-wide analysis might include consideration of more substantive change options than were considered by any of the individual Group reviews. A more comprehensive restructure could also highlight and address issues not associated with any specific Group. The CSG therefore asked the Central Executive to develop additional options for change beyond those identified in the individual Group Structure & Function Reviews.

- Decision:** The CSG asked the Central Executive team to explore a range of options on changes to Cochrane Groups' structures and functions, taking into account a holistic, organization-wide approach to how Cochrane works, which may include proposals for substantial change to our overall structure and function.
- Actions:** The CET should produce a report with initial options for CSG to consider at its meeting in Vancouver in January 2016.
- The CET should plan to organise a joint meeting of all Executives at the Mid-Year Meetings in London in April 2016 to consider a finalized organisation-wide structure and function design, possibly with an external facilitator.

#### 14. Governance Review

The CSG considered a paper by its Governance Reform Working Group on options for a revised CSG membership structure.

- Decisions:** That CSG confirmed that Cochrane's future Governing Board will include a mix of internal and external members. A draft framework for identifying and nominating candidates will be established by the CSG's meeting in January, with reference to the particular skills and experience needed by a successful governing board; and the Cochrane community will then be consulted on potential external members.
- The CSG approved in principle a schedule for change to this new model; but this will be subject to approval both by Cochrane Groups at the Mid-Year Meeting in April 2016, and by the UK Charity Commission.
- The transition will be phased, with the first elections for new members to join the new Governing Board completed by the Seoul Colloquium in October 2016.
- Future candidates for 'internal' CSG members will be drawn from among the Cochrane membership at large, rather than specific contributor groups.
- The new Governing Board model will be reached in a stepped process as existing CSG members reach the end of their terms.
- Actions:** The Governance Working Group will develop a draft framework for identifying and nominating candidates for consideration at the CSG meeting in Vancouver in January 2016, with reference to the skills and experience needed by a successful Governing Board, and including timeframes for implementation.
- The CSG Governance Working Group will draft a call for external members of the CSG and work with CEAD to identify a plan for dissemination of the call.
- The CET will obtain legal advice and advice from the Charities Commission on the drafting of changes to the Articles of Association.
- Miranda will identify and advise which members are due to step down in what order over the next three years.

#### 15. Group Executive Reports

The CSG noted the Executive reports.

#### 16. CLOC Report

David reported on recent activities of the CLOC. He confirmed that the remit of the CLOC is advisory, and that final decisions on any recommendations remain with the CSG. The CSG determined that decisions were not required to approve most of the recommendations of the CLOC paper as they are largely already in progress.

- Decisions:** The CSG decided that the CLOC Terms of Reference should be revised, including the nature of disputes that can be considered and the terms of office for members.
- That Cochrane's broader structures for dispute resolution be included in the Governance Review (including CLOC, the Ombudsman position, etc.).
- Action:** Cindy, Martin, Holger and David to review the CLOC Terms of Reference and report to the CSG meeting in Vancouver in January 2016.

#### 17. Review decisions for dissemination

The CSG reviewed the decisions made over its two days of business meetings and agreed key items for dissemination.

## 18. AOB

### NIHR review

Martin noted that a review of Cochrane funding in the UK by the NIHR will be conducted in the coming months, as has been the plan for some time. Cochrane UK is preparing best examples of impact for the review, and has requested input from the CRGs. The CEU will also provide quality and editorial data.

### Intellectual Conflict of Interest

The CSG followed up on its discussion in Athens around developing an intellectual conflict of interest policy. Holger reported that he had produced a brief introductory paper on the issue but much more work needed to be done.

**Action:**            **The CSG agreed that Harriet MacLehose of the CEU should lead the development of a draft policy on non-financial and intellectual conflict of interest within the next twelve months, linked to the current conflict of interest policy.**

### Next CSG meetings:

A teleconference will be scheduled around 27-28 October 2015 to review the outcomes of the Wiley RFP process.

**Action:**            **The CET to circulate a Doodle poll to schedule a CSG teleconference in late October**

The CSG agreed to hold a face-to-face meeting in Vancouver on Saturday and Sunday 16<sup>th</sup>-17<sup>th</sup> January 2016.

**Action:**            **The Co-Chairs and CEO to organize the Agenda for the CSG January 2016 meeting; and the Central Executive to organise logistical details.**

The Cochrane Mid-Year Meetings will be held in London on 4<sup>th</sup>-8<sup>th</sup> April 2016. Group Executive meetings will be held on the Monday-Tuesday (4<sup>th</sup>-5<sup>th</sup>). A CSG Board Development day will be held on Wednesday 6<sup>th</sup>. CSG meetings will be held on Thursday-Friday 7<sup>th</sup>-8<sup>th</sup>.

**Action:**            **The CET to notify Cochrane Executives of the changed dates.**

Final dates for CSG meetings at the Seoul Colloquium are yet to be confirmed.

Mark reported that the invitation to host the 2018 and 2019 Colloquia and the 2017 and 2018 and 2019 Mid-Year Meetings will be sent out immediately after Vienna.

The Co-Chairs recorded the thanks of the CSG to Cochrane Austria for their outstanding organization of the Vienna Colloquium, which had been the largest Cochrane Colloquium ever held and one of its most successful.

## 19. Steering Group Private Session

The CSG then went into an in camera session before formally closing its meeting.

## CSG Decisions/Actions – Vienna Colloquium, 2015

Item #	Decision/Action	Person(s) responsible	By when
3.	Action: David to provide detailed data on groups with quality challenges by Day 2 of the meeting and each CSG meeting (See Item 11)	DT	Completed
4.	Decisions: The CSG noted and approved the 2014 Trading Company Directors' Report & Financial Statements that have been filed with Companies House. The Trading Company financial reports will continue to be provided to the AGM for information only. The CSG would welcome a transition of the Canadian Cochrane Centre to McMaster University. The CSG agreed to appoint CCLA as the Cochrane's investment managers.		
4	Actions: Future Central Executive financial scenario projections to include information about Cochrane Group funding. The Treasurer, Company Secretary and CEO to complete the draft Investment policy for the CSG meeting in Vancouver.	MW  Martin B, HS, MW	October 2016  January 2016
7.	Decision: The CSG approved Cochrane's new Open Access strategy, including: 1. Confirming the organization's commitment to the goal of making all Cochrane Systematic Reviews Open Access by 2020; 2. From early 2016 making all Cochrane Protocols open access; 3. From early 2016 ensuring automatic deposit of all Cochrane Reviews in PubMed Central 12 months after publication; 4. From early 2016 negotiating with major Cochrane donors the provision of a limited number of vouchers for discounted Gold Open Access publication; 5. To build an enhanced <i>Cochrane Library</i> during the remaining years of <i>Strategy 2020</i> . 6. To continue to build the case for a complementary 'consortium model' for Cochrane's major funders. 7. For the Central Executive to monitor infrastructure funders' OA mandates. 8. For the Central Executive to present an update on the OA strategy to the CSG at the Colloquium in 2017, and thereafter to present annual reports to the CSG on the open access environment.		
8.	Decision: The CSG asked the SMT to proceed with Wiley to the next stage of the planned Request for Proposals (RFP) to appoint a new technology platform for the <i>Cochrane Library</i> . The CSG will decide how to proceed with the preferred provider in November 2015.	SMT	Completed
9.	Decision: The CSG approved an increase in the annual budget of up to £70,000 to support the annual Colloquium and regional events, to be administered by the CET.		
11.	Actions: The Editor in Chief to prepare a detailed report on CRG performance and quality improvement plans for each CSG meeting. The Editor in Chief to propose to the CSG any systematic quality assurance measures he recommends for CRGs with quality issues. The Editor in Chief to prepare a comprehensive quality assurance plan and associated budget proposal for the CSG to consider.	DT	Each Face-to-Face CSG Each Face-to-Face CSG January 2016
11.1	Decision: The CSG agreed to establish a small Working Group (Lisa, Karin, Mona) to take on the review of all future appeals of Funding Arbiter/Funding Panel decisions. Action: David Tovey to facilitate the establishment of the Working Group.	DT	December 2015
11.2	Action: Mark to follow up with the relevant collaborators on the issue of a guideline exchange platform and report back to Holger.	MW	December 2015
11.3	Decision: The CSG approved the establishment of a CRG Strategic Development Support Fund to support Groups taking over the portfolio of another Group unable to continue with their work. Grants will be up to £50,000 per Group per year, up to a total budget of £200,000 per year.		

**RESTRICTED ACCESS (DRAFT)**

Item #	Decision/Action	Person(s) responsible	By when
11.3	Action: David to amend the criteria of the Fund to clarify that there is no requirement to retain and publish all reviews currently listed with a Group (where that is not appropriate).	DT	January 2016
11.5	Decisions: That an expanded competitive fund for methods work, based on the Methods Innovation Fund (MIF), should be established to provide a framework for prioritisation and allocation of funds according to strategic priorities. That the most appropriate way future funding could be provided for Prognosis Reviews would be through this new framework. A future proposal to the new framework by this group would be welcomed.		
11.5	Action: David, supported by Holger, Joerg, Jackie Chandler and Miranda C, draft a framework for an expanded Methods Fund based on the MIF, including revisions to the MIF process and scope, to be submitted to the CSG at its meeting in Vancouver in January 2016.	DT (with HS, JM, JC & MC)	January 2016
11.6	Decision: The CSG approved the formation of a Rapid Review Methods Group.		
11.7	Action: The Central Executive to refine further the 2016 draft targets.	SMT	January 2016
11.7	Decision: The CSG Development day at the 2016 Seoul Colloquium to be devoted to a consideration of Cochrane's progress in meeting its <i>Strategy to 2020</i> Goals and Objectives.		
12.	Decision: The CSG approved the development and implementation of a Cochrane membership scheme as set out in the paper.		
12	Actions: The CSG requested a costed budget be included in the Cochrane 2016 Plan and Budget to be submitted for approval in Vancouver in January. The CET includes a process for terminating membership in the detailed membership scheme, incorporating UK Charities Commission guidance. The CET includes in the membership process a declaration that members support the values and mission of Cochrane.	SMT  SMT  SMT	January 2016  October 2016  October 2016
13.	Decision: The CSG asked the Central Executive team to explore a range of options on changes to Cochrane Groups' structures and functions, taking into account a holistic, organization-wide approach to how Cochrane works, which may include proposals for substantial change to our overall structure and function.		
13.	Actions: The CET should produce a report with initial options for CSG to consider at its meeting in Vancouver in January 2016. The CET should plan to organise a joint meeting of all Executives at the Mid-Year Meetings in London in April 2016 to consider a finalized organisation-wide structure and function design, possibly with an external facilitator.	SMT  SMT	January 2016  April 2016
14.	Decisions: 1. The CSG confirmed that Cochrane's future Governing Board will include a mix of internal and external members. A draft framework for identifying and nominating candidates will be established by the CSG's meeting in January, with reference to the particular skills and experience needed by a successful governing board; and the Cochrane community will then be consulted on potential external members. 2. The CSG approved in principle a schedule for change to this new model; but this will be subject to approval both by Cochrane Groups at the Mid-Year Meeting in April 2016, and by the UK Charity Commission. 3. The transition will be phased, with the first elections for new members to join the new Governing Board completed by the Seoul Colloquium in October 2016. 4. Future candidates for 'internal' CSG members will be drawn from among the Cochrane membership at large, rather than specific contributor groups. 5. The new Governing Board model will be reached in a stepped process as existing CSG members reach the end of their terms.		
14	Actions: The Governance Working Group will develop a draft framework for identifying and nominating candidates for consideration at the CSG meeting in Vancouver in January 2016, with reference to the skills and experience needed by a successful Governing Board, and including timeframes for implementation.	Governance Working Group	January 2016  January 2016



**RESTRICTED ACCESS (DRAFT)**

<b>Item #</b>	<b>Decision/Action</b>	<b>Person(s) responsible</b>	<b>By when</b>
	The CSG Governance Working Group will draft a call for external members of the CSG and work with CEAD to identify a plan for dissemination of the call. The CET will obtain legal advice and advice from the Charities Commission on the drafting of changes to the Articles of Association. Miranda will identify and advise which members are due to step down in what order over the next three years.	Governance WG MW, MC  MC	April 2016  Completed
16.	Decisions: The CSG decided that the CLOC Terms of Reference should be revised, including the nature of disputes that can be considered and the terms of office for members. That Cochrane's broader structures for dispute resolution be included in the Governance Review (including CLOC, the Ombudsman position, etc.).		
16.	Action: Cindy, Martin, Holger and David to review the CLOC Terms of Reference and report to the CSG meeting in Vancouver in January 2016.	CF / MB / HS/ DT	January 2016
18.	Actions: The CSG agreed that Harriet MacLehose of the CEU (working with HS and other interested CSG members) should lead the development of a draft policy on non-financial and intellectual conflict of interest within the next twelve months, linked to the current conflict of interest policy. The CET to circulate a Doodle poll to schedule a CSG teleconference in late October. The Co-Chairs and CEO to organize the Agenda for the CSG January 2016 meeting; and the Central Executive to organise logistical details The CET to notify Cochrane Executives of the changed dates.	HM   MW LB, CF, MW CET CET	October 2016   Completed January 2016 Completed

## CSG Agenda & (Open Access) Background Papers

2015 Colloquium, Vienna, Austria  
Friday 2<sup>nd</sup> & Thursday 8<sup>th</sup> October  
2015

**Friday 2<sup>nd</sup> (08:30 – 17:00)**  
**Venue: Palais Niederösterreich**  
**Herrengasse 13, A -1010 Wien, Austria**

**Thursday 8<sup>th</sup> (08:30 – 18:00)**  
**Venue: Courtyard Hotel Marriott Schönbrunn**  
**Conference room 2&3**  
**Schönbrunner Schloßstraße 38-40, A-1120 Wien, Austria**

*The CSG dinner will be held on Friday 2<sup>nd</sup>, from 19:00*  
*Venue: Stadtgasthaus Eisvogel*  
*Riesenradplatz 5, A-1020 Wien, Austria*

# Agenda

## Friday 2<sup>nd</sup> October (08:30 – 17:00)

1. Welcomes, Apologies, Declarations of Interest and Approval of the Agenda
2. Co-Chairs' Report
  - 2.1 Correspondence log
3. Central Executive Reports:
  - 3.1. 2015 *Strategy to 2020* Target Update (I) [OPEN ACCESS]
  - 3.2. Central Executive Team Report (I) [OPEN ACCESS]
    - 3.2.1. Calendar for CET-led reports to the CSG (I) [OPEN ACCESS]
  - 3.3. Cochrane Dashboard 2015 (I) [RESTRICTED ACCESS]
  - 3.4. Editor in Chief's Report (I)
4. Financial Report (including):
  - 4.1. 2015 Financial Year Update & Finance Report (I) [RESTRICTED ACCESS]
  - 4.2. Trading Company Directors' Report & Financial Statements (I) [OPEN ACCESS]
  - 4.3. Cochrane Canada Funding (I)
  - 4.4. Investment Policy (D) [RESTRICTED ACCESS]
5. Cochrane Innovations Update (I) [RESTRICTED ACCESS]
6. Cochrane-Wiley Publishing Management Team Report (I) [OPEN ACCESS]
7. Open Access Strategy (D) [RESTRICTED ACCESS]
8. Options for Future Publishing Arrangements (D) [RESTRICTED ACCESS]
9. Cochrane Events & Colloquium Review (D) [OPEN ACCESS]
10. AGM planning

**Thursday 8<sup>th</sup> October (08:30 – 18:00)**

11. Additional CET Reports:
  - 11.1. Funding Arbiter Report (I) [OPEN ACCESS]
  - 11.2. Project Transform Report (I) [OPEN ACCESS]
  - 11.3. CRG Strategic Development Support Fund Proposal (D) [RESTRICTED ACCESS]
  - 11.4. Funding Request from Cochrane Infectious Diseases Group (D) [RESTRICTED ACCESS]
  - 11.5. Prognosis Reviews (D) [OPEN ACCESS]
  - 11.6. Ratification of the approval for a Rapid Review Methods Group (D)
  - 11.7. Strategy to 2020 Draft 2016 Targets (D) [OPEN ACCESS]
  - 11.8. Risk Management (I) [RESTRICTED ACCESS]
12. Membership Scheme (D) [OPEN ACCESS]
13. Structure & Function Review Update (D) [RESTRICTED ACCESS]
14. Governance Review (D) [RESTRICTED ACCESS]
15. Group Executives' Reports:
  - 15.1. TSCs' Executive report (I) [OPEN ACCESS]
  - 15.2. Consumers' Executive report (I) [OPEN ACCESS]
16. CLOC Report (D) [RESTRICTED ACCESS]
17. Review decisions for dissemination
18. Any Other Business
19. In Camera Session (CSG members only)
20. Outstanding CSG action items (I) [RESTRICTED ACCESS]

(I) - Agenda Items for Information/report

(D) - Agenda Items for Decision or Strategic Discussion

# Strategy to 2020: Interim Target Report 2015

**Document prepared by:** Senior Management Team and Central Executive Team target 'leads', on behalf of all Cochrane Groups and contributors who are contributing to the delivery of the 2015 targets.

**Submitted to Steering Group:** October 2015, Vienna, Austria.

**Purpose of paper:** To provide a progress report and status update of the *Strategy to 2020* targets for 2015.

**Access:** Open Access.

Progress status indicator	
<b>Grey (Gr.)</b>	Completed in full
<b>Green (G)</b>	Good progress, with confidence that delivery date will be met
<b>Amber (A)</b>	Some delays that may affect delivery, with corrective action required in order to meet delivery date
<b>Red (R)</b>	Serious concerns that delivery date will not be met; urgent corrective action required
<b>Purple (P)</b>	Not yet started, as per project plan

	2015 Target	Central Executive Team target lead
1.1.	High Priority Reviews List	<b>David Tovey</b> Editor in Chief
1.2.	Quality Assurance Strategy	<b>Toby Lasserson</b> Senior Editor
1.3.	GRADE and SOF Implementation	<b>Toby Lasserson</b> Senior Editor
1.4.	Updating Classification Framework	<b>Harriet MacLehose</b> Senior Editor
1.5.	Future of Review Production	<b>Chris Mavergames</b> Head of Informatics & Knowledge Management
2.1.	User Experience Review and Framework	<b>David Tovey</b> Editor in Chief <b>Julie Wood</b> Head of Communications & External Affairs <b>Charlotte Pestrige</b> CEO Cochrane Innovations
2.2.	Open Access Strategy	<b>David Tovey</b> Editor in Chief <b>Chris Champion</b>

		Senior Programme Manager <b>Harriet MacLehose</b> Senior Editor
2.3.	Non-English Language Access to Cochrane Content	<b>Juliane Ried</b> Translations Co-ordinator
2.4.	Simplified and Standardised Language	<b>David Tovey</b> Editor in Chief <b>Juliane Ried</b> Translations Co-ordinator
3.1.	Cochrane Re-brand	<b>Jo Anthony</b> Senior Communications and Media Officer
3.2.	Partnership Strategy	<b>Julie Wood</b> Head of Communications & External Affairs
3.3.	Communicating our Impact	<b>Julie Wood</b> Head of Communications & External Affairs
4.1.	Membership Scheme	<b>Mark Wilson</b> CEO
4.2.	Governance and Structure and Function Reviews	<b>Mark Wilson</b> CEO
4.3.	Generating income for a sustainable future	<b>Charlotte Pestrige</b> Cochrane Innovations CEO
4.4.	Capacity Building through Regional Initiatives	<b>Mark Wilson</b> CEO
4.5.	Training for Cochrane Editors	<b>Miranda Cumpston</b> Head of Learning and Support
4.6.	Environmental Impact Review	<b>Mark Wilson</b> CEO



Target	Update	Key messages for Steering Group
<b>GOAL 1: PRODUCING EVIDENCE</b>		
<b>To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.</b>		
<b>1.1. High Priority Reviews List</b> Finalise and begin work on Cochrane's top 200 high priority reviews and establish a decision-making framework both at group and collaboration level to maintain prioritisation processes	<p>The first Cochrane Priority Reviews List was published in January 2015 and has been updated every two months since then following communications with CRG teams. The current list contains 373 titles - 300 titles (approx.) published in January and the remainder added since. Fifty-eight titles on the list have been published to date – 18 protocols, 20 reviews and 20 updates. We note that very few review titles are available for new author teams, and almost no titles have been included from groups other than CRGs in Cochrane or from outside agencies. In addition, work by Oversight Committee member Lara Fairall in South Africa has shown that only a minority of titles are relevant to people in LMICs. We will carry out the proposed audit of topic progress in December 2015 and are confident that we will meet the standards we set for target 1.1.</p> <p>We are planning to revise the priority reviews list in the light of our experience and these plans will be described elsewhere in the CEU report.</p>	<b>G</b> On track.
<b>1.2. Quality Assurance Strategy</b> Develop a Cochrane Review quality assurance strategy	<p>The work of the screening team (see below) has informed the development of the quality assurance strategy (see appendix). The strategy considers both quality assurance and quality improvement approaches and signals a move away from reliance on the current screening process. In addition, the work that was consequent on the COI audit has reached its final phase. This is covered in more detail in the Funding Arbiter's report.</p> <p>In relation to the author survey we decided to wait the inception of the equity committee that resulted from the Strategic Session in Athens. We will consult with this group and others and propose to run a survey either in Q4 2015, or Q1 2016.</p> <p>At a recent CEU strategy day we decided that it was important to develop a broader, integrated quality strategy, that brings together a number of</p>	<b>G</b> On track.

		related elements that all come under the heading of 'quality'. These include: Quality assurance; Quality improvement; Prioritisation and relevance; Re-evaluation of the editorial process; Development and implementation of agreed policies; Methods development.		
1.3.	<b>GRADE and Summary of Findings Tables</b> Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews and that 85% of new intervention reviews have a SoF table for the main comparison	Preliminary work has started on this project, and we anticipate that the target will be delivered as planned.	G	On track.
1.4.	<b>Updating Classification Framework</b> Implement the Updating Classification Framework	<p>The updating classification system is a decision-making framework to help Cochrane Review Groups decide which Cochrane Reviews to update and to be able to report on the updating status of a Cochrane Review (via 'updating classifications'). The updating classifications will be applied in Archie and displayed alongside the published Cochrane Reviews. This project has several development stages: (1) development and refinement of the updating classification system; (2) development of the specifications for the interface in Archie; (3) development of the specifications for the display of the classifications in individual Cochrane Reviews (Anywhere   Article interface only   Interface only); (4) development of the specifications for the display and interactivity in the faceted browse in the <i>Cochrane Library</i>; and (5) development of the specifications for the display and interactivity for the search in the <i>Cochrane Library</i>. Each step will include user testing and the standard technical development and user acceptance testing. In addition, there will be separate programme of work to support Cochrane Review Group editorial teams to learn about and use the new updating classification system.</p> <p>Good progress has been made with project step 1 in parallel with the development of the paper and guidance from the updating workshop (Hamilton, June 2014), and meetings are scheduled in September to explore project step 2 ahead of implementation in the Quarter 4 Archie release. Project steps 3 to 5 are dependent on decisions made in project steps 1 and 2, and we have held meetings that have started to explore options for data transfer and display. Progressing to project steps 4 and 5 will also be dependent on the classification of a certain percentage (to be determined)</p>	A	The status of this target reflects the progress made by the Cochrane Editorial Unit and CRGs against the target for CRGs to categorise their portfolio of reviews using the UCF. Implementation of the UCF on the Cochrane Library will be delayed – further information is detailed in the Publishing Management Team report. The red status of the target in the PubMan report reflects the status of that CLIB implementation.

		of all Cochrane Reviews to ensure a good user experience. As detailed in the Publishing Management Team report, there will unfortunately be delays outside of Cochrane's control to implementing steps 4 and 5.		
1.5.	<b>Future of Review Production: Foundation phase</b> Launch the beta version of the browser-based RevMan; and implement and roll out the Cochrane Author Support Tool project	Progress on RevMan Web has substantially picked up in Q2 and we are now on track to deliver a beta version of the tool by end 2015 with an initial beta version for demo at the Vienna Colloquium. The Author Support tool portion of this target is on schedule and Covidence will be launched in Vienna. The CRS-D back-end work and APIs that connect the various tools are in place and ready for connection.	G	RevMan Web now back on track for beta version deliver by year's end but proving to be a more technically challenging project than expected so full roll-out likely to be in early 2017. The rollout of Covidence, development of CRS-D and integration with EpPI-Reviewer is on track to be delivered by Vienna/year's end.
<b>GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE</b>				
<b>To make Cochrane evidence accessible and useful to everybody, everywhere in the world.</b>				
2.1.	<b>User Experience</b> Complete a user research project to evaluate perception of the Cochrane brand; understand how, why and when people use Cochrane evidence; understand the needs and preferences of potential users; and establish a framework for on-going reassessment	Wiley have taken on all elements of the user research project, targeting both Cochrane users and non-users.  Initial online & email questionnaire running from 22 Sept 2015 with results available by late Oct 2015. Final phases of research project will deliver in Q1 2016.	A	Minor delays but will meet target.
2.2.	<b>Open Access Strategy</b> Establish a final strategy for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016	Strategy submitted to Steering Group by the Senior Management Team for discussion and approval at Vienna meeting.	G	Completed and awaiting approval.
2.3.	<b>Non-English Language Access to Cochrane Content</b> Improve non-English language access to Cochrane content by launching the new Cochrane.org and Cochrane Library in at least five languages and by conducting a pilot project to incorporate Cochrane	Cochrane.org now features translations in 12 languages. Whilst this deliverable has been achieved there is still more work that will be done to translate other elements of the site, to provide a coherent user experience in those languages, and to improve translation workflows.  The translated portal and search developments for the Cochrane Library have been put on hold as the scope and timing of the solutions offered by Wiley did not meet Cochrane's expectations and requirements, and did not	R	Progress on cochrane.org has been good, but poor on the Cochrane Library. Measures to address this problem are detailed in the Publishing Management Team report to the Steering Group.

	evidence in non-English Wikipedia entries by the end of 2015	<p>have the support of Cochrane's volunteer translation teams. Implementing multi-language options for users is now planned as part of the new delivery approach detailed below, so the target will not be met this year with regard to the <i>Cochrane Library</i>.</p> <p>The Wikipedia expansion project is not going ahead as envisioned. Exploration revealed that the connection of the Wikipedia project to Cochrane translation activities is questionable, as non-English Wikipedia articles would still reference the original English Review, so it seems largely a duplication of effort to involve other language teams. The better approach might be to connect non-English WikiMedicine editors to the general initiative, and use the same resources. This will now be considered.</p>		
2.4.	<b><i>Simplified and Standardised Language</i></b> Establish a framework and guidelines for simplified and standardised language across Cochrane Reviews	This target is now being led by David Tovey and Juliane Ried within the CET. We have met with Clare Glenton and Simon Goudie from the <i>Norwegian Knowledge Centre for the Health Services</i> to explore a project that will include the development of guidance for those who are writing plain language summaries. We hope to include people with linguistics expertise in the project, to ensure that any guidance incorporates advice aimed at ensuring simple and unambiguous translation.	A	A new approach is being taken to achieve this target.
<b>GOAL 3: ADVOCATING FOR EVIDENCE</b> <b>To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.</b>				
3.1.	<b><i>Cochrane Re-brand</i></b> Implement, in conjunction with Cochrane groups, the global re-brand by the end of 2015	Main logo and brand materials launched, including Cochrane.org and the <i>Cochrane Library</i> . Websites are performing as expected and improvement ongoing. New logos and offline templates delivered for all groups, with all community sites on platform using the rebranded website. Further templates developed and updated brand book available by October.	G	Delivery almost complete.
3.2.	<b><i>Partnership Strategy</i></b> Build on our existing partnerships, identify two new partnerships and develop a new partnership strategy	WHO—reinvigorated relationship with coordinator in place and mapping of WHO activity complete. Relationships with The Campbell Collaboration, GIN, Wikipedia all progressing along agreed MOUs. Initial discussions ongoing with potential new partners (Equator, UICC, Joanna Briggs, etc.) Special session in Athens to kick off partnership strategy discussions. A new partnership strategy is in development and will be completed by the end of the year.	G	On track.
3.3.	<b><i>Communicating our Impact</i></b> Capture and communicate Cochrane's impact on policy and practice by developing	A series of impact stories and infographics have been created to communicate the difference that Cochrane makes. More video is being shot in Vienna and we are on track to deliver these stories by the end of the year	G	Predominantly on track, with some follow up work for the future.

	robust output and outcome metrics and impact stories	and as well as set up a process for how we will collect these stories and define what impact is.  Capturing output and outcome metrics will be more difficult as there is little agreement on how we define this and we will need to continue to work on how what we view as success in the coming years.		
<b>GOAL 4: BUILDING AN EFFECTIVE &amp; SUSTAINABLE ORGANISATION</b> <b>To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.</b>				
4.1.	<b>Membership Scheme</b> Introduce a Cochrane membership scheme	The guidance from Cochrane's CSG and Executives in Athens on the concept paper was integrated within a fully developed model for Cochrane membership that will be presented for consideration by the Steering Group in Vienna. The key dependency guiding the launch date for the membership scheme is its integration with the 'Project Transform' technology platform and tools to ensure new members have ways to contribute to our work.	A	A Cochrane membership scheme will be launched in 2016. The extensive consultation and design work this year will be crucial in its eventual success but it is clear that the target for a 'soft launch' in Vienna was unrealistic given the complexities of the project and the need to have an integrated IT system to support members in place.
4.2.	<b>Governance and Structure and Function Reviews</b> Complete the structure and function reviews of our governance bodies and Cochrane groups	The Structure & Function Reviews of Cochrane Groups, including the CSG, have been a focus of intensive work in Qs 2 & 3. A successful independent survey of external stakeholders was conducted in Q2 with a final report received in September. The Steering Group agreed on a new timetable for governance reform that means proposals will be completed by April 2016, followed by wide consultation across the collaboration before formal consideration by members at the AGM in October 2016. Elections/nomination processes for the new CSG will follow in Q4. The CSG's Governance Reform Group agreed Terms of Reference and continued its work, submitting an interim report to the CSG in Vienna.  Comprehensive Structure & Function Review papers for Centres, Branches & Networks; Fields; and the Consumer Network were submitted on time to the Group Executives and these will now be considered by the Groups and then by the Steering Group in Vienna as planned.	G	On track, but the likely scope and type of change that emerges from the Reviews may take final organizational design decisions into 2016.

		A more detailed report on the Structure & Function reviews of CRGs and Methods Groups is available in the CEU report.		
4.3.	<b>Generating Income for a Sustainable Future</b> Develop a Cochrane Innovations strategy and business plan and build relationships with trusts, foundations and funding bodies	Actively implementing the Cochrane Innovations strategy approved by the CSG in May with the development of a series of business plans. First three business plans will be completed by the end of the year.	G	On track.
4.4.	<b>Capacity Building through Regional Initiatives</b> Build Cochrane capacity through targeted regional initiatives and identify methods that can be applied in other regions	Work has gone well with the development, led by Cochrane South Africa, of a draft Cochrane African Regional Initiative and the Steering Group will consider it in Q4. The CEO continued to lead development of the Global Evidence Synthesis Initiative (GESI) with the Founding/Governance and Advisory Support Groups in place, the 'Case for Support' finalized, and a competitive tender to host the GESI Secretariat scheduled for completion in October. Support to other regional initiatives was limited as a result, but this will be picked up strongly in Q4.	G	On track.
4.5.	<b>Training for Cochrane Editors</b> Develop a programme of training for Cochrane editors and establish a system of accreditation based on this programme	David Moher's team has completed the scoping review on core competencies. The needs assessment survey has been drafted and is awaiting ethics approval. Discussions have begun regarding candidates for the Delphi process and identifying an appropriate opportunity to bring candidates together for the consensus conference while minimise additional travel (this may require some flexibility with timelines). Meanwhile, the CRGs, CEU and Centres are piloting training workshops for editors, and working on training messages arising from the CEU quality improvement work.	A	Some delays awaiting ethics approval likely to impact overall timelines, but project proceeding as planned.
4.6.	<b>Environmental Impact Review</b> Review Cochrane's environmental impact and draft an environmental sustainability strategy	This work is now behind schedule. An external consultant has analysed the environmental impact of Cochrane's Central Executive but not yet completed an analysis of the wider organisation – particularly around the Colloquium. However, the need to provide additional real-time and audio-visual records of plenaries and key sessions in Colloquia was a strong recommendation of the Cochrane Events Review, in part to boost 'virtual' attendance and reduce the carbon impact. We still hope to have a draft Cochrane sustainability strategy by September.	A	Work continuing but behind schedule.



# Central Executive Team Workplan & Budget 2015

Interim Report to the Steering  
Group, Vienna, October 2015

**Document prepared by:** Central Executive Heads of  
Department, in consultation with their team  
members.

**Submitted to Steering Group:** October 2015,  
Vienna, Austria.

**Purpose of paper:** To provide a report on progress  
against 2015 departmental workplans.

**Access:** Open Access.



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This interim report is a narrative report on the main areas of progress against CET departmental workplans, which were approved by the Steering Group in December 2014 as part of the CET Plan & Budget for 2015. The budget report forms part of Finance Report, which is Item 4.1. on the Steering Group's Vienna agenda. Please also refer to the interim *Strategy to 2020* 2015 target report.

# 1. Introduction

2015 is proving to be seismic year in the life of the Central Executive Team. Following our office move to Haymarket in London in February, the final integration of the IKMD team based in Denmark was completed in May, the new Learning & Support Department was formed with staff recruited in Australia, Croatia and the UK, and the planned expansion of capacity in other Central Executive departments was completed, including appointments of specialist Trusts, Foundations and EU fundraisers based in Switzerland and France, and a new Deputy Editor in Chief based in Israel! We are now a truly international team but have still managed to develop a strong collegiate culture during a period of intense activity.

In respect of our progress in the first eight months of 2015 we have much to celebrate. We are confident that most of the targets we set ourselves this year will be met; and those that will run over into 2016 will do so to ensure that they are achieved in the most effective way possible. Cochrane Strategy to 2020 Dashboard will show another extraordinarily high level of achievement against our targets, something the new Central Executive team and the whole of Cochrane can be proud of.

There will, however, be two targets that will not be fulfilled as we intended: the establishment of an Updating Classification Framework (1.4) on the Cochrane Library; and the launching of five non-English language versions of the Library (2.3) by the end of 2015. These setbacks highlight one of the biggest challenges the Central Executive team has faced in our work over the last few years: the unsatisfactory technological capacities of Wiley's technology and publishing platform. The progress of the shared 'Roadmap' programme to deliver new features and upgrades to the Library has been consistently disappointing, despite a successful platform re-launch in mid-2015. It is now recognised by all parties that the existing Wiley Online Library platform is unable to meet our aspirations for the presentation and delivery of Cochrane content. We await with interest, therefore, the outcome of the ongoing tender process being run by Wiley aimed at delivering a new platform for the Cochrane Library.

In contrast, the dashboard we produce with our colleagues from Wiley has shown other much more pleasing results: including rising licensing revenues (including a double digit increase in royalties in the first six months of 2015 compared to the same period last year); an increase in the CDSR's impact factor to 6.032; and steady gains in terms of access to the Cochrane Library (6% increase in demand for full text versions of the Reviews between January and July 2015 compared with 2014).

Cochrane's Central Executive has spent a large part of 2015 working with other parts of the organisation on many significant projects that will transform our work in the coming years. Early 2016 will see the introduction of the Cochrane membership scheme. We hope that free membership will attract new people from different cultures and with different skills and interests to share in our work, as our long-term sustainability depends on our ability to identify and recruit people to our mission. The introduction of the scheme will coincide with a period of intense change that incorporates new governance structures, and transformations in the ways that each of the different Cochrane Groups function and relate to one another, in order to help us deliver our Strategy to 2020 goals and create an organisation that is fit for the future.

Nowhere is the pace of change more rapid or pervasive than in the field of technology. Visitors to the Colloquium in Vienna will be able to see the scale of the changes that are underway, including:

- The development of the 'Covidence' author support tool and its integration with RevMan;

- Early progress in the Linked Data project, including the exciting ‘PICOfinder’ demo visualisation tool that allows for filtering and browsing by PICO – in effect freeing Cochrane evidence from the PDF;
- New elements of ‘Project Transform’, including the new Task Exchange platform.
- Enhancements to RevMan and CRS through their migration to the online environment.

All of these technology developments can seem arcane, even remote, to those not intimately involved, but this impression is misleading. Together, the developments have the potential to revolutionise the way Cochrane’s Systematic Reviews are created, published, and presented; whilst at the same time providing a fitting and world-class technical environment to support our contributors.

It is no exaggeration to say that the arrival and evolution of the Communication and External Affairs Department has been akin to pressing ‘fast forward’ on our efforts at presenting and marketing Cochrane globally. Following the team’s success in launching Cochrane’s main organisational re-brand in January we have seen 140 of our internal Group websites rebranded and completed. This has been achieved alongside a major expansion of our partnership relationships (facilitated by Cochrane Groups as well as centrally) and a step change in the effectiveness of our media coverage, with press conferences and focussed blogs added to our traditional menu of press releases, podcasts and Journal Club. Finally, we are already seeing the first returns from our new fundraising staff with the receipt of a grant to support the development of the ‘Cochrane in Africa Initiative’. Productive talks with other potential donors are ongoing.

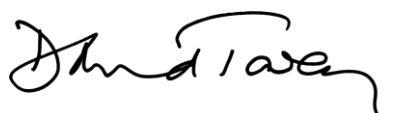
Training and methods are central to the Cochrane mission. One of the highest priorities of the new Learning and Support strategy approved by Steering Group in 2014 is editor training, and the next year will see rapid changes to address this important gap in our provision. The wide ranging ‘Methods Structure & Function Review’ will also consider how we can ensure Cochrane continues to attract and reward young methodologists who wish to develop their careers within our community. In addition, the new L&S department will work with the CEU methods quality team to deliver programmes aimed at transferring the learning associated with the Review screening project.

The CEU is refining its role and will build on the ongoing quality assurance strategy, editorial policy development and the re-evaluation of the editorial process work initiated at the Athens Strategic Session in May to concentrate on delivering transparent, evidence based and inclusive decision making in relation to methodological policy development. As recent papers and discussions have shown: we do not yet have the processes or structures in place to ensure that the right decisions can be made efficiently and openly, in an inclusive and nimble fashion.

Finally, we want to record our thanks and best wishes to two outgoing Central Executive staff members who have made significant contributions to our work in the last few years: Jessica Thomas (IKMD Business and Operations Manager) who left us in May; and Hugh Sutherland (Head of Finance and Core Services) who will be leaving at the end of the year.



**Mark Wilson, CEO**



**David Tovey, Editor in Chief**

## 2. Communications & External Affairs Department

Head of Department: Julie Wood

All 140 Cochrane Group websites on our platform have been re-branded in early September. This was a monumental effort by groups as well as the CEAD team. Thank you! We are now working with groups who are off-platform to update their websites. We are conducting a review of this process to learn what could have been done differently, but we consider the bulk of the work that will impact groups to be finished. We are also updating the brand book with more examples of how to implement the brand and associated templates to make it easier for groups to do this. We will now turn our attention toward redeveloping the Community website. Now that we have a solid basis for delivering our communication, the team looks forward to being able to focus more in future on communicating about Cochrane and its evidence.

### Partnership development

Partnerships continue to move forward. Two key achievements have been the submission of the next three-year work plan with the WHO and we are also developing a Memorandum of Understanding (MoU) with PAHO. We are currently negotiating MoUs with Joanna Briggs, GRADE and IUCC. A series of impact stories have been collected, with infographics created and more videos to come by the end of year.

### Translating Cochrane content

Translating the Cochrane Library across five languages has been delayed (as outlined in the Publishing Management Team Report) due to technical difficulties on the Wiley platform. However, creating more translated content on Cochrane.org continues to move forward with the expectation that this target will be achieved by the end of the year. We are working with the Translations Advisory Group to review the existing strategy and amend how we deliver it. We are also drafting a project plan with the Norwegian Knowledge Centre on improving Plain Language Summaries which will help with improving the ease of translating them as well as how accessible they are in English. Both the EU and Trusts and Foundations have started and we are seeing strong initial signs of progress, with the first grant in (£15,000) to support the Cochrane African training event in November.

### Media engagement

This quarter continued to see the publicity and dissemination of high priority, news worthy reviews through PRs, media engagement and Cochrane Review Group support. From 1 March to the 31 July there were a total of 2,359 media “hits” globally with Cochrane accreditation and profile appearing in international titles including the Wall Street Journal USA, Asia and Europe, as well as online. Our busiest months for media coverage were March 2015, with 774 media hits and July 2015 with 690. This increase can be attributed not only to the ‘newsworthiness’ of our reviews, but also the establishment of a Communications Network, which is currently 75 members, which provides a weekly overview of the latest stories, press releases and blogs for staff who deliver communications for Cochrane. Combined numbers of subscribers across social media networks as of 28 August 2015 are at 58,000, and we continue to average 200 new Twitter followers/week. The combined number represents a 38% increase

in subscription over the last year, up from 44,000 in mid-August 2014. These dissemination efforts, including an active push to soliciting blogs the community as improvements to our optimizing the ability of Cochrane.org to be searchable by aggregators such as Google have led to a 20% increase in traffic from first quarter to the end of the second quarter this year. We will continue to work to improve the performance and functionality of cochrane.org by the end of the year.

## Communicating impact

We are also working to support groups with their own dissemination in the form of short “on demand” webinars of how to guides on best practices in dissemination, such as in social media as well as providing a range of resources for translators. Linked to our translations work saw the beginning of an EU-funded project, Health in my Language, aiming to develop health domain adapted machine translation (MT) for Czech, German, Polish and Romanian. Cochrane content serves as a use case to test and evaluate improved MT systems progressively during the next three years.



## 3. Chief Executive Officer's Office

**Head of Department: Mark Wilson**

**Work in the four months since the Athens meetings concentrated on the major Structure & Function reviews that the CEO's office leads or are active in of Governance, Centres & Branches, Fields, and the Consumer Network; as well as development of the Open Access strategy; the new Cochrane membership scheme; the Global Evidence Synthesis Initiative (GESI); and the future publishing relationship with Wiley.**

In Athens the Steering Group asked the Central Executive to assess Cochrane's future publishing relationship with John Wiley & Sons, with whom we have a contract until the end of 2018. Wiley has provided strong sales and royalty revenues in recent years that continued in the first six months of 2015 with sales up by 15% (and royalties 17%) on the same period last year. However, there have been, and continue to be, major challenges in developing the Cochrane Library further because of Wiley's technology and IT publishing platform capabilities and systems.

The CEO and Editor in Chief held meetings with Wiley's new leadership team, including new CEO Mark Allin; and in August Wiley launched a competitive tender of third party providers for a new, bespoke Cochrane Library publishing platform and 'back-end' system that would be delivered in 2016 and designed to offer Cochrane a responsive, flexible, agile, adaptable but robust platform that allows Cochrane to develop much more rapidly, efficiently and effectively the features and content it wants to offer in the coming years.

The final selection of Wiley's new platform provider will be made in October. In the meantime, a paper with recommendations on the new publishing arrangements was prepared for Steering Group consideration in Vienna.

### Structure & Function Reviews

Progress on the Structure & Function Reviews is covered in the report on the 2015 Targets of Strategy 2020. The Reviews demanded extensive work with each of the Group Executives, including development of internal surveys and other consultation arrangements, as well as managing the final report of the external consultation surveys conducted by the Technopolis consultancy firm. The CEO then drew from all of these inputs to produce draft Review papers that went to the Groups for their meetings in Vienna; and a 'holistic' overview that was also submitted to the Steering Group.

### Cochrane Group Support

A major challenge for Cochrane in 2015 is the decision of the Canadian Institute for Health Research (CIHR) to end funding of Cochrane Groups in Canada from September this year. CIHR has been providing C\$1.96 million to support the Canadian Cochrane Centre, six Cochrane Review Groups (Back and Neck; Hypertension; IBD (Inflammatory Bowel Disease and Functional Bowel Disorders); Upper GI and Pancreatic Disease; Musculoskeletal; and EPOC (now moved to the UK)), the Child Health Field and two Methods Groups (Bias (now moved to the Netherlands) and Equity). The CEO has been in regular contact with Jeremy Grimshaw and the Canadian Cochrane Centre leadership to support initiatives to replace this funding, and visits to Canada in Q4 are planned to assist these fundraising efforts. CEAD has also advised and supported the #saveCochraneCanada campaign.

In June an agreement with the Universität Freiburg and Universitätsklinikum Freiburg was made that provides stable, generous and long-term support to Cochrane Germany through the establishment of 'The German Cochrane Institute, Freiburg'. The agreement is particularly important because it offers Cochrane a useful model for negotiations with other host institutions around the world on long term relationship agreements that include leadership succession, clearer accountability, recognition of Cochrane functions and jointly-agreed branding.

Two new Cochrane Groups were formally established and integrated within Cochrane's global network in August:

- Cochrane Russia, with a 'co-ordinating hub' at the Kazan Federal University, Tatarstan, under Professor Liliya Ziganshina's leadership. The precise nature and accountability relationships of this 'co-ordinating hub' within the Cochrane structure will be addressed once the reform plan for Centres, Branches and Networks is complete.
- Cochrane Taiwan, under the leadership of Professor Ken Kuo and Dr Cliff Chen at the Center for Evidence-Based Medicine, Taipei Medical University. Cochrane Taiwan begins work as a 'Branch-level' Group reporting directly to the CEO, but will continue to be supported by Cochrane Groups in the East Asia and Pacific regions.

The Rehabilitation and Related Therapies Field was formally de-registered in September. Our thanks to Professor Rob de Bie, Maastricht University, the Netherlands and his other colleagues who contributed to the work of this field over many years.

## GESI and Regional Initiatives

The CEO continued to lead the Organizing Committee of the new Global Evidence Synthesis Initiative (GESI) that seeks to build the production and use of synthesized evidence in policy and practice in Low & Middle Income Countries. This role will be handed over to the newly established Chair of the GESI Governing Group and Secretariat in the last quarter of the year. The GESI governance arrangements were finally agreed (including a Memorandum of Understanding between the parties) and a competitive tender launched in September to select the host institution for the GESI Secretariat which should be completed in October. 'Cochrane also organized design of the 'GESI Case for Support' that was made available for members to begin fundraising for the funding of GESI Centres in L&MICs.

The South African Cochrane Centre submitted a proposal in September for the 'Cochrane African Regional Initiative' based on a network model anchored in different countries across all sub-Saharan regions of Africa. The proposal will be assessed by the Central Executive before submission to the Steering Group for formal consideration in Q4. The Initiative will also be developed further at a planned Cochrane African Network leadership workshop in Cape Town in early November.

Support from the Central Executive to the Chinese Cochrane Centre and the US Cochrane Centre on their future development strategic plans was impacted by the work demands elsewhere but this will be a priority in the last quarter of 2014.

## Consumer Support

The development of the Consumer Structure and Function Review has been the principal focus for the Consumer Network and this is dealt with elsewhere in the report.

The Consumers Executive continues to meet monthly. Work has continued to ensure that consumers are fully involved in the activities of Review Groups by supporting the recruitment of consumers for work on

individual reviews; promoting the network through the development of the new Cochrane Consumer website, social media, and in newsletters; and by raising its profile with other partner organisations. Innovative work with individual Review Groups has been supported: for example, in the prioritisation of important reviews for one Group, the development of an international consumer panel, and work in patient-reported outcomes for another.

An improved Joining Pack for consumers has been developed. Work has begun to review the wide range of existing training resources and to develop new training ones for consumers. Involvement has also been maintained in a range of other initiatives that will have significant impact on consumer involvement in the future, particularly Project Transform and the new Cochrane Membership Scheme. Significant planning has gone into the preparation of a wide range of activities at the Vienna Colloquium and the support of individual consumers' attendance at the Colloquium through the award of Consumer Stipends.

## Staff changes

In June Lucie Binder returned from maternity leave to her post as Senior Advisor to the CEO; and Chris Champion became Senior Programme Manager responsible for supporting the CEO in relation to the Structure & Function Reviews; Open Access Strategy; Membership Scheme and other projects.

## 4. Cochrane Editorial Unit

Head of Department: David Tovey

The CEU is subdivided into the following teams:

**Review Quality methods team:** This team is led by Toby Lasserson and includes Rachel Marshall, Newton Opiyo, Nuala Livingstone (all editors), and Kerry Dwan (statistical editor and SMG research associate). Kerry and Rachel are both currently on maternity leave). Liz Bickerdike will cover Rachel Marshall starting at the beginning of October.

**Policy and Publishing team:** This team is led by Harriet MacLehose and includes John Hilton (Editor), Monaz Mehta (Editor), Elizabeth Royle (Copy Edit Support Manager), and Sally Bell-Syer, Liz Dooley, and Anupa Shah from the Managing Editor Support team. The team works across four work streams: (1) policy; (2) publishing; (3) editorial; and (4) groups and support. Within each of these we separate our work into (1) time-limited projects with defined outcomes and (2) operations (standard regular activities).

**Editor in Chief's team:** This team is led by David Tovey and Karla Soares Weiser and includes Jackie Chandler (Methods Co-ordinator), Ruth Foxlee (Information Specialist), Sera Tort and Jane Burch (Editors working on derivative products), and Hilary Simmonds (David's PA). The TSC Support team - Liz Doney, Sam Faulkner, Anne LittleWood, and Doug Salzwedel - reports to Ruth Foxlee. The CEU intern, Isobel Morley, will report to Ruth Foxlee until September 2015.

### Strategy to 2020: 2015 targets

The CEU leads the implementation of the following targets in collaboration with Cochrane groups:

- 1.1. Finalise work on Cochrane's top 200 high priority reviews and establish a decision making framework at group and collaboration level to maintain prioritisation processes
- 1.2. Develop a quality assurance strategy for Cochrane Reviews
- 1.3. Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews, and that 85% of new intervention reviews have a SoF table for the main comparison
- 1.4. Implement the Updating Classification Framework
- 2.4. Establish a framework and guidelines for simplified and standardised language across Cochrane Reviews

And supports the implementation of these targets:

- 2.1. Complete a user research project evaluate perception of the Cochrane brand: understand how, why and when people use Cochrane evidence; understand the needs and preferences of potential users; and establish a framework for on-going reassessment
- 2.2. Establish a final strategy for achieving open access to new and updated Cochrane Systematic Reviews by the end of 2016

**4.2. Complete the Structure and Function Reviews of our governance bodies and Cochrane groups**

Progress and status updates on these targets are provided in the interim target report submitted as part of the Steering Group's agenda. In addition:

**4.2 CRG Structure and function: Green status**

The structure and function review of Cochrane Groups began with CRGs in 2013 with recommendations for change tabled at the 2014 mid-year meeting in Panama. That meeting agreed a programme of CRG reforms and recommendation around six key themes:

1. Groups working together
2. Governance and mutual accountability
3. Support for CRGs and contributors
4. Centralisation of some functions
5. Extending geographical diversity and equity
6. Quality assurance and the editorial process

These are all being taken forward with more reforms being identified in the mid-year business meeting in Athens in May 2015.

There has been steady progress in relation to three separate strands of this programme. These were:

- Increasing the formality of the relationship and the mutual expectations between the Cochrane Central Executive and CRGs;
- Developing strategic alliances and geographical clusters and examples of shared working between CRGs;
- Centralising core tasks as appropriate, aimed at improving efficiency and consistent performance.

**Memorandum of Understanding:** In relation to the first of these, a decision was made at the Athens mid-year meeting to proceed towards a Memorandum of Understanding (MOU) between Cochrane, CRGs via their Co-ordinating Editors and where appropriate, their host institutions. Harriet MacLehose and Karla Soares Weiser have led on this work and recently circulated a draft MOU for comments. Once this feedback has been addressed, we hope to have an agreed draft for wider circulation leading to completion of the MOUs. In preparing the MOU we have sought to clarify the mutual expectations of the CET and CRGs, so that the MOU is balanced between the responsibilities of Cochrane via its Central Executive Team, and the review groups and leaders. We aim to have the MOU in place by January 2017.

**Alliances:** At the Co-ordinating Editor's meeting in Hyderabad (2014), the Co-ordinating Editors made clear their strong preference for alliances of groups to build from the ground up, focussing on where there were sound strategic reasons to combine forces. Encouragingly, we have seen progress on both neighbourhood clusters and strategic alliances. There are now several examples of CRGs who are located close to one another sharing staff, and working more closely together in order to share expertise, build capacity and use resources efficiently. These are informal relationships, arranged locally. In addition we now have proposals at different stages for a number of strategic alliances of groups:

The Cancer Alliance has now met twice – at the Hyderabad Colloquium and Athens mid-year meeting. It has Terms of Reference that will, I hope, be formally agreed at the Colloquium, and may form the basis of other such alliances. In parallel, but potentially related to this development, Cochrane has been working to form a partnership with the Union for International Cancer Control (UICC), and will be represented at its upcoming World Cancer Leader's summit meeting in Istanbul. This is an exploratory first approach, but if successful might lead to Cochrane, represented by members of the Alliance running sessions at UICC meetings in the future.

An important aspect of the Cancer Alliance has been the importance of engagement with the Prognosis Methods Group. This reflects the importance perceived across the CRGs involved, of Cochrane incorporating such reviews.

A group of Co-ordinating Editors worked with colleagues from Israel to develop a paper on the approach needed by trialists and systematic reviewers to address the global challenge of antimicrobial resistance. Following publication of the paper, we will initiate work within Cochrane aimed at implementing an agreed set of recommendations based on this work.

At the Colloquium there are meetings that may lead to the development of further alliances: these include neurology, pain and patient reported outcomes, and patient safety.

We did propose to develop a nutrition alliance, however, this work coincided with work going on elsewhere to develop a Nutrition Field. Since the aims and objectives were similar, it does not make sense to initiate two distinct fora within Cochrane – thus we are supporting the development of the Field. However, we will host a Nutrition Symposium as a pre-Colloquium event in Vienna.

**Centralised services:** In relation to centralising services, there was enthusiasm for Cochrane developing a centralised study identification process, based on the highly successful Embase project. The Centralised Search Service (CSS) pilot has just begun and a new CSS Project Officer has been appointed (0.2 FTE for 6 mths). The CSS will be developed in conjunction with the Pipeline and Getting Involved streams of Project Transform. We expect the first data feeds to occur by the end of 2015, and we anticipate that further data sets will be added progressively in 2016. We anticipate that this service will be widely welcomed by the TSC community.

**Methods Structure and Function Report (MS&F):** The MS&F review is progressing. Following a consultation process, representatives and Methods Executive members agreed a plan. This involved a survey, a set of broad-ranging interviews conducted by peers, and a Colloquium Methods Board workshop in Vienna. An open meeting at the Vienna Colloquium, and separate External Stakeholder survey will also inform this review. The survey run over the summer resulted in 185 responses thus far and remains open. Seventeen interviews are in process with a deadline of mid-October. A framework constructed for the survey and interviews focussed on '*Being effective*', '*Being valued*' and '*Being efficient*'. Ray Flux an independent consultant previously involved in the CRG Review will facilitate the Methods Board workshop. The Methods Board will receive an interim report; please see draft report (separate paper) that includes preliminary interim results suggested by convenors, other methodologists, Centre, Field and CRG members.

## Other department initiatives and projects

### Goal 1: Producing evidence

#### REVIEW QUALITY METHODS TEAM:

### Screening of new reviews

Pre-publication screening is a quality assurance mechanism that has evolved to consider three core components of reviews as major determinants of overall review quality<sup>1</sup>: implementation of protocol methods, interpretation of findings and consistency of reporting.

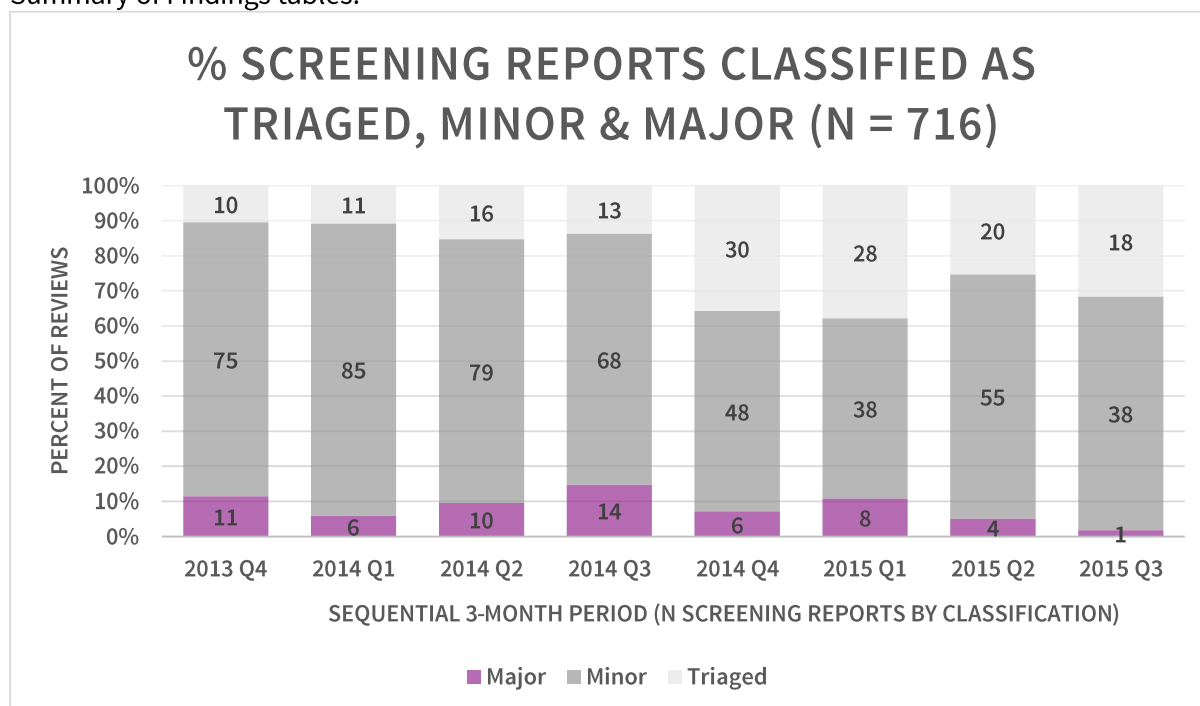
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<sup>1</sup> CEU audit, 2014



Although we have identified important problems that can be adequately managed at the sign-off stage, the easiest ones to address concern consistency of reporting. The retrospective focus of quality assurance has meant that some fundamental and challenging issues around the design and implementation of protocol methods detected have been left unaddressed. It is often very onerous and stressful to address non-standard design or implementation of methods in a review that has already been signed off by the relevant Co-ordinating Editor.

Our experience suggests that screening is not a sustainable or effective way to improve quality. It detects but does not prevent problems. The figure below shows the proportion of screening reports sent back to CRGs by the CEU on a quarterly basis between September 2013 and September 2015. The proportion of reviews that are being passed with a low level of input from the CEU indicates some positive steps ('triaged'). However, reports classified as indicating that minor or major amendments are needed constitute the bulk of what is sent back to the CRGs. For the majority of reviews coming into screening a number of issues remain regarding implementation of methods, including GRADE and presentation of Summary of Findings tables.



In order to support CRG editorial processes to identify and address the issues we are identifying routinely, a different approach is called for. We need to find effective ways to improve the quality of submissions, the timeliness of feedback about these sorts of problems, and to build capacity within the CRG editorial processes that support earlier recognition of these problems. Variation in the quality of reviews within a number of CRGs also raises concerns about how consistently our standards are being applied.

### Reducing unwarranted variation in published reviews

The CEU screening process has identified a small number of CRGs where there is quite considerable variation in the quality of reviews. We will continue to work with CRGs whose reviews have exhibited most problems, identifying what might be causing the problems and work with them to improve processes to deliver consistently better quality reviews. However, in some circumstances, despite such intervention, it may not be possible to bring about the necessary change and further action will be necessary.

## Building capacity in the CRGs

We intend to use the growing evidence base from existing and planned audit work, alongside what has emerged, to work closely with colleagues from the Cochrane Learning and Support Department to develop guidance and training materials that explicitly address the learning points from review screening. We will prepare an operational guide to the screening process and disseminate this to the CRGs, and evaluate it.

We need to ensure that editors have access to training, advice and guidance. We would like to trial face-to-face review screening (in person or via webinars) aimed at editors. We also believe that short-term remote placements with the CEU review quality team would help to cascade some of the insights gained by screening across different CRGs.

## Feeding back on review quality & researching implementation of methods

Cyclical audits of abstracts and reviews in 2011, 2012, 2013 and 2014 have provided useful insights in to review quality. Reports on past audits are available on the CEU website. Whilst we expect to do the same for future audits we also recognise that less formal, briefer and more regular feedback on review quality might be a useful complementary means of communicating our findings. We intend to prepare a series of short pieces for the CEU blog that focus on common issues identified review screening, called 'Screening Notes'.

## Improving software & audit trail

We would like to work with colleagues in the Informatics and Knowledge Management (IKMD) team to embed some of the learning points from CEU review screening in the redevelopment of our review writing software. Redesigning the functionality of the software to incorporate important learning points from screening is a priority.

We have detected a small number of errors in the transposition or analysis of data from included studies. Reconstructing the data collection process with access only to trial reports and data as analysed often leaves some uncertainty over the accuracy of data used in reviews. The development and roll-out of a web-based author support tool to store and manage data used in reviews will help to establish an audit trail from the included study through to the analysis of data in reviews. Improving access to information about the data collection process from the reviews will enable earlier identification of errors in the analysis of data.

## POLICY AND PUBLISHING TEAM

### Policy

This focuses on the development and implementation of policies or related guidance that will sit within the Cochrane Editorial and Publishing Policy Resource (EPPR; <http://community.cochrane.org/editorial-and-publishing-policy-resource>). Projects that are underway include the update and move to an online version of the Cochrane Style Guide; development of a peer review policy for editorial teams; development of the Memorandum of Understanding between Cochrane and Co-ordinating Editors; a revision of the editor as an author policy; and a review of the uptake of the plagiarism policy. We plan to also start on the development of policies around how to manage retracted or fraudulent trials within Cochrane Reviews and to develop policies around authorship and credit, also in relation to updating. We are also defining a generic approach for developing new editorial policies, such as for peer review, that includes a small working group, a larger committee, and consultation via the Executives.



## Updating and editorial support

As part of our updating work, we have contributed to the development of the updating paper that reports on the 2014 Updating Workshop in Hamilton, Canada. This work has fed directly into the first step of the development of the Updating Classification System. This system has been refined, and will be piloted and included within Archie in the coming months; see Targets report.

Other work in this area includes providing support to the Editor in Chief in relation to feedback from our readers on specific Cochrane Reviews; involvement in other projects (e.g. Editorial Resources Committee and the UX Group); preparing metrics information for the Cochrane Library Oversight Committee (and other reports as needed); and oversight of the feedback system for Cochrane Reviews.

## Copy Edit Support

The Copy Edit Support team includes Elizabeth Royle (CES manager) and 13 freelance copy-editors, with six additional back-up copy-editors for periods of high workload. As well as providing a key editorial service, CES also links with the CEU's quality improvement work and contributes support to Managing Editors. Challenges include maintaining an effective pool of copy-editors, dealing with large, complex reviews, and responding urgently in the case of reviews linked to deadlines. In total, CES receives about 100 assignments per month (about 85% of all new or updated reviews or protocols). The accreditation test developed in 2014, to allow CRG-based copy-editors to take on copy-editing of Cochrane Reviews, has been implemented during the year, with 8 of 20 candidates passing the test.

## Managing Editor Support

The Managing Editor Support team provide support and training to all Managing Editors, including help with editorial and production queries, one-to-one training and support, induction for new Managing Editors, and preparation of bulletins for Managing Editors). Over the past six months, the ME Support has provided induction training to two new Managing Editors.

## EDITOR IN CHIEF'S TEAM

### The Cochrane 'pipeline': follow on from the Strategic Session

At the Strategic Session during the midyear meeting in May, the CEU team led a meeting that aimed to address some important challenges: the unsustainable workload faced by CRG bases, leading to delays in responding to authors, a variable experience for review authors in general and the perception that editorial decisions are not always made in an equitable or transparent manner.

The meeting notes have been written up and this session will lead to a broad range of activities aimed at addressing the issues raised – which we all agree are crucially related to Cochrane's sustainability. Many solutions were proposed, amounting to a root and branches re-evaluation of the Cochrane editorial process. Subsequent to the meeting Miranda Cumpston and Mark Wilson proposed an Equity Committee, which had its first meeting in August. A number of issues were raised on the call, including the need to quantify the extent of the problem of discriminatory practice.

The CEU team has determined that the issues raised by the meeting will be incorporated into our integrated quality work (see above). This will include regular provision of data and will be addressed in the upcoming author survey.

In addition, we propose to look at how we could introduce a partly centralised title registration process as part of the separation of the "editorial" and "developmental" functions. This and other projects based

on the re-evaluation of the editorial process could ultimately result in some further proposals for change aimed at improving the experience for authors and editors and the quality, validity and efficiency of the editorial process.

## Cochrane Review Support Programme

Cochrane Review Support Programme funding will be available to all Cochrane Review Groups with 10 awards of £5,000 each available at two time points during 2015-16, (20 awards in total). The first call for applications was announced on August 12th, 2015 (applications close on October 30th, 2015) and the second will be in February 2016. We propose an assessment panel comprised of internal and external assessors and plan to convene this panel by October 2015.

## CRG Review Metrics

The CRG Review Metrics pilot was launched in March 2015 and to date 25/52 groups have participated, by claiming additional points according to the framework. Of the 577 new reviews and updates published to date, 289 have been eligible for additional points under the scheme. A final report on the pilot will be presented at the Systematic Reviews Producers Advisory Group (SRPAG) in December 2015.

## TSC Support

The full TSC Support Team is in place after some delays due to protracted contract negotiations with the universities from which two of the team members are seconded. There is a work plan in place and a training and support needs survey has been conducted. A regular TSC Support Team digest is being published, several TSC inductions are underway, and good progress is being made on the revision of existing training materials, including the development of a new TSC wiki.

# Methods and methods development

## Methods Report

This section covers the work of the Methods Executive and the Methods Application and Review Standards Advisory Committee. Methods Groups have continued to contribute to Cochrane and reports of their work are in the Annual *Cochrane Methods* supplement. *Cochrane Methods* also provides detail on a number of other projects including the Methods Innovation Fund (MIF). MIF 1 projects are completing with three outstanding due to extensions and expected to complete by the end of the year into early next year. MIF 2 projects are at contract stage. In keeping with all other Groups, the rebrand and development of the principle [Cochrane Methods Website](#) and individual Group websites have moved to the new platform. Key areas of work have centred on the development of the Methods Structure and Function Review, proposals for new Groups, potential development of a Methods Section in the CDSR now awaiting the Wiley platform developments, and other methods specific related matters. The development of Prognosis Reviews has expanded to ten exemplar reviews. The MECIR standards Group will shortly finalise amendments to the current conducting and reporting standards, reporting of protocol standards and the planning, conduct and reporting standards for updates. The Handbook Version 5.2 is very slowly completing final editorial, copy edit and proof stages of all chapters. This year's [Methods Symposium](#) pilots the concept of Evidence Based Methods.

## Registration of the Rapid Reviews Methods Group

In 2013, we received notification of interest to set up a Methods Group evaluating Rapid Review methods. Members of the proposed Group completed the registration process, which included garnering support

within Cochrane, open meetings at key Cochrane events and eliciting supportive statements. The Methods Executive and the Methods Application and Review Standards Advisory Committee reviewed the subsequent application and approved the registration of the Group in principle highlighting key points; primarily convenors should ensure that they involve the relevant Methods Group in their initial contacts as they proceed with their work plan. Members are already working closely with Cochrane Innovations on Cochrane Response.

## Goal 2: Making our evidence accessible

### POLICY AND PUBLISHING TEAM

#### Cochrane Roadmap & publishing relationship

The team has worked closely with our colleagues in Wiley and within the CEAD to develop, refine, and test the enhancements to the Cochrane Library that started to roll out in January 2015; the details of each release included in the Appendix 2. Other work in this area includes work via the Publishing Management team (see separate report), such as around the Cochrane-Wiley Technology Roadmap, open access, and key performance indicators, and working with Wiley on solutions to content and production issues that arise.

The team has a number of day-to-day operations to ensure maintenance and development of Cochrane Library content and features (excluding the publication of new Cochrane Reviews). Examples include maintaining and updating the homepage images (a major feature since the July release of the Cochrane Library); see examples below. These also include maintaining the browse list (by adding protocols and reviews in Archie and revising classifications as needed), maintaining static content on the Cochrane Library, and managing the production and publication of editorials.



#### Editorials and Special Collections

Between April and August 2015, we published seven Editorials in the *Cochrane Database of Systematic Reviews* (CDSR) and six Special Collections.

The Special Collections focussed on allergy treatment and prevention, network meta-analysis, and World No Tobacco Day. Also, through a collaborative project initiated by Davina Ghera at the NHMRC in Australia and involving colleagues from CIHR in Canada, HRC in New Zealand, and members of the regional Cochrane Centres, we also supported the development and publication of three Special Collections and two editorials for International Day of the World's Indigenous Peoples on 9 August 2015.

#### Media release and press conferences

The CEU team works with our colleagues from the Communication and External Affairs Department (CEAD) and our publishers to identify reviews that are appropriate for media release, and we provide

input to the text of these releases. In the past 12 months, working closely with the CEAD have been able to diversify our activities to include a broader social media presence, media conferences, and more focussed blogs.

## Goal 3: Advocating for evidence

The CEU team co-ordinates work around the homepage, Editorials and Special Collections.

## Goal 4: Building an effective & sustainable organisation

### EDITOR IN CHIEF'S TEAM

#### **Cochrane Clinical Answers**

The CCA team published 852 CCAs by the end of August. We mainly focused on CCAs based on intervention reviews with standard pairwise meta-analyses, as this is the most common review type. However, we are in the process of preparing three CCAs based on overviews of reviews and five based on network meta-analyses. Several activities related with CCAs will take place during the Colloquium: a workshop with hands-on practice navigating the CCA webpage and a discussion about using CCAs to inform clinical practice; a short oral session to describe the current and proposed coverage of CCAs; and a meeting with CCA collaborators to obtain feedback and ideas for future development.

#### **Patient safety**

The Patient Safety project is progressing slowly but steadily. We have started collaborating with the Patients for Patient Safety from the WHO and have informed Cochrane Review Groups about the work done and requested their feedback if they covered topics relevant to patient safety. We plan to run a discussion workshop at the Vienna Colloquium to present the work done, the feedback received and discuss a possible plan for patient safety in Cochrane.

#### **Work in support of Covidence**

The CEU continues working with the Australasian Cochrane Centre to ratify developments of the Covidence tool. We assure that the build is proceeding as proposed and that testing of functionality is in place. Two of the three milestones to be completed before the Colloquium have already been reached.

## 5. Finance and Core Services

Head of Department: Hugh Sutherland

### Implementing radical changes to Cochrane's core infrastructure and systems

The following are some of the key activities that have been undertaken by the team through the first two quarters of 2015:

- Revised accounting report formats aligned with the structure of the annual budget;
- Implementation of infrastructure and systems for the staff based in Copenhagen;
- Completion of the production and audit of the statutory financial statements;
- Liaison with Cochrane Innovations for setting the revised budget;
- Planning accounting and tax compliance systems for digital trading for the Learning & Support team;
- Review of IT systems for enhanced resilience and security;
- MIF round 2 commissioning and contracts;
- Analysis of Wiley returns to identify sales trends and potential vulnerabilities;
- A recommendation for appointment of investment managers to advise on completion and implementation of the investment policy;
- Follow up of the request for financial monitoring information from all groups;
- Colloquium/Mid Year/CET meeting organizational support, including stipends.

### In Human Resources (HR)

- Recruitment of 17 people to new roles or replacement/maternity cover staff, with 3 more in progress;
- Development of contracts and related tax/pension arrangements in Denmark, France and Australia;
- Implementation of the new pensions arrangements for CET staff;
- Updating and archiving of HR files, with updating of data on holiday entitlement and staff leave;
- Development of new policies for performance improvement, equal opportunity & diversity, home working, annual leave, redundancy, discipline & grievance, business conduct, induction and expenses.

### Summary

The second quarter saw completion of a number of urgent or overdue tasks and projects.

Having recruited a significant number of staff, the need to improve policies and systems for managing staff has become apparent, with a continuing programme of policy development alongside a re-organisation of personnel files and reporting procedures, recognising the need to manage people in different employment settings and jurisdictions.

## 6. Informatics & Knowledge Management Department

Head of Department: Chris Mavergames

The IKMD have been very busy since the Athens meetings. The transfer of all Copenhagen-based departmental staff to Cochrane contracts was concluded in May. A restructure of the department has since followed, which resulted in one redundancy, with recruitment ongoing for a senior IT role to Support the Head of the department and wider Cochrane operations.

### *Strategy to 2020: 2015 targets*

The IKMD leads the implementation of the following targets in collaboration with Cochrane groups:

#### **1.5. Future of Review Production**

Target 1.5 was marked 'amber' in Athens but is now back to 'green' as development on 'RevMan Web', the browser-based version of RevMan, is now moving swiftly and good progress is being made. The IKMD have plenty to showcase in Vienna, with demonstrations of 'RevMan Web', linked data tools, CRS Web, components of Project Transform, and rebranded Cochrane sites all featuring to some degree.

- RevMan Web
  - pre-beta will be presented and demonstrated at the Cochrane Exchange in Vienna, with the initial beta to be delivered by the end of 2016; this target is now green
  - APIs and new review database well underway. Both RevMan Web, CAST, and other partners will use APIs.
- Implementation of the CAST project:
  - Covidence will officially launch to the Cochrane community in Vienna, though there are already hundreds of Reviews and users using the tool
  - CRS-D backend work and EPPI-Reviewer API connections to Cochrane are well underway and on track
  - Communications plan for the main element of CAST, Covidence, in place

And supports the implementation of these targets:

#### **1.4. Updating Classification Framework**

This has been put on hold due to holdups on Wiley's side

Scoping and prep work in final stage, Archie work may begin in October

#### **3.1. Rebrand**

All 140 Group websites will be rebranded by Vienna

#### **4.1. Membership Scheme**

IKMD involved in scoping implementation of the scheme

Unlikely we will implement the scheme, technically, by end of the year as CSG to approve scheme in Vienna



Planning underway for options to implement in 2016

#### 4.3 Innovations strategy

Head of IKMD involved in building initial business cases and scoping work

## Other department initiatives and projects

### REVIEW PRODUCTION TEAM

#### Archie

- Maintenance releases
- CRS ID testing and finalization of CRS ID development; currently waiting for Wiley to finalize the fix needed on their side, before we can initiate this new feature
- Investigation work for Wiley regarding content and production issues

#### Linked Data

- Stable version of the PICO annotator tool complete
- TSCs from the Airways and Dementia Groups testing and annotating their Reviews
- PICOfinder visualisation tool up on a demonstrator site in stable release for Vienna demos
- Core backend infrastructure work complete
- Development of a Phase Three workplan - the “Production Phase” - which is scheduled for completion at the end of 2016; the workplan includes the integration of PICO annotation into RevMan Web and CRS Web

#### Translations

- Cochrane’s contribution to the Himl project is nearly final
- Initiated work on Spanish files conversion, but ran into technical issues; a new solution has been agreed

#### CRS and CAST

- CRS Web in initial beta-testing
- Demo and training at CRS Day in Vienna
- Work on CRS-D for CAST project nearly complete
- CRS integration work with Transform Pipeline and Getting Involved projects proceeding to schedule. There will be demos in Vienna
- Interactions with wider Cochrane community in conducting the project or initiative
- Engagement with TSCs on Linked Data and CRS work

### WEB DEVELOPMENT TEAM

- Group sites: all rebranded and live
- Cochrane.org: tweaked and improved (translations forming part of this)
- New Training platform being developed through a new website. Possibly to go live by Vienna (need to be confirmed)
- New rebranded Methods site live (together with all Method Groups' sites). Being developed to become a Methods portal.
- Event Manager for Colloquium (colloquium.cochrane.org)

## 7. Learning & Support Department

Head of Department: Miranda Cumpston

The Learning and Support Department (LSD) was established for the first time in the first half of 2016, establishing a home for Cochrane's learning and member support activities. Miranda Cumpston was appointed as Head of Department in February and the remainder of the team in May 2016. Although this recruitment was not completed as early in the year has had been hoped, a strong team has been established with expertise in systematic review methods, communicating evidence in clinical practice and online learning platforms. The team are in the process of establishing relationships with all our stakeholders, and developing specific workplans to begin implementing the Cochrane Training & Professional Development Strategy in the coming months. The team will be supported with strategic guidance by a newly established Learning and Support Advisory Committee, which will meet for the first time in Q3 2015.

### *Strategy to 2020: 2015 targets*

The LSD leads the implementation of the following *Strategy to 2020* targets in collaboration with Cochrane groups:

**4.5.** Develop a programme of training for Cochrane editors and establish a system of accreditation based on this programme

And supports the implementation of these targets:

- 1.2.** Develop a Cochrane Review quality assurance strategy
- 1.3.** Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews and that 85% of new intervention reviews have a SoF table for the main comparison
- 1.5.** Launch the beta version of the browser-based RevMan; and implement and roll out the Cochrane Author Support Tool project
- 3.1.** Implement, in conjunction with Cochrane groups, the global re-brand by the end of 2015
- 3.2.** Build on our existing partnerships, identify two new partnerships and develop a new partnership strategy
- 4.1.** Introduce a Cochrane membership scheme
- 4.2.** Complete the structure and function reviews of our governance bodies and Cochrane groups
- 4.3.** Develop a Cochrane Innovations strategy and business plan and build relationships with trusts, foundations and funding bodies
- 4.4.** Build Cochrane capacity through targeted regional initiatives and identify methods that can be applied in other regions

Collaborative work has continued with the Ottawa Hospital Research Institute to establish a set of core competencies for editors of biomedical journals. While this work has been somewhat delayed awaiting



ethics approval, the underlying literature review has been completed and the team is ready to proceed with the next steps to establish the core competencies, which will underpin Cochrane's support for editors in the coming year. Meanwhile, the team has collaborated with the CEU and a number of regional groups (including CRGs and Centres) to pilot training days for Editors, focusing on key issues arising from the CEU quality improvement agenda, and planning has begun for online training resources for editors on GRADE to be delivered in the second half of 2015 as a priority.

## Other department initiatives and projects

### Online Learning Platform

Work has commenced on rebranding and restructuring the Cochrane Training website, with a view to reviewing its content and providing a more user-friendly navigation system to access training for Cochrane's many contributor groups. This work is the first phase of a redevelopment of Cochrane's online learning platform, which will also incorporate a major update of our core content, the selection of new online learning software platforms to deliver a better learning experience, and the commercialisation of Cochrane's online learning modules in collaboration with Cochrane Innovations. The revised website will be delivered in Q3 2015, and selection of one or more partner companies to deliver the new platform and content redevelopment will have commenced before the end of the year.

### Evaluation

A series of projects are in the detailed planning stages to establish a valid and practical system for evaluating Cochrane training activities, providing evidence to guide our investment in effective training models. The program will begin with the establishment of a valid tool to measure the skills and knowledge required to conduct a systematic review. This tool will allow the evaluation of training activities as well as informing discussions about the impartial assessment of author teams at the point of registration, and the provision of appropriate targeted learning. This work will be implemented in collaboration with the Cochrane Trainers' Network and the Centres and Branches.

### Train the Trainers

A program of pilot train-the-trainer activities is planned for the second half of the year, in conjunction with Cochrane Australia, Cochrane Austria and Cochrane South Africa. A series of different models of workshop, including brief training at Colloquia, single day brief training and content updates, two-day dedicated facilitator training, and a week-long capacity-building training program will be piloted during the year. This work represents the early stages of a program of train-the-trainer activities to be supported across the Trainers' Network, with the ultimate aim of establishing accreditation for Cochrane trainers.

# Appendix 1

## Review Quality Improvement Strategy: background, vision & implementation framework

### Context

Goal 1 of Cochrane's Strategy to 2020 affirms review quality as fundamental to the future sustainability of Cochrane. In the context of Cochrane Reviews, 'quality' is a broad concept that includes considerations of validity, relevance, access and timeliness. Since its inception, Cochrane has required that its systematic reviews adhere to Handbook guidance relating to conduct and reporting. However, the development of MECIR standards derived from the Handbook in 2011, provided a clearer benchmark for the methodological quality of Cochrane Reviews.

Periodic audits since 2011 have highlighted areas where reviews have shown positive steps towards adherence to MECIR standards (for example uptake in searching trials registers and Summary of Findings tables), and others where key challenges remain (most notably, interpretation and inconsistent reporting)<sup>2</sup>.

Since September 2013 the CEU has been screening new intervention reviews post sign-off against a subset of the MECIR standards of conduct and reporting. Initially intended as a temporary quality assurance measure, it has been preserved in large part due to its popularity within Cochrane, the role it plays in dissemination of reviews, and the valuable insights it has provided about review production.

However, it is not a long-term solution to the problem of variation in quality and is an obstacle to more timely, flexible and sustainable approaches. There is a pressing need to find effective ways to build capacity within the CRGs and to enable the main learning points from screening to be fed into the review production process. This means moving away from a centralised, retrospective quality assurance mechanism to a quality improvement programme.

This paper outlines a strategy to develop and implement measures that support and maintain the production of high quality Cochrane Reviews.

### Current status of CEU review screening

Pre-publication screening is a quality assurance mechanism that has evolved to consider three core components of reviews as major determinants of overall review quality<sup>3</sup>: implementation of protocol methods, interpretation of findings and consistency of reporting.

Although we have identified important problems that can be adequately managed at the sign-off stage, the easiest ones to address concern consistency of reporting. The retrospective focus of quality assurance has meant that some fundamental and challenging issues around the design and

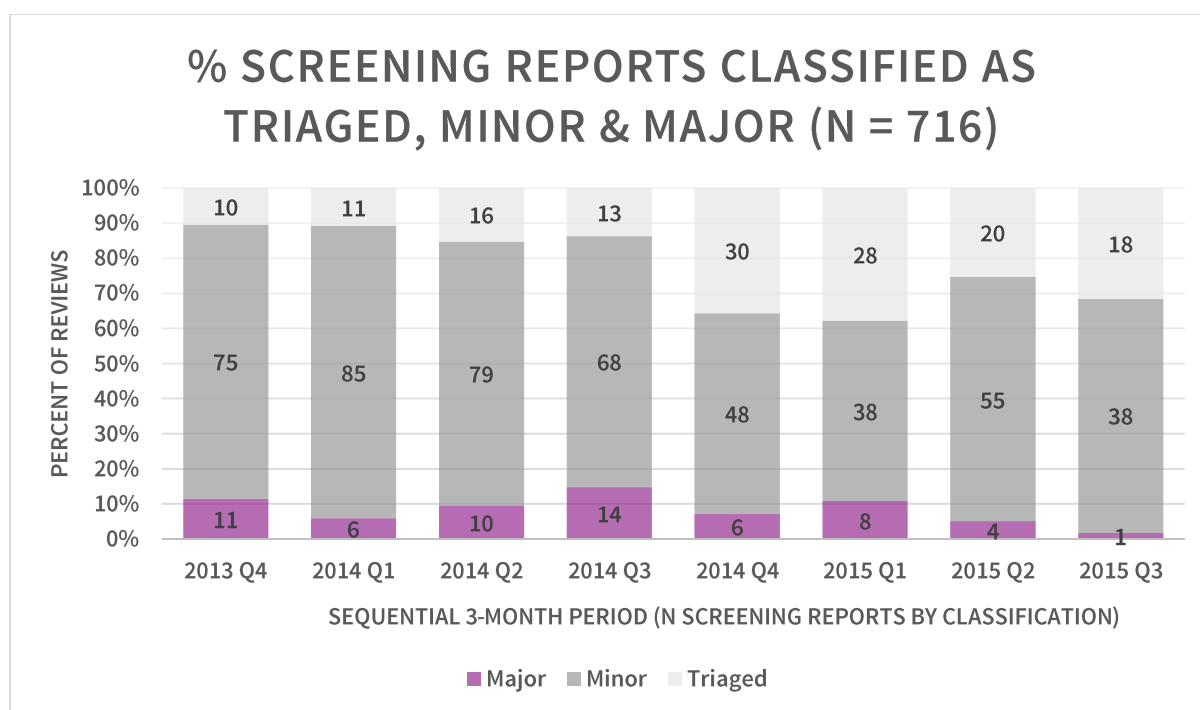
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<sup>2</sup> CEU audit, 2014 available from <http://editorial-unit.cochrane.org/mecir>

<sup>3</sup> CEU audit, 2014

implementation of protocol methods, have been unaddressed. It is often challenging to address non-standard design or implementation of methods in a review that has been signed off.

We have come to the conclusion that screening is not a sustainable or even effective way to improve quality. It detects but does not prevent problems. The figure below shows the proportion of screening reports sent back to CRGs by the CEU on a quarterly basis between September 2013 and September 2015. The proportion of reviews that are being passed with a low level of input from the CEU indicates some positive steps ('triaged'). However, reports classified as indicating that minor or major amendments are needed constitute the bulk of what is sent back to the CRGs. For the majority of reviews coming into screening a number of issues remain regarding implementation of methods, including GRADE and presentation of Summary of Findings tables.



In order to support CRG editorial processes to identify and address the issues we are identifying routinely, a different approach is called for. We need to find effective ways to improve the quality of submissions, the timeliness of feedback about these sorts of problems, and to build capacity within the CRG editorial processes that support earlier recognition of these problems. Variation in the quality of reviews within a number of CRGs also raises concerns about how consistently our agreed standards are being applied.

## Vision

Screening continues to provide essential information about how methods are conceived and implemented in the production of Cochrane Reviews. We also recognise the value that many people working in CRGs place on pre-publication screening. We therefore intend to reduce the number of reviews we screen but to supplement this with a screening by supportive mechanism that helps CRGs make decisions about reviews for which they remain concerned.

To meet the Goals of Cochrane's Strategy to 2020, we need to:

- Have confidence that anyone accessing or using evidence from new or updated Cochrane Reviews published can trust that the review complies with MECIR standards.
- Accept that the CEU should have less responsibility for determining individual review quality, and to transition the focus towards a more supervisory and support role. This involves ensuring that CRGs have the appropriate competencies, processes and support environment to ensure that

they are able to publish high-quality reviews consistently in the Cochrane Library, and build on the lessons that have emerged from the initial CEU screening project.

- Focus effort on preventing problems and not rely on centralised end of process assurance mechanisms.
- Increase the autonomy of all CRGs by building capacity within them and encourage submission of reviews on a 'screen by invitation' basis.
- Enable better sharing of good practice and interaction around issues of quality.

## Implementation Framework

In this section we propose a framework for achieving our vision. There are four key features of the framework that we intend to focus on:

### 1. Changing review screening

For a number of CRGs we have been able to establish that routine screening is unlikely to expose major problems against implementation of protocol methods, interpretation and consistency of reporting. These groups will be encouraged to refer reviews for screening at their discretion (referral only group). For most CRGs we think a random selection of reviews should be screened, although the groups will also be able to refer reviews for screening (random screening + referrals group).

Review screening has helped with knowledge translation. Our team of editors has been able to work closely with members of the Communications and External Affairs (CEAD) team to identify and quality assure reviews that go on to be press released. We encourage CRGs to refer new reviews or updates to CEU for fast track checking if they are high priority titles, address a particular controversy or are worth considering for enhanced dissemination (press release, podcast, featured review, blog or editorial).

We would like to find ways of opening screening up to the submission of protocols and updates. Reducing the number of reviews screened will make this possible.

### 2. Reducing variation in quality within and between CRGs

The CEU screening process has identified a small number of CRGs where there is quite considerable variation in the quality of reviews. We will continue to work with the CRGs whose reviews have exhibited most problems, identifying what might be causing the problems and work with them to improve processes to deliver consistently better quality reviews. However, in some circumstances, despite such intervention, it may not be possible to bring about the necessary change and further action will be necessary.

### 3. Building capacity in the CRGs

We intend to use the growing evidence base from existing and planned audit work, alongside what has emerged work closely with colleagues from Cochrane Training to develop guidance and training materials that explicitly address the learning points from review screening. We will prepare an operational guide to the screening process and disseminate this to the CRGs, and evaluate it.

We need to ensure that editors have access to training, advice and guidance. We would like to trial face-to-face review screening (in person or via webinars) aimed at editors. We also believe that short-term remote placements with the CEU review quality team would help to cascade some of the insights gained by screening across different CRGs.

### 4. Feeding back on review quality & researching implementation of methods

Cyclical audits of abstracts and reviews in 2011, 2012, 2013 and 2014 have provided useful insights in to review quality. Reports on past audits have been made available by the CEU website. Whilst we expect to

do the same for future audits we also recognise that less formal, briefer and more regular feedback on review quality might be a useful complementary means of communicating our findings. We intend to prepare a series of short pieces for the CEU blog that focus on common issues identified review screening, called 'Screening Notes'.

### **5. Improving software & audit trail**

We would like to work with colleagues in the Informatics and Knowledge Management (IKMD) team to embed some of the learning points from CEU review screening in the redevelopment of our review writing software. Redesigning the functionality of the software to incorporate important learning points from screening is a priority.

We have detected a small number of errors in the transposition or analysis of data from included studies. Reconstructing the data collection process with access only to trial reports and data as analysed often leaves some uncertainty over the accuracy of data used in reviews. The development and roll-out of a web-based author support tool to store and manage data used in reviews will help to establish an audit trail from the included study through to the analysis of data in reviews. Improving access to information about the data collection process from the reviews will enable earlier identification of errors in the analysis of data.

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## Cochrane Central Executive Staff - September 2015

Note: This includes consultancy & secondment agreements

Department	Surname	Forename	Job Title
CEAD	Anthony	Joanne	Senior Media and Communications Officer
CEAD	Cheng	Jessica	Temporary Web Editor
CEAD	De Haan	Sylvia	WHO Co-ordinator
CEAD	Hassan	Hayley	Translations Support Officer
CEAD	Millband	Holly	Interim Communications Officer
CEAD	Owens	Nancy	Senior Communications Manager
CEAD	Poore	Sydney	Wikipedian Resident
CEAD	Ried	Juliane	Translations Co-ordinator
CEAD	Serre	Angeline	EU Funding Co-ordinator
CEAD	Umoquit	Muriah	Internal Communications and Content Officer
CEAD	Weiss	Kathelene	Trust and Foundations Fundraiser
CEAD	Wood	Julie	Head of Communications and External Affairs
CEO	Binder	Lucie	Senior Advisor to the CEO
CEO	Champion	Chris	Senior Programme Manager
CEO	McAlley	Lorna	Executive PA to CEO
CEO	Morley	Richard	Consumer Co-ordinator
CEO	Wilson	Mark	Chief Executive Officer
CEU	Bell Syer	Sally	Managing Editor Support
CEU	Bickerdike	Elizabeth	Editor (Maternity Cover)
CEU	Chandler-Oatts	Jackie	Methods Co-ordinator
CEU	Doney	Elizabeth	TSC Support
CEU	Dooley	Liz	Managing Editor Support
CEU	Dunn	Louisa	Methods Support Officer
CEU	Faulkner	Sam	TSC Support
CEU	Foxlee	Ruth	Information Specialist
CEU	Hilton	John	Editor
CEU	Lasserson	Toby	Senior Editor
CEU	Littlewood	Anne	TSC Support
CEU	Livingstone	Nuala	Quality Editor
CEU	MacLehose	Harriet	Senior Editor
CEU	Mehta	Monaz	Editor
CEU	Newton	Opiyo	Quality Assurance Editor
CEU	Royle	Elizabeth	Manager of Copy Editor Support
CEU	Salzwedel	Doug	TSC Support
CEU	Shah	Anupa	Managing Editor Support
CEU	Soares	Karla	Deputy Editor in Chief
CEU	Simmonds	Hilary	Executive PA to Editor in Chief
CEU	Tovey	David	Editor in Chief
CEU	Witteman	William	Central Search Service Project Officer
FCS	Burgess	Maria	Office Manager
FCS	Jackson	Luke	Office Assistant
FCS	Sapir	Maya	Office Assistant
FCS	Sutherland	Hugh	Head of Finance and Core Services
FCS	Umar	Abdullah	Finance Manager
FCS	Wallwork	Rachael	Human Resources Manager
IKMD	Becker	Lorne	Consultant on Linked Data Project
IKMD	Cracknell	Tom	Project Support Officer
IKMD	Dawood	Irfan	Knowledge Manager
IKMD	Helmø Larsen	Henrik	Senior System Developer
IKMD	Hovhannisyan	Karen	Support Assistant
IKMD	Janczyk	Martin	Senior Web Developer
IKMD	Kashem	Farah	Web Application Developer
IKMD	Lefebvre	David	IT Consultant
IKMD	Mavergames	Chris	Head of Informatics and Knowledge Management
IKMD	Mayoral	Javier	Systems Administrator
IKMD	Moustgaard	Rasmus	Senior System Developer
IKMD	Riis	Jacob	User Experience Lead
IKMD	Rosati	Paolo	Web Operations Manager
IKMD	Wedel-Heinen	Ida	User Experience Analyst
L&S	Cumpston	Miranda	Head of Learning and Support
L&S	Dambunjak	Dario	Learning and Support Officer
L&S	Rose	Zoe	Online Learning and Support Officer
L&S	Watts	Chris	Learning and Support Officer
INNOVATIONS	Boselli	Giulia	Product Development Manager
INNOVATIONS	Burch	Jane	Editor
INNOVATIONS	Pestridge	Charlotte	CEO Cochrane Innovations
INNOVATIONS	Tritton	Roger	Senior Product Development Manager
INNOVATIONS	Tort	Sera	Clinical Editor
MATERNITY LEAVE			
IKMD	Ahtirshi	Olga	User Experience Analyst
CEU	Dwan	Kerry	Statistical Editor
CEO	McIlwain	Catherine	Consumer Co-ordinator
CEU	Marshall	Rachel	Editor
NEW RECRUITMENTS			
	<b>Recruitment Type</b>	<b>FTE</b>	<b>Recruitment</b>
IKMD	Permanent	37.5	Java Developer

# Calendar for CET-led regular reports to Steering Group

Integrating reporting with the calendar year

Quarter & Month		Report	Distribution	CSG opportunity to review
Q1	January	<b>Strategy to 2020 end of year report</b> Report on the previous year's targets and overall progress to 2020	Teleconference/meeting pack	January/February teleconference or face-to-face meeting(Q1)
		<b>CET workplan &amp; budget end of year report</b> Report on the CET's workplan and budget for previous year (to include Cochrane Innovations)		
		<b>Publishing Management Team end of year report</b> Report on Cochrane-Wiley workplan and priorities for previous year Dashboard		
		<b>Organization dashboard end of year summary (Q1-Q4)</b> Overview of organizational performance in previous year		
	February			
	March	<b>Draft organization Annual Report &amp; Financial Statements</b> The organization's public-facing document on activities in the previous year for CSG's sign-off	'Mid-year' business meeting agenda pack	Mid-year business meeting (Q2)
Q2	April	<b>Quarter 1 Organization dashboard</b> Overview of organizational performance in previous quarter	Individual email	Mid-year business meeting if timings appropriate. Otherwise discussion by email
	May			
	June			
Q3	July	<b>Strategy to 2020 interim target report</b> Report on progress of achieving year's targets at end of Q2	Teleconference pack	July/August teleconference (Q3)
		<b>CET workplan &amp; budget interim report</b> Report on progress of the CET's workplan and budget at end of Q2		
		<b>Publishing Management Team interim report</b> Report on Cochrane-Wiley workplan and priorities at end of Q2		
		<b>Quarter 2 Organization dashboard</b> Overview of organizational performance in previous quarter		
	August			
	September	<i>Strategy to 2020</i> : Draft targets for forthcoming year Draft targets for forthcoming year for consultation at the Colloquium	Colloquium agenda pack	Colloquium meeting (Q3)

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Q4	October	<b>Quarter 3 Organization dashboard</b> Overview of organizational performance in previous quarter	Individual email	Discussion by email
	November			
	December	<b>Strategy to 2020: Final version of targets for forthcoming year</b> Final version of targets for forthcoming year for CSG sign-off	Teleconference/face-to-face meeting agenda pack	December teleconference or face-to-face meeting (Q4)
		<b>CET workplan &amp; budget</b> CET workplan & budget for forthcoming year, for CSG's sign-off (to include Cochrane Innovations)		
		<b>Publishing Management Team workplan</b> Cochrane-Wiley workplan for forthcoming year, for CSG's sign-off		



# **Collaboration Trading Company Limited**

Registered number: 03657122

## **Directors' report and financial statements**

**For the period ended 31 December 2014**

**COLLABORATION TRADING COMPANY LIMITED****COMPANY INFORMATION**

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<b>DIRECTORS</b>	Prof LA Becker (resigned 16 September 2014) Dr MW Davies Dr DM Gillies Dr I Shrier (appointed 22 December 2014)
<b>COMPANY SECRETARY</b>	H Sutherland
<b>REGISTERED NUMBER</b>	03657122
<b>REGISTERED OFFICE</b>	St Albans House 57-59 Haymarket London SW1Y 4QX
<b>INDEPENDENT AUDITORS</b>	Mazars LLP Chartered Accountants & Statutory Auditor The Pinnacle 160 Midsummer Boulevard Milton Keynes MK9 1FF
<b>BANKERS</b>	National Westminster Bank plc 249 Banbury Road Summertown Oxford OX2 7HR
<b>SOLICITORS</b>	Penningtons Manches LLP 9400 Garsington Road Oxford Business Park Oxford OX4 2HN

**COLLABORATION TRADING COMPANY LIMITED****CONTENTS**

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# COLLABORATION TRADING COMPANY LIMITED

## DIRECTORS' REPORT FOR THE PERIOD ENDED 31 DECEMBER 2014

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The directors present their report and the financial statements for the period ended 31 December 2014.

### Directors' responsibilities statement

The directors are responsible for preparing the Directors' report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### Principal activities

The principal activity of the company continued to be the collection of royalties from the sale of subscriptions to The Cochrane Library.

### Directors

The directors who served during the period were:

Prof LA Becker (resigned 16 September 2014)  
Dr MW Davies  
Dr DM Gillies  
Dr I Shrier (appointed 22 December 2014)

### Distributions

During the year the company distributed £4,143,851 (Period ending 31 March 2014: £3,830,032) to its parent charitable company arising from profits of the previous financial year. A distribution of £3,475,973 is proposed, but not recognised, in relation to profits arising from the current year.

### Disclosure of information to auditors

Each of the persons who are directors at the time when this Directors' report is approved has confirmed that:

- so far as that director is aware, there is no relevant audit information of which the company's auditors are unaware, and
- that director has taken all the steps that ought to have been taken as a director in order to be aware of any relevant audit information and to establish that the company's auditors are aware of that information.

## COLLABORATION TRADING COMPANY LIMITED

### DIRECTORS' REPORT FOR THE PERIOD ENDED 31 DECEMBER 2014

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#### Auditors

The auditors, Mazars LLP, will be proposed for reappointment in accordance with section 485 of the Companies Act 2006.

In preparing this report, the directors have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the board and signed on its behalf.

Dr DM Gillies  
Director

Date:

  
2/9/15

# COLLABORATION TRADING COMPANY LIMITED

## INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COLLABORATION TRADING COMPANY LIMITED

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We have audited the financial statements of Collaboration Trading Company Limited for the period ended 31 December 2014 which comprise the Profit and Loss Account, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

### Respective responsibilities of directors and auditors

As explained more fully in the Directors' responsibilities statement set out on page 1, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. This report is made solely to the company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an Auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body for our audit work, for this report, or for the opinions we have formed.

### Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at [www.frc.org.uk/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate).

### Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 December 2014 and of its profit for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### Opinion on the other matter prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## **COLLABORATION TRADING COMPANY LIMITED**

### **INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COLLABORATION TRADING COMPANY LIMITED**

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#### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements and the Directors' report in accordance with the small companies' regime.

Stephen Brown (Senior Statutory Auditor)

for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor

The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

Date:

# COLLABORATION TRADING COMPANY LIMITED

## PROFIT AND LOSS ACCOUNT FOR THE PERIOD ENDED 31 DECEMBER 2014

		9 months ended 31 December 2014 £	As restated Year ended 31 March 2014 £
	<b>Note</b>		
Royalty income		3,164,706	4,051,867
Non-royalty income		317,302	78,247
<b>Turnover</b>	<b>1</b>	3,482,008	4,130,114
Administrative expenses		(11,204)	(12,337)
<b>Operating profit</b>	<b>2</b>	3,470,804	4,117,777
Interest receivable and similar income		5,168	26,074
<b>Profit on ordinary activities before taxation</b>		3,475,972	4,143,851
Tax on profit on ordinary activities	<b>3</b>	-	-
<b>Profit for the financial period</b>	<b>10</b>	3,475,972	4,143,851

The notes on pages 8 to 12 form part of these financial statements.



# COLLABORATION TRADING COMPANY LIMITED

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE PERIOD ENDED 31 DECEMBER 2014

		9 months ended 31 December 2014 £	As restated Year ended 31 March 2014 £
	Note		
Profit for the financial period		3,475,972	4,143,851
Total recognised gains and losses relating to the period		3,475,972	4,143,851
Prior year adjustment	11	4,143,851	
Total gains and losses recognised since last financial statements		7,619,823	

The notes on pages 8 to 12 form part of these financial statements.

**COLLABORATION TRADING COMPANY LIMITED**

Registered number: 03657122

**BALANCE SHEET  
AS AT 31 DECEMBER 2014**

	Note	31 December 2014		As restated 31 March 2014
		£	£	£
<b>Fixed assets</b>				
Tangible assets	5	-		6,721
<b>Current assets</b>				
Debtors	6	3,588,118	5,952,286	
Cash at bank		924,454	779,780	
		<u>4,512,572</u>	<u>6,732,066</u>	
<b>Creditors:</b> amounts falling due within one year	7	(433,058)	(1,841,394)	
<b>Net current assets</b>		4,079,514		4,890,672
<b>Total assets less current liabilities</b>		<u>4,079,514</u>		<u>4,897,393</u>
<b>Creditors:</b> amounts falling due after more than one year	8	(600,000)		(750,000)
<b>Net assets</b>		<u>3,479,514</u>		<u>4,147,393</u>
<b>Capital and reserves</b>				
Called up share capital	9	100		100
Profit and loss account	10	3,479,414		4,147,293
<b>Shareholders' funds</b>		<u>3,479,514</u>		<u>4,147,393</u>

The financial statements have been prepared in accordance with the provisions applicable to small companies within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved and authorised for issue by the board and were signed on its behalf by:

Dr DM Gillies  
Director

Date:


The notes on pages 8 to 12 form part of these financial statements.

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

### 1. Accounting policies

#### 1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

#### 1.2 Turnover

Turnover comprises revenue recognised by the company in respect of goods and services supplied during the period, exclusive of Value Added Tax and trade discounts.

#### 1.3 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Fixtures & fittings	-	25% straight line
Computer equipment	-	25% straight line

#### 1.4 Operating leases

Rentals under operating leases are charged to the Profit and loss account on a straight line basis over the lease term.

Benefits received and receivable as an incentive to sign an operating lease are recognised on a straight line basis over the period until the date the rent is expected to be adjusted to the prevailing market rate.

### 2. Operating profit

The operating profit is stated after charging:

	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
Depreciation of tangible fixed assets:		
- owned by the company	2,087	1,626
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	750
	<u>          </u>	<u>          </u>

During the period, no director received any emoluments (2014 - £NIL).

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

### 3. Taxation

	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
Adjustments in respect of prior year UK corporation tax charge	-	-

### 4. Taxation

#### Factors affecting tax charge for the period

The profits of the company are gift aided to its parent charity in full and there is no tax arising from its activities in the year.

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

### 5. Tangible fixed assets

	Fixtures & fittings £	Computer equipment £	Total £
<b>Cost</b>			
At 1 April 2014	5,451	21,248	26,699
Additions	-	5,823	5,823
Transfers intra group	(5,451)	(27,071)	(32,522)
At 31 December 2014	-	-	-
<b>Depreciation</b>			
At 1 April 2014	5,151	14,827	19,978
Charge for the period	-	5,823	5,823
Transfers intra group	(5,151)	(20,650)	(25,801)
At 31 December 2014	-	-	-
<b>Net book value</b>			
At 31 December 2014	-	-	-
At 31 March 2014	300	6,421	6,721

### 6. Debtors

	31 December 2014 £	31 March 2014 £
<b>Due after more than one year</b>		
Trade debtors	400,000	400,000
Prepayments and accrued income	321,271	321,271
<b>Due within one year</b>		
Amounts owed by group undertakings	1,820,120	4,156,272
Prepayments and accrued income	1,046,727	1,074,743
	3,588,118	5,952,286

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

### 7. Creditors: Amounts falling due within one year

	31 December 2014 £	31 March 2014 £
Trade creditors	-	2,121
Amounts owed to group undertakings	-	1,417,269
Other taxation and social security	228,558	159,089
Accruals and deferred income	204,500	262,915
	<u>433,058</u>	<u>1,841,394</u>

### 8. Creditors: Amounts falling due after more than one year

	31 December 2014 £	31 March 2014 £
Accruals and deferred income	<u>600,000</u>	<u>750,000</u>

### 9. Share capital

	31 December 2014 £	31 March 2014 £
<b>Allotted, called up and fully paid</b>		
100 Ordinary shares of £1 each	<u>100</u>	<u>100</u>

### 10. Reserves

	Profit and loss account £
At 1 April 2013 (as previously stated)	3,442
Prior year adjustment (note 11)	<u>4,143,851</u>
At 1 April 2014 (as restated)	4,147,293
Profit for the period	3,475,972
Distribution: Donation paid to parent charity	<u>(4,143,851)</u>
At 31 December 2014	<u>3,479,414</u>

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

### 11. Prior year adjustment

Following the ICAEW Technical Release 16/14BL on 31 October 2014, the company has changed its accounting policy for donations made to its charitable parent company. Previously such donations were included within administrative expenses and were accrued in the year to which they relate. Such donations are now included as distributions of profit and are recognised at the earlier of when they are paid or when they are approved by the company's board of directors.

As a result of this change in accounting policy the prior year balances for administrative expenses have been decreased by £4,143,851 with the profit and loss reserve also being restated and increasing by the corresponding amount.

### 12. Distributions

	9 months ended 31 December 2014 £	As restated Year ended 31 March 2014 £
Donation paid to parent charity	4,143,851	3,830,032

### 13. Related party transactions

The company has taken advantage of the exemption in Financial Reporting Standard Number 8 from the requirement to disclose transactions with group companies on the grounds that consolidated financial statements are prepared by the ultimate parent company.

### 14. Ultimate parent undertaking and controlling party

The ultimate controlling party is The Cochrane Collaboration, a charitable company registered in England.

# **Collaboration Trading Company Limited**

## **Management information**

**For the period ended 31 December 2014**



# COLLABORATION TRADING COMPANY LIMITED

## DETAILED TRADING AND PROFIT AND LOSS ACCOUNT FOR THE PERIOD ENDED 31 DECEMBER 2014

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	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
<b>Turnover</b>	3,482,008	4,130,114
<b>Less: Overheads</b>		
Administration expenses	(11,204)	(12,337)
<b>Operating profit</b>	3,470,804	4,117,777
Interest receivable	5,168	26,074
<b>Profit for the period</b>	3,475,972	4,143,851

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## COLLABORATION TRADING COMPANY LIMITED

SCHEDULE TO THE DETAILED ACCOUNTS  
FOR THE PERIOD ENDED 31 DECEMBER 2014

	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
<b>Turnover</b>		
Royalty Income	3,164,706	4,051,867
Non-Royalty Income	317,302	78,247
	<u>3,482,008</u>	<u>4,130,114</u>
	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
<b>Administration expenses</b>		
Printing and stationery	-	1,565
Telephone and fax	-	134
Computer costs	-	1,114
Legal and professional	-	48
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	750
Accountancy fees	-	629
Bank charges	127	140
Rent and Rates	1,379	4,340
Cleaning	-	452
Insurances	-	39
Depreciation - computer equipment	2,087	1,445
Depreciation - fixtures & fittings	-	181
Profit/loss on sale of tangible assets	4,633	-
Sundry expenses	728	-
	<u>11,204</u>	<u>12,337</u>
	9 months ended 31 December 2014 £	Year ended 31 March 2014 £
<b>Interest receivable</b>		
Bank interest receivable	<u>5,168</u>	<u>26,074</u>

## Cochrane-Wiley Publishing Management Team

Report to the Steering Group  
Vienna, October 2015

**Document prepared by:** Cochrane-Wiley Publishing  
Management Team.

**Submitted to Steering Group:** October 2015,  
Vienna, Austria.

**Purpose of paper:** To provide a progress report on  
the management of the publication and delivery of  
Cochrane content.

**Access:** Open Access.

# Contents

- 1 Summary report
- 2 Progress report against 2015 Cochrane-Wiley Workplan
- 3 Dashboard indicators of publication and delivery performance to end of Quarter 2 2015 (January to June)

Annex 1: Sub-committees of the Publishing Management Team

Annex 2: Cochrane-Wiley Vienna Colloquium activities

## 1. Summary Report

Cochrane and Wiley are reporting on mid-year progress against the 2015 Publishing Management Team Workplan, as presented to the Steering Group at its Athens meeting in May 2015. This report highlights significant growth in sales (15% on prior year to Q2), usage (9% year-to-date increase on Full Text Downloads) and overall impact (including the 2014 CDSR Impact Factor of 6.032). There has been satisfactory to good progress across various elements of the 2015 Workplan: the number of Cochrane Clinical Answers to be published by the end of the year will exceed our planned target, and the new look Cochrane Library has been delivered and has received favourable customer feedback.

However, there has been considerable concern shared by both parties over the rate of delivery of the technology and product development projects for Cochrane content. The *Cochrane Library Technology Roadmap*, which encompasses the range of projects designed to enhance the ways in which Cochrane content is published and delivered to users, was formalised from commitments made in the publishing agreement between the parties in 2013. A prioritization exercise of the delayed and scheduled projects in the Roadmap was conducted by Cochrane at Wiley's request in late 2014; with selected projects then being grouped into five priorities (see Table 3 – *projects in the pipeline*, below).

Cochrane set a 2015 Workplan target (2.i, see below) for Wiley to 'develop the specifications for the priority 1 and 2 projects ... and deliver all priority 1 projects as a minimum'. Unfortunately this target remained in draft until May as Wiley could not confirm its commitment to it until development estimates were completed. In late May/early June, Wiley alerted Cochrane to the likelihood of non-delivery in 2015 of many of the items on the priority 1 list; and asked Cochrane for a further prioritization. At the Publishing Management Team meeting in early June, Cochrane reiterated its key priorities were those contained in its 2015 *Strategy to 2020* targets: 'Launch of non-English language versions of the Cochrane Library in at least five languages, including search functionality' (Target 2.3); and 'Implement the Updating Classification Framework' (Target 1.4).

However, despite good progress from the teams in developing multi language portals, neither of these targets will now be met in 2015, which is disappointing and regrettable. The translated portal and

search developments were put on hold as the scope and timing of the solutions offered by Wiley did not meet Cochrane's expectations, and did not have the support of Cochrane's volunteer translation teams. Implementing multi-language options for users is now planned as part of the new delivery approach detailed below.

In order to address the Roadmap delivery problems, Wiley and Cochrane have agreed on a different approach to technology and product development, led by Wiley. A formal Request for Proposal (RFP) has been initiated by Wiley for the delivery of a new, outsourced publishing platform for the Cochrane Library by an external vendor who can provide the capabilities needed to deliver the full range of projects in the Technology Roadmap. This process began in June and is scheduled to complete in October, resulting in the selection of a new technology partner to work with Wiley and Cochrane in the development of the Library. The RFP process is running to schedule and Wiley has a high level of confidence in successfully selecting a technology partner. Cochrane Publication Management Team members have been involved in the RFP process and will participate in vendor selection interviews.

The Roadmap team is working to reprioritize the Roadmap projects and continues to work on delivery of the Anywhere Article for all Cochrane Systematic Reviews (December 2015), which will see all traffic directed to the improved and fully-responsive HTML rendering. A new pipeline delivery approach for Roadmap projects has been adopted in which one project moves through each phase of the development process at a time. We hope that this will improve efficiency and provide a clearer process for project development, and so make us better able to deliver valuable features and improvements to users.

Since the Athens meeting, there has also been some major staff changes at Wiley. Deborah Dixon left in June after many years' service to Wiley and Cochrane, having been involved from the beginning with the original tendering for the Cochrane publishing partnership in 2002/3. The Publishing Management Team thanks Deborah for her contribution and for being such a champion for Cochrane over the years. A new Wiley senior team is also in place and meetings have been held since June by Mark Wilson and David Tovey with Mark Allin, CEO & President of Wiley; Andy Robinson, VP & Society Services Director; and Shawn Morton, VP & Society Director. Deborah Pentesco-Gilbert and her team remain and act as Cochrane's day-to-day and first point of contact.

## **Cochrane-Wiley Publishing Management Team October 2015**

### **Cochrane:**

**CHAIR: Mark Wilson (Cochrane CEO)**

**Lucie Binder (Senior Advisor)**

**Harriet MacLehose (Senior Editor)**

**Chris Mavergames (Head, Informatics and Knowledge Management)**

**Charlotte Pestrige (CEO, Cochrane Innovations)**

**David Tovey (Editor in Chief)**

### **Wiley:**

**Deborah Pentesco-Gilbert (Editorial Director)**

**Richard Cook (Director Content Delivery Applications)**

**Todd Toler (Vice President, Digital Product Management)**

**Ben Townsend (EMEA Sales Director)**

**Guests: Gavin Stewart (Wiley), Megan Helmers (Wiley), Alice Noakes (Wiley),**

**Chris Champion (Cochrane), Julie Wood (Cochrane)**

## 2. Progress report against 2015 Cochrane-Wiley Workplan

### Progress status indicator

Grey	Completed
Green	Good progress, with confidence that delivery date will be met
Amber	Some delays that may affect delivery, with corrective action required in order to meet delivery date
Red	Serious concerns that delivery date will not be met; urgent corrective action required
Purple	Not yet started, as per project plan

Overarching objective			2015 target	Status update
1	Achieve universal 'one-click' access to The Cochrane Library, ensuring that it is free at the point of use	i	Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016 (Cochrane Strategy to 2020)	Open access strategy for Cochrane submitted to Steering Group in October 2015. This strategy has received input from the Wiley team.
		ii	In parallel with the development of the open access strategy, continue to achieve new, and maintain existing, national (regional) licences and achieve 5% growth in subscriptions sales in all regions in 2015	Year to date subscription sales are strong and are running at 8% above prior year. We expect this to normalise but are in a strong position to deliver the 5% growth target.
		iii	Approve the 2016 subscription pricing list	The 2016 subscription pricing list was approved by the Management Team at its June 2015 meeting. There was agreement that where licence purchasers and Cochrane group funders have links, or directly overlap, future pricing will take this into consideration.

		iv	Approve the 2015 HINARI access list		HINARI category A & B countries remain unchanged this year. The one-click free access was approved in February 2015 and was rolled over to 116 countries. 1.8 billion people have one-click access through IP recognition via this initiative.
2	Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods	i	For the Cochrane Library Technology Roadmap, develop the specifications for the priority 1 and 2 projects (see Table 3*), and deliver all priority 1 projects as a minimum.		<p>Priority 1 targets (final prioritization list from May 2015): <i>translation portals, translated search, updating classification framework, and linking from relevant parts of a Cochrane Review to trials in CENTRAL and vice versa</i>, will not be delivered by the end of 2015.</p> <p><i>Default Anywhere Article (enhanced article view) for Cochrane Reviews, including links to related reviews via the browse list</i>, is scheduled to be completed by the end of 2015.</p> <p><i>Website re-platforming and flexible review types</i> have been completed in 2015.</p> <p>In mid-2015, we agreed to manage projects using a pipeline approach in which only project is a project development stage at a time, and once one projects moves out of a phase, another project moves in. The aim was to have a clearer pipeline for project development.</p> <p>An RFP is process underway to select a technology partner to take the Roadmap forward in light of the problems identified.</p>
		ii	Implement a coherent Cochrane brand across all content within or parallel to the scope of the 2015 Roadmap (Cochrane Strategy to 2020)		CCAs planned to be re-branded by the end of September 2015. Cochrane Learning will not be rebranded as it is being phased out.
		iii	Continue to develop the Cochrane-Wiley working group to promote effective joint communications of Cochrane products and brands.		A Cochrane-Wiley communications evaluation was conducted January 2015. A meeting of the full communications and marketing teams from both parties is scheduled for January 2016.

			Evaluate this working group in Nov 2015 against the strategy it developed in Nov 2014		
3	Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by using them as the basis for publishing and delivery developments, improvements and innovations	i	Engage collaboratively in the Cochrane led user research project; and establish a framework for ongoing reassessment (Strategy to 2020). See also 12.ii below.		Wiley have provided a full framework for user research and insights. The first phase of work is underway: the Cochrane Library user research survey will be deployed in September and will be translated into different languages.
		ii	Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area and undertake 'deepdives' in different areas of the business at each Management Team meeting		Deepdives are ongoing. The annual review of the sales demand data (including access denied and licenses) supported the recent decisions around our strategy for access in Latin America.
4	Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making available in languages other than English those elements identified by the Collaboration as appropriate for translation	i	For Technology Roadmap work relating to translations see 2.i.		As per 2.i.
		ii	Continue to provide complementary licences to Wikipedia editors and work with the new Cochrane Wikipedian in Residence		Wiley continues to provide complementary licenses to the Cochrane Library to 98 Wikipedia editors. Referrers from Wikipedia to Cochrane Reviews on the Cochrane Library accounts for about 1% of traffic. Altmetrics, available on all Cochrane Reviews, now includes links to any Wikipedia references.
5	Engage positively with all users and stakeholders	i	Aim to meet the technology standards of service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to service standards.  As part of this conduct an annual review of the standards and make adjustments as appropriate.		No major concerns although there have been four individual month breaches to date in relation to search speed and site downtime. However, overall the year-to-date targets and the reliability of the service has met or exceeded expected standards. We have plans for developing new targets and these will be in place by end of year. A review is scheduled for early 2016.  Note that these technology standards refer to the functioning of the platforms and not the development projects in the Technology Roadmap.



		ii	Continue to engage Cochrane Centre Directors in developing sales strategies		Wiley is hosting a series of Cochrane Library Regional Wiley/Cochrane Sales & Access Strategy Summits at the Vienna Colloquium.
		iii	Offer a co-ordinated Cochrane-Wiley series of events at the Vienna Colloquium		See Annex ii. Cochrane-Wiley Vienna Colloquium Activities
6	Provide efficient and effective subscription management and support services for users	i	Aim to meet the standards of customer service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to customer service.  As part of this conduct an annual review of the standards and make adjustments as appropriate.	As per 5.i.	
7	Develop strategic partnerships with news providers, policy-makers, healthcare organisations, technology providers and others who can disseminate, promote and use Cochrane content in effective and appropriate ways	i	Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area		Usage trends in the dashboard have led to the deeper discussions with key licenses over future product strategy (e.g. OVID and EBSCO)
		ii	Approve the 2015 Marketing Plan		The Marketing Plan was developed with input from the Cochrane Communications team and Cochrane Innovations and was approved by the Publishing Management Team at the June meeting.
		iii	Hold regional sales summits, inviting relevant Cochrane Centre and Branch Directors. In 2015 we will explore holding summits in: South America, USA and Asia (in connection with EACA)	As per 5.ii.	
8	Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity	i	For Technology Roadmap work relating to translations see 2.i.	As per 2.i.	
		ii	Review the recommendations of the environmental impact review that Cochrane will be undertaking and implement them where appropriate		This work is now behind schedule. An external consultant has analysed environmental impact of Cochrane's Central Executive but not yet completed the analysis of the wider organisation – particularly around the Colloquium. We still hope to have a draft Cochrane sustainability strategy by September.
9	Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including	i	Ensure that all activities are communicated to a member of the Publishing Management Team Executive		Members of PubMan Executive involved in all sub-committees and meet regularly.
		ii	Continue to hold weekly Publishing Management Team Exec calls; monthly Roadmap Committee calls and quarterly KPI group calls		PubMan Executive teleconferences are held every two weeks, not weekly. All other committees meet as scheduled.

	those in high-level business and management roles				
10	Recognise and respond to the culture and unique organisational structure of the Collaboration	i	Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the Cochrane and its <i>Strategy to 2020</i>		Completed and shared in all new staff inductions.
		ii	Deliver Management Team reports to the Steering Group and its sub-committees for the Athens and Vienna Cochrane meetings		Completed in the submission of this report.
11	Develop future Cochrane-Wiley publishing strategy	i	Undertake an analysis of available platform options and develop a proposal for the future of the Cochrane Library and derivatives.		Request for Proposal for a new technology partner was initiated in June 2015, as described in 2.i.
12	Cochrane 2015 Targets with Wiley dependencies	i	Cochrane Target 1.4: Implement the Updating Classification Framework		As per 2.i. The Updating Classification Framework developed by Cochrane cannot be implemented on the Cochrane Library by the end of 2015.
		ii	Cochrane Target 2.1: Undertake user research on current Cochrane users		As per 3.i.
		iii	Cochrane Target 2.2: collaborate with Cochrane on the development of the open access strategy		As per 1.1.
		iv	Cochrane Target 2.3: Launch the multilingual Cochrane Library		As per 2.i. The translated portal and search developments were put on hold as the scope and timing of the solutions offered by Wiley did not meet Cochrane's expectations, and did not have the support of Cochrane's volunteer translation teams.
		v	Cochrane Target 3.1: Re-brand all Cochrane websites according to the new branding guidelines.		The rebranding of all websites on the Cochrane platform was complete as of 7 <sup>th</sup> September. Off platform websites will be complete by the end of the year and Community website live early next year.
		vi	Cochrane Target 4.3: collaborate with Cochrane on Cochrane Innovations projects		Ongoing.
13	Support the business case development and subsequent development and commercialisation of relevant Cochrane derivative products and services	i	Cochrane Clinical Answers: Wiley and the Cochrane Innovations editorial team to deliver minimum 300 new CCAs by end of 2015		Editorial ahead of this target. Expect 350 new CCAs by end of year, total 950 CCAs.
		ii	Cochrane Clinical Answers: Wiley to achieve agreed sales strategy and targets		Later sales start dates for Ovid and EBSCO, January 2016, will impact on Q4 sales. Wiley monthly sales still low.

	iii	Wiley and Cochrane Innovations to deliver Evidence Based Practice Certificate business case by September 2015.		Delayed by one month, to increase time for Cochrane engagement and user research. Timing also fits with Cochrane Innovations strategy meeting scheduled for mid Nov 2015.
	iv	Cochrane Careers: Wiley will work with Cochrane to develop a business case by Q4, 2015.		On schedule.
	v	Cochrane Learning: Continue to market Dr Cochrane		On schedule.

**\*Copy of Table 3 from 2015 Athens Report, as referred to in Workplan target 2.i (note: all of these Roadmap cards have been included in the technology partner RFP):**

Priority	Roadmap card title	Swimlane	Active?
Priority 1: 10 projects	<b>5 rolled over from previous year(s):</b>	—	—
	Updating Classification System and Publishing Events	CDSR	Yes
	Feedback	CDSR	Yes
	Search by online date	Search	Yes
	Links to trials in CENTRAL	CENTRAL	No
	Flexible review types	CDSR	Yes
	<b>3 included in translations:</b>	—	—
	Multi-language content	CDSR	Yes
	Multi-language search	Search	Yes
	Translations portals	Shell	Yes
	<b>2 to be completed for website replatforming and/or Anywhere Systematic Review:</b>	—	—
	Cochranelibrary.com enhancements (including CDSR automated table of contents)	Shell	Yes
	Anywhere Systematic Review enhancements (including linking to related articles)	CDSR	Yes

Priority 2: 2 projects	Links between split and merged reviews; protocol for update	<i>CDSR</i>	No
	Rebrand following sites: Cochrane Clinical Answers, Cochrane Learning, Cochrane Journal Club, iPad edition	Derivatives	No
Priority 3: 5 projects	Strategic review of CENTRAL/CENTRAL development strategy	CENTRAL	No
	Design of CENTRAL records	CENTRAL	No
	Decommission 'About The Cochrane Collaboration' database	Other	No
	Export/email citation options	Search	Yes
	Search results navigation	Search	No
	Allow searching of MeSH checktags	Search	No
Priority 4: 2 projects	Supplement integration	<i>CDSR</i>	No
	Links to editorials, journal club, podcasts	<i>CDSR</i>	No
Priority 5: 1 project	API	Other	No

### 3. Dashboard indicators of publication and delivery performance to end of Q 2 2015

#### Usage of products

Table 1A. FULL TEXT DOWNLOADS OF COCHRANE REVIEWS HOSTED ON WILEY ONLINE LIBRARY

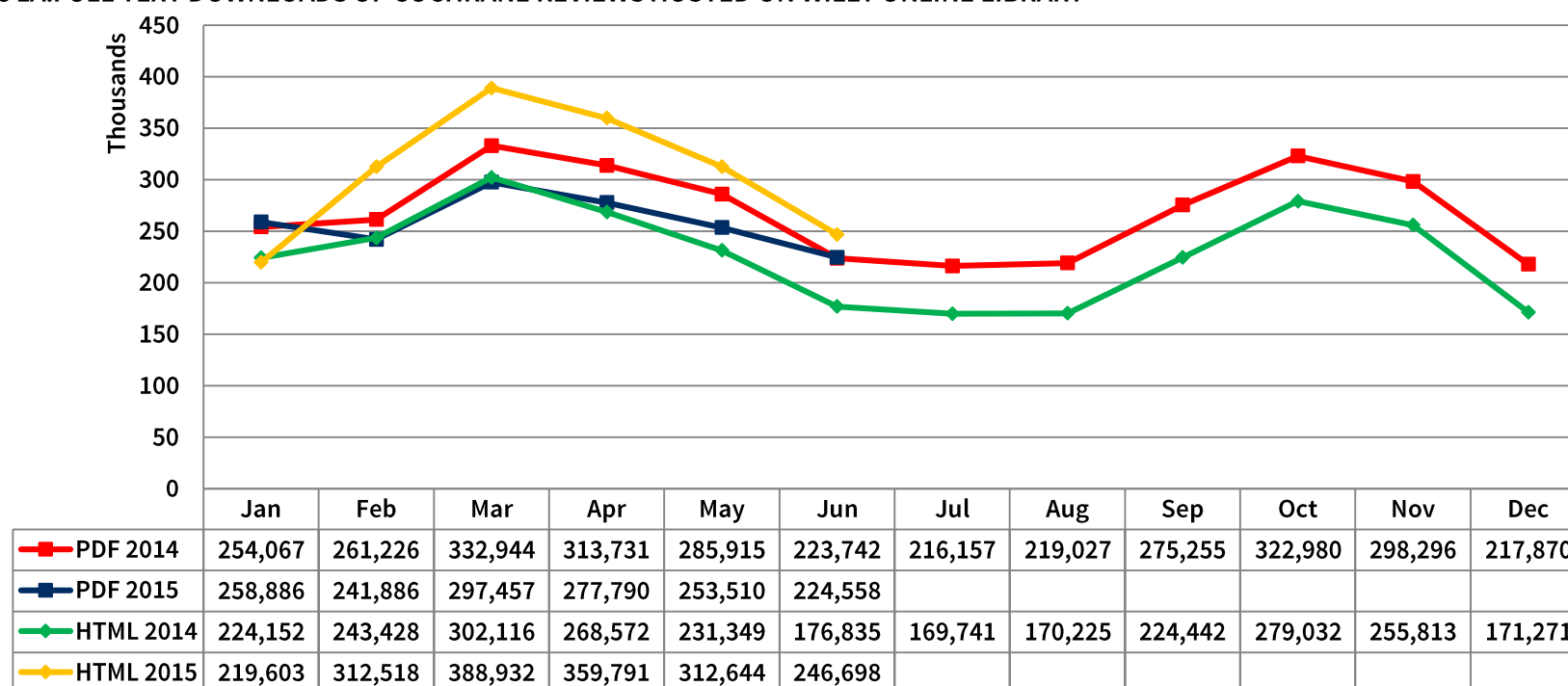
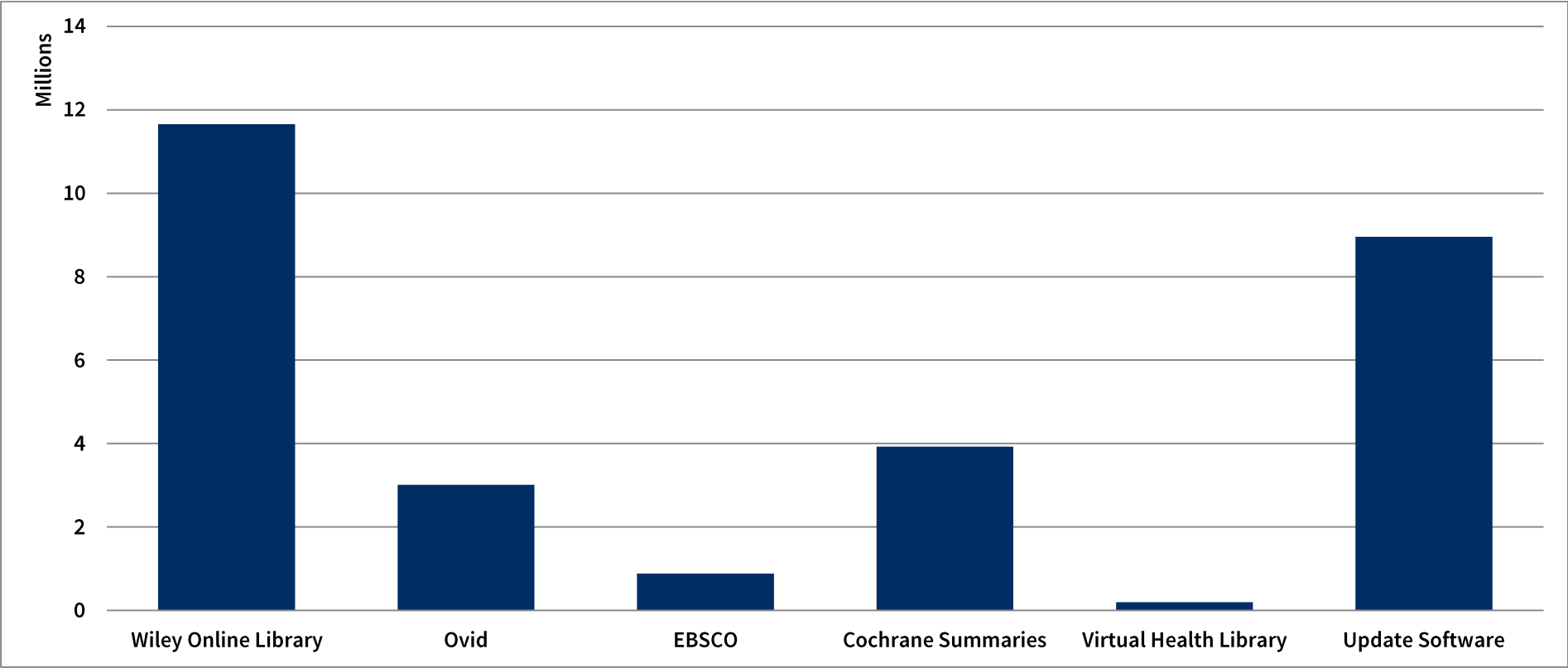


Table 1 shows a breakdown of full text downloads recorded in 2015 and 2014 by month and type. 3,394,273 Full text downloads were recorded between January and June 2015 compared with 3,118,077 between January and June 2014.

Table 1B. ABSTRACT VIEWS OF COCHRANE REVIEWS BY PROVIDER



The total number of abstract views across platforms in 2014 was 28,643,357. Please note that the data supplied by Update Software represents usage of the Spanish language database La Biblioteca Cochrane Plus. A detailed breakdown of user activity related to this database was unavailable.

Table 2. DEMAND (Full Text Downloads + Access Denied)

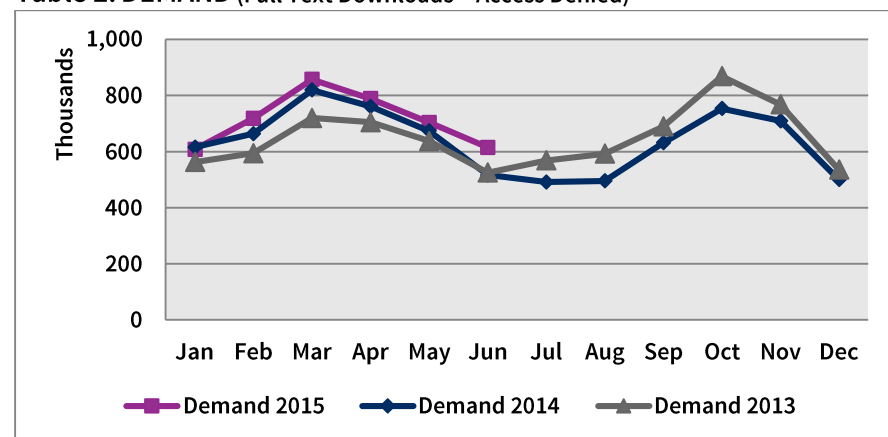


Table 2. There were 4,291,161 attempts to access a full text version of a Cochrane review from January to June 2015. 4,050,042 (6%) more than January to June 2014.

Table 3. VISITS to the Cochrane websites

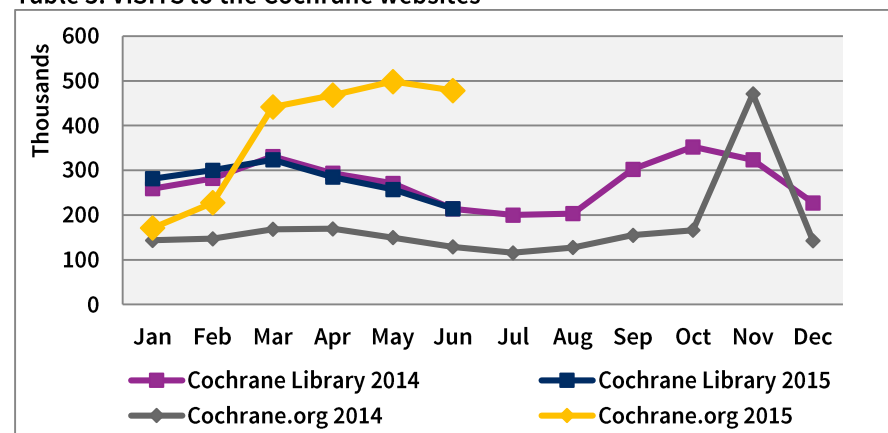
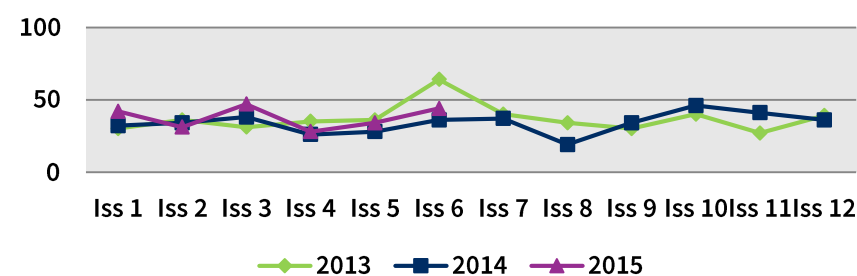


Table 3. 2,284,921 visits to the Cochrane.org website were recorded in between January and June, compared with 906,597 in the same time period in 2014. 1,662,017 visits to the Cochrane Library website were recorded between January and June, compared with 1,650,488 in the same time period in 2014.

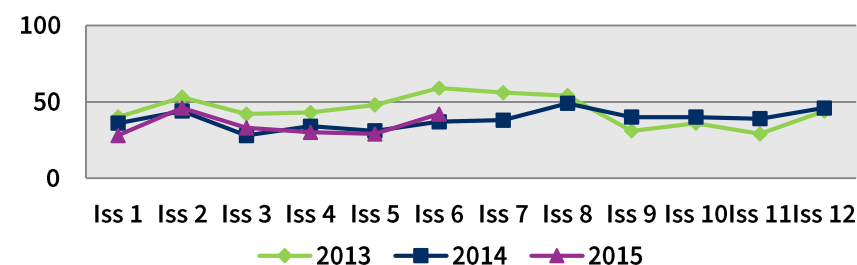
### Monthly production

Table 4. RUNNING TOTAL OF COCHRANE REVIEWS

#### New Reviews



#### Updated Reviews



#### New Protocols

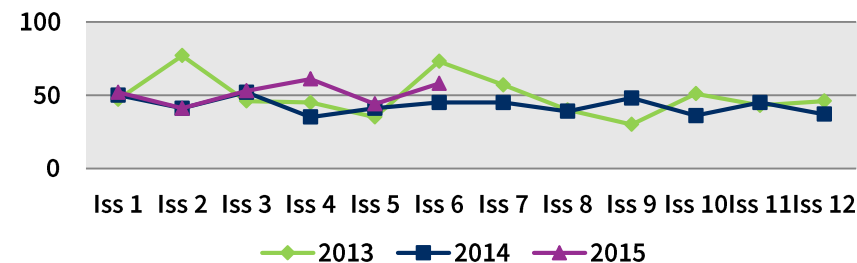


Table 5. PUBLISHED ARTICLES COMPARED TO PRIOR YEAR

	NEW REVIEWS	UPDATED REVIEWS	NEW PROTOCOLS
JAN-JUN 2015	226	208	309
JAN-JUN 2014	194	210	264
JAN-JUN 2013	232	285	323

Table 6. RECORD COUNT

DATABASE	DEC 2014	APR 2015	MAY 2015	JUN 2015
COCHRANE DATABASE OF SYSTEMATIC REVIEWS	8,580	8,799	8,841	8,903
DATABASE OF ABSTRACTS OF REVIEWS OF EFFECTS	32,776	36,795	36,795	36,795
COCHRANE CENTRAL REGISTER OF CONTROLLED TRIALS	830,227	859,632	861,602	865,723
COCHRANE METHODOLOGY REGISTER	15,764	15,764	15,764	15,764
HEALTH TECHNOLOGY ASSESSMENT DATABASE	14,237	15,015	15,015	15,015
NHS ECONOMIC EVALUATION DATABASE	16,609	17,397	17,397	17,397
EDITORIALS	95	98	99	100



## Impact

### Table 7. ALTMETRIC

Highest Altmetric scores from reviews published between April and June, 2015  
(Scores retrieved 28<sup>th</sup> August 2015)

B=Bloggers T=Twitterers N=News outlets FB=Facebook walls G+=Google+ authors

		B	T	N	FB	G+
129	<a href="#">Reduction in saturated fat intake for cardiovascular disease</a>	0	142	2	12	2
100	<a href="#">School-based education programmes for the prevention of child sexual abuse</a>	1	72	5	1	0
80	<a href="#">Topical NSAIDs for acute musculoskeletal pain in adults</a>	2	110	0	4	0
69	<a href="#">Water fluoridation for the prevention of dental caries</a>	3	46	2	15	0
68	<a href="#">Diet or exercise, or both, for preventing excessive weight gain in pregnancy</a>	2	71	0	5	1
59	<a href="#">Antidepressants for the treatment of depression in people with cancer</a>	2	75	0	1	0
59	<a href="#">Reiki for depression and anxiety</a>	1	72	0	3	0
58	<a href="#">Use of plastic adhesive drapes during surgery for preventing surgical site infection</a>	0	87	0	3	0
45	<a href="#">Incentives for smoking cessation</a>	1	54	0	4	0
44	<a href="#">Exercise programs for people with dementia</a>	0	49	1	2	1

Table 7. To date (28th August, 2015), Altmetric has tracked scores for 6,826 articles from the Cochrane Database of Systematic Reviews. Cochrane reviews typically receive more attention than average, with a mean score of 10.6 vs the global average of 5.1. The top article in the table above is ranked 44 of the 6,826 tracked articles from the Cochrane Database of Systematic Reviews.

### Table 8. IMPACT FACTOR

The 2014 Impact Factor for the Cochrane Database of Systematic Reviews was released in June. The Impact Factor for the CDSR is 6.032, an improvement on the previous year's release.

YEAR	RANK	IMPACT FACTOR	IN-WINDOW CITES	CITABLE ITEMS	TOTAL CITES	SELF-CITATION RATE	5-YEAR IMPACT FACTOR
2014	13	6.032	11932	1978	43,592	6%	6.536
2013	10	5.939	9859	1660	39,856	8%	6.706
2012	12	5.785	8087	1398	34,230	8%	6.553
2011	10	5.912	7721	1306	29,593	5%	6.309

### Highest cited Cochrane reviews (2005 – August 2015)

		PUBLICATION DATE	UPDATED?
471	<a href="#">Interventions for preventing falls in older people living in the community</a>	Feb, 2009	Yes
464	<a href="#">Cholinesterase inhibitors for Alzheimer's disease</a>	Jan, 2006	No
390	<a href="#">Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth</a>	Mar, 2006	No
384	<a href="#">Interventions for enhancing medication adherence</a>	Feb, 2008	Yes
375	<a href="#">Antidepressants for smoking cessation</a>	Jan, 2007	Yes
314	<a href="#">Nicotine replacement therapy for smoking cessation</a>	Jan, 2008	Yes
303	<a href="#">Pulmonary rehabilitation for chronic obstructive pulmonary disease</a>	Apr, 2006	Yes
298	<a href="#">Interventions for preventing falls in older people living in the community</a>	Sep, 2012	No
260	<a href="#">Effectiveness of brief alcohol interventions in primary care populations</a>	Feb, 2007	No
257	<a href="#">Decision aids for people facing health treatment or screening decisions</a>	Mar, 2009	Yes

## Annex 1: Sub-committees of the Publishing Management Team

### PubMan Executive

Lucie Binder, Harriet MacLehose, Deborah Pentesco Gilbert, Gavin Stewart

### Technology development roadmap committee

**COCHRANE:** Lucie Binder, Ruth Foxlee, Harriet MacLehose, Chris Mavergames, Juliane Ried, David Tovey, Ida Wedel-Heinen, Julie Wood

**WILEY:** Rowland Conway, Colleen Finley, Alice Noakes, Deborah Pentesco-Gilbert

### KPI review team

**COCHRANE:** Lucie Binder Harriet MacLehose, David Tovey

**WILEY:** Richard Cook, David Hives, Deborah Pentesco-Gilbert, Shantul Sharma

### Open access subgroup

**COCHRANE:** Chris Champion, Lucie Binder, Harriet MacLehose, Charlotte

Pestridge, David Tovey

**WILEY:** Deborah Pentesco-Gilbert

## Annex 2: Cochrane-Wiley Vienna Colloquium activities

Type	Title	Contributors
Workshop	<a href="#">Cochrane Clinical Answers: facilitating the use of Cochrane Reviews within the clinical decision-making pathway</a>	Karen Pettersen, Jane Burch & Sera Tort
	<a href="#">Navigating the Cochrane Library</a>	Colleen Finley & Gavin Stewart
	<a href="#">Using social media for effective communication with Cochrane stakeholders</a>	Megan Helmers & Nancy Owens
	<a href="#">How to turn your Cochrane Review into a high quality scientific poster for presentation at meetings</a>	Deborah Pentesco-Gilbert, Angela Webster & Nancy Owens
	<a href="#">Peer review for Cochrane Reviews</a>	Harriet MacLehose, John Hilton, Sera Tort, Monaz Mehta, Deborah PG

Rapid oral session	<a href="#">Evidence Aid Resources: improving access to systematic reviews that are relevant to disasters</a>	Mike Clarke, Claire Allen & Tony Aburrow
	<a href="#">Is Kudos a valuable resource for Cochrane authors?</a>	Gavin Stewart
	<a href="#">Cochrane Clinical Answers: filtering the information overload for better clinical decisions</a>	Karen Pettersen, Jane Burch & Sera Tort
Poster	Analysing the Altmetric scores of articles from the Cochrane Database of Systematic Reviews	Gavin Stewart, Jani Ruotsalainen & Jean Liu
	Identifying Cochrane citation classics	Gavin Stewart & Olalekan Uthman
Meeting	<a href="#">Cochrane Library Regional Wiley/Cochrane Sales &amp; Access Strategy Summit : Asia Pacific</a>	Deborah PG, Julie Wood, Gavin Stewart, Megan
	<a href="#">Cochrane Library Regional Wiley/Cochrane Sales &amp; Access Strategy Summit: Europe, Middle East and Africa</a>	Helmers, Tony Aburrow; and other members of the Cochrane team (TBC)
	<a href="#">Cochrane Library Regional Wiley/Cochrane Sales &amp; Access Strategy Summit: Americas</a>	
	<a href="#">Cochrane Clinical Answers: Update and future developments</a>	
Drop-in clinics	Cochrane Clinical Answers	Karen Pettersen
	Impact	Gavin Stewart
	Open Access	Deborah PG
	Advanced search	Colleen Finley
	Regional Sales Strategy	Ben Townsend; David Fisher



# Cochrane events review: recommendations

Document prepared by: **Cochrane Events Review Project Board**

**Maria Burgess, Miranda Cumpston, Steve McDonald, Jordi Pardo Pardo, Juliane Ried, Mark Wilson, Julie Wood; and Ethicore Limited: Rachael Clay and Jane Thurlow.**

Submitted to Steering Group: **Error! Bookmark not defined.**

Purpose of paper: **Error! Bookmark not defined.**

Access: **Error! Bookmark not defined.**

Summary of Recommendations: **Error! Bookmark not defined.**

Resource implications: **£70,000 per year in recurring costs (includes Error! Bookmark not defined.**

# Events Review

## Introduction

A **review** has identified **issues and opportunities** for Cochrane events (i.e. Colloquia, local or regional symposia) and has informed a **Framework** for future events based on audiences, purposes and participant need. This recommendations paper addresses those issues and opportunities and builds on the approved Framework, as agreed by CSG in Athens in April 2015 (included as Appendix I).

While the review does not recommend a radical departure from our current events programme, we believe it does clarify the purpose of each event, provide additional support where it is needed to enable a wider programme of engagement, and encourage innovation to meet the needs of our various audiences. (For an outline of the purpose, audience and format of each event, see Appendix III.) This paper is a distillation of more than 100 slides from our consultants on their stakeholder interviews, external and internal events analysis. As a group, we were mindful that while there are issues that need to be addressed with Cochrane events, we did not want to break what is a successful overall approach. Much of this success can be attributed to the hard work and dedication of Cochrane collaborators over many years.



## Issues uncovered by the review

1. Cochrane events increase the profile of Cochrane and help sustain the organization, but the opportunity costs are significant. Most of the organization is done by local teams, diverting staff and resources from routine activities.
2. The purpose of Cochrane events needs to be clearer so that the needs of both the organization and participants are fully served.

3. There exists an inherent tension between hosting a world-class event (showcasing the best researchers and research) and being inclusive of new participants and external audiences.
4. Cochrane events offer connection points for staff and long-time contributors but are less appealing and accessible to those who are new to Cochrane. The types of events and formats within an event should be varied to better meet needs of participants.

### Other issues considered by the Project Board

1. Equity—Attending Cochrane events requires that people have sufficient time and funds. This raises issues of equity as only a fraction of those who might want to attend can afford to do so. It is important we are aware of barriers and plan events in ways that maximize opportunities to participate. For example, looking at reducing the overall duration of Colloquia, providing recordings of more sessions for remote access, increased support for regional events and seeking additional funds for stipends. However, there are limits to what more Cochrane can do to increase the affordability of events, particularly Colloquia, and for many people there is no real substitute for attending an event in person.
2. Business meetings—The shift to make the mid-year meeting the key forum for discussion and decision about organisational issues has been factored into our recommendations (but is outside the scope of this paper). This paper also assumes a distinction between the mid-year meeting and regional symposia, and takes as a principle that central support should facilitate vibrant regional activities without requiring the additional hosting of internal business meetings.
3. Colloquium name—The appropriateness of the term 'Colloquium' to describe our annual scientific event keeps coming up in feedback, with some organizers arguing that it acts as a barrier to participation by those who are not involved or familiar with Cochrane. Others will see the term 'Colloquium' as part of Cochrane's history and tradition. Some have argued that the uniqueness of the term is an asset for Cochrane. As a Project Board, we are equivocal about making a change, particularly since what we are recommending is not a radical departure from what currently exists. We are interested in the CSG's views.
4. Frequency of Colloquia—This is another area that the Project Board is equivocal. Some people love attending the Colloquium and the energy that it brings them. Others who are involved in the organization and preparation of the meetings and presentations at Colloquia are more hesitant about holding this event yearly because of the opportunity costs this effort brings not only to the organizers of the event but the Central Executive (CET). Cochrane has not yet suffered from a paucity of potential hosts bidding to organize a Colloquium, which would imply that despite the intensive amounts of work involved (which are widely known) and the potential opportunity costs to the host organization (in relation to other work/research not done) these are not inhibiting factors compared to the profile-raising and other benefits of hosting the Colloquium. Other recommendations posed in this paper may make the Colloquium less labour-intensive. However, amongst the Project Board there are differing views on whether Cochrane should aim to have a Colloquium equivalent to the current event every year. We are interested in the CSG's views.

## Recommendations

1. Support groups within Cochrane to hold more local events, with the aim of having at least one substantive event every year or every second year in every region, perhaps hosted on a collaborative or rotating basis by groups within a region. In addition, each group will be encouraged to consider regular events that may be on a smaller scale, such as training opportunities, forums or policy discussions as appropriate to their country/region and areas of expertise. This will allow Cochrane to reach out to many more people.
2. Provide a 'Local Events Support Pack' to support groups to deliver a variety of local events tailored to engage local audiences, with greater efficiency and a high standard of experience for participants (see Appendix II for detail of contents). This pack would include a menu of example formats and ideas that organizers could use to tailor their event to the needs of the local audience and will be managed by the CET.
3. Recruit 1 FTE in the CET to support groups to plan and deliver events (including Colloquium and local events) in order to reduce the burden on local staff and reduce the inefficient re-learning of processes and experiences each year. As part of this process, clarify the roles and responsibilities of organizers and the CET.

(Please note that CET already provides support to the Colloquium and other events in a multitude of ways, including: contributing to scientific committees and programme planning, developing policies, maintaining and running the online events system, sponsorship negotiations with main sponsors, and managing the Colloquium workshop programme, stipends administration, communications and promotions.)

4. CET to cover the cost of one international speaker to attend and speak at local events up to a maximum of £1,000 per event and 2 per continent a year. This grant will be allocated on a yearly first-come basis per region until the first ten are filled.
5. Recruit a 0.5 FTE developer to maintain and develop Event Manager. This person would also review whether Event Manager is the most efficient way of delivering the online event management needs of Cochrane. While this work is currently covered by IKMD, given the rise of tools and technology projects needed by Cochrane, it is no longer sustainable with existing staff to continue to maintain and run Event Manager as it is a considerable drain of time on our existing web development team of two staff. Maintaining an events systems is not our core business and the existing resource could be better utilized. If CSG decides not to confirm the 0.5 FTE, a more radical solution may be needed, which includes stopping this support and expecting event organizers to use off the shelf event management software. Please note that this proposal to increase staffing for Event Manager is not supported by the entire Project Board.
6. Encourage novel and flexible formats for the Colloquium program to better:
  - a. Take advantage of the Colloquium and wealth of expertise it provides and pilot a "fringe" programme driven and managed by local groups and participants.
  - b. Phase out lengthy "entity" meetings at the beginning of the Colloquium, as these are more appropriate for the mid-year meetings, while ensuring that the interests and learning needs of those with Cochrane Group roles are addressed throughout the programme.



- c. Build in full or half-day sessions into the Colloquium schedule, rather than outside of it as pre- or post-Colloquium events. Sessions could focus on cross-cutting priority issues (e.g. automation, translation, training, specific clinical topics, editorial policy, methodological development). By integrating them into the programme, a wider range of contributors will be able to participate, bringing value to the event as well as to participants.
  - d. Pilot partnering with others in the evidence world to create a more externally focused event every few years. (We are currently negotiating a large **Global Evidence event** with four partners, GIN, ISEHC, Campbell and Joanna Briggs in Cape Town 2017.) This pilot will require 1 FTE extra for the conference organizers (or equivalent in cash support if external event organisers are commissioned - and we will discuss with those partners involved their willingness to help bear the costs of this additional resource). We will continue to explore this pilot and the feasibility of repeating this in future.
7. To further address the issue of equity:
- a. Do more to signpost and support participants to seek funding from other organizations to attend events. (For example, we are in discussions with INASP, which funds scientists from LMICs to attend events.)
  - b. Allow greater access to materials after the Colloquium by ensuring that all Colloquium plenaries and key sessions are recorded and posted online. We will explore the possibility of extending this further for local events as well as the feasibility of live streaming.
8. Encourage and support groups to attend and speak at international meetings that they want to influence as this may be more appropriate than holding additional meetings at a Cochrane event (i.e., facilitate activities at the World Cancer Congress to discuss and share Cochrane evidence on cancer). Explore the learning from those groups who already do this and share their experiences.

## Budget implications

Recording plenaries and key meetings	£10,000
Central events position (1 FTE)	£30,000
Event Manager developer (0.5 FTE)	£20,000
Travel for one international speaker to local events, capped at £1,000 (up to 10 events a year)	£10,000
<b>Yearly recurring costs</b>	<b>£70,000</b>
One-off additional cost in 2017	
1 FTE extra, or equivalent financial support to external events company, for local organizers to pilot global evidence partner event	£20,000

## Appendix I—Audience framework

Audience Group		Audience breakdown		Primary event purpose		Participant need*
External audiences		<ul style="list-style-type: none"> <li>Health practitioners, policy makers, researchers, academics, funders, media, consumers</li> </ul>		<ul style="list-style-type: none"> <li>Relevant evidence</li> <li>Approaches to inform their work and/or decision making</li> </ul>		<ul style="list-style-type: none"> <li>Easy access to influential, robust evidence</li> <li>Latest approaches/methodologies</li> </ul>
Potential participants and contributors		<ul style="list-style-type: none"> <li>Minimally engaged contributors (one-time collaborators) not currently attending events</li> <li>Potential contributors (e.g. students)</li> </ul>		<ul style="list-style-type: none"> <li>Inspire to engage and contribute to Cochrane</li> <li>Sustain engagement after first interaction</li> </ul>		<ul style="list-style-type: none"> <li>Access to Cochrane network</li> <li>Raise personal profile</li> <li>Discuss work / research</li> <li>Learning opportunities</li> </ul>
Existing participants and contributors		<ul style="list-style-type: none"> <li>Existing and new contributors (e.g. authors and editors)</li> </ul>		<ul style="list-style-type: none"> <li>Improve methods and standards</li> <li>Improve overall research and the dissemination related to this</li> <li>Support to complete reviews</li> </ul>		<ul style="list-style-type: none"> <li>Raise profile for research</li> <li>Attend meetings</li> <li>Networking and connections</li> <li>Learning and support</li> </ul>
Cochrane staff and group executives		<ul style="list-style-type: none"> <li>Staff of Central Executive Team</li> <li>Core staff of groups</li> <li>Cochrane group executives</li> </ul>		<ul style="list-style-type: none"> <li>Improve performance and productivity of Cochrane</li> <li>Improve Cochrane profile</li> </ul>		<ul style="list-style-type: none"> <li>Sustainable and functioning organization, in line with <i>Strategy to 2020</i></li> </ul>



## Appendix II—Local Support Pack Contents

### OUTLINE OF CONTENTS

Example event formats to support a consistent event experience based on audience need and purpose for Colloquia and Symposia e.g. roundtables and curated workshops.

Guidance on venue requirements, transport & accommodation, technical requirements for remote participation.

Session formats for different audience needs, e.g. speed networking sessions, research clinics.

Financial reporting template e.g. example profit and loss spreadsheet.

Promotion templates: e.g. example communications plan, sponsorship brochures, email and social media templates.

Event fundraising templates and how to guides.

Specification and guidance to capture the digital assets from an event, e.g. presentations, videos, podcasts, etc.

Research templates for standardised evaluations and feedback.

## Appendix III—Purpose, Audience and Format by Event

GLOBAL EVIDENCE EVENT	
PURPOSE	<p>To showcase Cochrane as the home of evidence to inform health decision-making.</p> <p>To advocate for evidence in health care decisions.</p> <p>Partnership and dialogue with colleague organizations</p>
AUDIENCE	Cochrane contributors and rising stars plus Cochrane’s key stakeholders: external policy makers, practitioners, consumer representatives, experts in health evidence and media, students.
LOCATION AND TIMING	Every 3 or 4 years. Focused on more accessible, higher profile locations. Global Evidence 2017 event being discussed with partners and organizations in Cape Town. Evaluate after event before deciding on frequency.
FORMAT	<p>TIME ALLOCATION:</p> <p>30% Plenaries, 20% creative workshops, 30% curated meetings for collaboration, 20% networking.</p> <p>LENGTH: 4 day event</p> <ul style="list-style-type: none"> <li>• Co-sponsored with evidence partners.</li> <li>• Designed to contextualise issues, collaborate and move an issue forward.</li> <li>• Plenaries to frame the issue and showcase research.</li> <li>• Creative workshops to stimulate the research and policy making agendas.</li> </ul>

COLLOQUIA FRINGE	
<b>PURPOSE</b>	<p>To engage a wider community in the Colloquium experience and drive forward specialised issues and opportunities for evidence based healthcare locally and globally.</p> <p>To Introduce and support the next generation of Contributors.</p>
<b>AUDIENCE</b>	<p>Local contributors, students and other local stakeholders.</p> <p>Attracting some Colloquia participants as speakers.</p>
<b>LOCATION AND TIMING</b>	<ul style="list-style-type: none"> <li>• 3-day event.</li> <li>• Run in parallel with Colloquia to leverage speakers and participation of leading edge thinkers, without increasing burden.</li> <li>• Sessions timed to complement the main agenda and start the day before the Colloquia to raise profile of their event as people arrive.</li> </ul>
<b>FORMAT</b>	<ul style="list-style-type: none"> <li>• Inclusive and/or thematic events engaging a broad audience base of internal and external stakeholders. Drawing on the Colloquia participants and speakers for content and profile.</li> <li>• More open meeting formats, vibrant and shaped by community.</li> <li>• Participant curated meetings and workshops, rather than centrally planned</li> <li>• Sprints to progress issues.</li> <li>• Plenaries.</li> </ul>

**LOCAL EVENTS/SYMPOSIA**

<b>PURPOSE</b>	<p>To advance research through attracting new collaborators and to build capacity of existing ones.</p> <p>Developing Cochrane profile and funds locally and (longer-term) selecting showcase research for global colloquia.</p> <p>To create a sustainable, inclusive organisation with a common purpose.</p>
<b>AUDIENCE</b>	<p>Local staff and contributors.</p> <p>Potential contributors/students and early career researchers.</p> <p>Leading experts and representatives of key external stakeholder groups.</p>
<b>LOCATION AND TIMING</b>	<p>Annual events (ideally a minimum of 1 per country where Cochrane has a centre, branch or network, but this would have to build over time).</p>
<b>FORMAT</b>	<p>LENGTH: From 1 day meeting to a 3 day Symposia.</p> <p>TIME ALLOCATION: Significant showcase, induction, train and learn sessions, plus networking.</p> <p>FORMAT: Variable formats adapted to scale/budget of centre. Selecting research to showcase globally. Potential for one day policy events, drawing on thematic experience, in parallel to Symposia.</p> <ul style="list-style-type: none"> <li>• Rapid research briefings.</li> <li>• Interactive &amp; co-created workshops.</li> <li>• Introductory methodologies.</li> <li>• One day policy events for external audiences.</li> <li>• Central support for content and speakers.</li> </ul>

# Agenda for the Cochrane Annual General Meeting 2015

Sunday, 4<sup>th</sup> October, 17:45-19:00  
Strauss 2-3, Messe Congress Center,  
Vienna, Austria

## 23<sup>rd</sup> Cochrane Colloquium

This meeting represents the joint annual meeting of Cochrane (the charity) and the Collaboration Trading Company Limited (the charity's trading subsidiary)

# Items of business

1. Welcome, apologies for absence and approval of Agenda.
2. Approval of minutes of the 2014 Annual General Meeting (Hyderabad, India).
3. Cochrane Trustees' Report and Financial Statements for the period ended 31<sup>st</sup> December 2014:
  - 3.1. Co-Chairs' report: Lisa Bero.
  - 3.2. Chief Executive Officer's report - Mark Wilson.
  - 3.3. Editor in Chief's report - David Tovey.
  - 3.4. Financial report – Martin Burton, Treasurer.

In 2014 Cochrane moved from an April-March to a January-December (calendar year) financial reporting period. The Financial Statements presented here are therefore only for the nine-month period 1<sup>st</sup> April 2014 to 31<sup>st</sup> December 2014. From 2015 onwards, all Financial Statements will cover the full twelve months.

4. Cochrane Steering Group (Trustees) membership as elected by their Cochrane group constituencies in October 2014:

Member	Constituency
1. Lisa Bero	Co-Chair of the Steering Group*
2. Cindy Farquhar	Co-Chair of the Steering Group
3. Steve McDonald	Centre Directors (Non-Voting Member)**
4. Alvaro Atallah	Centre Directors
5. Joerg Meerpohl	Centre Staff
6. Anne Lyddiatt	Consumer Network
7. Mingming Zhang	Consumer Network***
8. Rachel Churchill	Co-ordinating Editors (Non-Voting Member)****

<b>9. Martin Burton</b>	Co-ordinating Editors
<b>10. Chris Eccleston</b>	Co-ordinating Editors*****
<b>11. Denise Thomson</b>	Fields
<b>12. Karin Dearness</b>	Managing Editors
<b>13. Holger Schünemann</b>	Methods Groups
<b>14. Elizabeth Stovold</b>	Trials Search Co-ordinators

\* Lisa Bero has completed her first two-year term as the CSG Co-Chair. She has been nominated for a second term of two years (see separate documentation). There are no other nominated candidates. Her extension is supported by the Steering Group but must be confirmed by Cochrane members at the AGM.

\*\* Steve McDonald was confirmed as a non-voting member of the CSG at the 2014 AGM to provide additional continuity and remained on the Steering Group until the end of the October 2<sup>nd</sup> CSG meeting in Vienna, when he stepped down.

\*\*\* Mingming Zhang's second term as Consumer Network representative ends in October 2015. However, the Steering Group is proposing that her term be extended by one year. This is so that any replacement election takes place in Q4 2016, alongside other new CSG members, following any approved reforms of the CSG structure and electoral process by Cochrane members at the AGM in October 2016. Her one-year extension must be confirmed by Cochrane members at the 2015 AGM.

\*\*\*\* Rachel Churchill was confirmed as a non-voting member of the CSG at the 2014 AGM to provide additional continuity and remained on the Steering Group until the end of the May 2015 mid-year business meeting in Athens, when she stepped down.

\*\*\*\*\* Chris Eccleston resigned from the Steering Group in August 2015 due to pressing work commitments. His position will not be replaced while the Steering Group undergoes a review of its structure and electoral process as part of the *Strategy to 2020* Governance Review.

## 5. Re-appointment of auditors.

## 6. Open discussion.

## 7. Any other business.

# Attachments

- I. Trustees' Report and Financial Statements to 31 December 2014
- II. Draft minutes of the 2014 Annual General Meeting
- III. Nomination papers for Professor Lisa Bero, Co-Chair of the CSG



# ) k° 7u'Minutes of the 2014 Annual General Meeting (AGM) of The Cochrane Collaboration Thursday 25<sup>th</sup> September 2014 – 3:30 p.m.

**Present:** Entity representatives, Steering Group (CCSG) members, centrally funded staff; other contributors to The Cochrane Collaboration, and observers. (See Appendix 1 for the list of those present, and apologies received from Cochrane members). CCSG members and senior central staff: Sally Bell-Syer (outgoing), Lisa Bero (Co-Chair), Martin Burton (incoming), Rachel Churchill, Karin Dearness (incoming), Jeremy Grimshaw (outgoing Co-Chair), Cindy Farquhar (incoming Co-Chair), Anne Lyddiatt, Steve McDonald, Joerg Meerpohl (incoming), Holger Schünemann, Elizabeth Stovold (incoming), Hugh Sutherland (Company Secretary) Denise Thomson, David Tovey (EiC), Mark Wilson (CEO) and Mingming Zhang. Cochrane members were represented by their group representative; a full list can be found in Appendix 1.

**Apologies:** Alvaro Atallah (incoming), Chris Eccleston (incoming), Marina Davoli (outgoing), Michelle Fiander (outgoing), Mona Nasser and Mary Ellen Schaafsma (outgoing). Apologies from Cochrane members can be found in Appendix A.

## **1. Welcome, apologies for absence and approval of Agenda**

Lisa opened the meeting and welcomed everyone. The agenda was approved.

## **2. Approval of Minutes of 2013 AGM (Québec)**

The approval of the minutes was proposed by Rachel Churchill and seconded by Steve McDonald; a vote was taken and the motion was carried.

## **3. The Cochrane Collaboration Trustees' Report and Financial Statements to 31 March 2014:**

### **3.1 Co-Chairs' report**

Lisa said it had been an exciting year for Cochrane with the focus on delivering the ambitious set of targets linked to *Strategy 2020*'s four major goals. The Central Executive Team (CET) were responsible for leading the implementation of these activities but they required everybody in the Collaboration to deliver them. The focus of Cochrane must be fully on reaching the goals but we also had to be flexible in how we did that. She noted that the Steering Group (CSG) had met on 20<sup>th</sup> September to discuss the development and future of the CSG and the focus had been on clarifying its roles and accountabilities. The meeting had invigorated CSG members and she outlined their conclusions (see presentation). The role of the CSG is to shape the mission and strategic direction of Cochrane, to ensure it has appropriate leadership and adequate resources (financial and human, the latter Cochrane's most valuable asset) and to monitor and improve performance (including of the

CSG and Cochrane's wider governance). To move in this direction a dynamic board framework is needed and a strategic assessment of the internal and external environment would be carried out.

Jeremy Grimshaw, the outgoing Co-Chair, reflected on where we had come from. He said that Cochrane in the first 10 years was rather like a 'cottage industry' where there was less management experience and innovation in our product. Cochrane had moved on a long way from that in the second 10 years of its life, particularly in the last five years; and he was leaving his post excited by the ambitious goals set out in the *Strategy to 2020*. He reflected that in 2003, there was no CEO or Editor in Chief or a publishing partnership with Wiley but the introduction of these things had helped us to support the ongoing needs of Cochrane and the citizens of the world we serve. In 2003, the reviews were of variable quality, the CRGs followed non-standard processes, but now there was an appreciation for and support of CRGs which had led to quality improvement for our product, development of *The Cochrane Library* and constant innovation.

Jeremy reminded everyone that the 2009 *Strategic Review* had showed there was not enough corporate support for the organisation, and this led to a number of organisational changes. New CEO Mark Wilson had now built a strong central team which was doing a huge amount of work and he was confident that the organisation is only just starting to see the benefits of this expanded team. He ended with the reflection that in the last decade Cochrane has become more sustainable with more solid financial foundations and he was proud and grateful to have played a part in these achievements. Lisa, on behalf of all Cochrane collaborators, thanked Jeremy for his great energy and commitment to Cochrane and his service for the last four years as Co-Chair of the CSG.

### **3.2 Chief Executive Officer's report**

In his presentation (see attached) Mark Wilson focused on the excellent progress made so far in meeting the Goals, Objectives and 2014-15 Targets of Cochrane's *Strategy to 2020*. Whilst a lot of work in 2014 was involved in planning and establishing the foundations for successful implementation of the four goals, 28 objectives and 21 targets (in 2014-15) of the *Strategy*, there was already significant progress and achievements in many areas. He encouraged all Cochrane collaborators to become more familiar with the goals and objectives; and new targets would be set and signed off by the Steering Group each year as Cochrane progressed. He showed the new 'Dashboard' developed to report progress against the Strategy and key organisational indicators that was available for the CSG and all collaborators to consult – along with all other Strategy to 2020 documentation at: [www.cochrane.org/strategy2020](http://www.cochrane.org/strategy2020).

Mark then described progress towards a number of the targets against each goal (see presentation). He showed collaborators the new Cochrane logo with its traditional blue and new secondary colour purple design; and unveiled the designs and seven other colours available for Cochrane groups to use for their own branding, along with the reformatting of group names where necessary. The new rebranded Cochrane website would be launched on 31<sup>st</sup> January 2015 with those of Cochrane groups to follow over the following two months. He stressed that the pace and extent of implementation would be constantly monitored and he wanted the Central Executive team to be responsive to members' ideas, suggestions and concerns.

In the last year Cochrane continued to grow in varied and important ways: we reached almost 35,000 contributors; four new Cochrane Branches and one new CRG satellite opened; *The Cochrane Library* achieved record sales in 2013 and 2014 sales were on target for further growth. Despite investments in the expansion of the Central Executive Cochrane delivered an operating surplus of £1.2million in 2013-14, and its reserves stood at a record high of £7.2million. These funds would be needed, however, in the coming years to make further investments in delivering *Strategy to 2020* and in supporting the organisation through its transition into an Open Access world. He concluded by saying that the last year had been a very good foundational year for the implementation of *Strategy 2020* and over the next 12 months people would be able to see the changes coming through more clearly. The *Strategy* had to be owned by everyone in Cochrane and achieving it would be a marathon, not a sprint.

Mark closed by thanking everyone for their efforts and support in a year where we can be truly proud of our achievements.

### **3.3 Editor in Chief's report**

David Tovey began by highlighting some of the key metrics related to Cochrane's content production and The Cochrane Library (see presentation). He was not concerned that review production has decreased (by 18%) as reviews should be prioritised, relevant and are increasingly becoming more complex. The time taken from protocol to review publication had decreased from 2012-2014 in terms of median time (29 months to 24 months) although it is too early to say if this is a sustainable decrease. In the Cochrane Review quality-screening process the Central Executive had been running since September 2013, 10% of reviews had major problems, around the same percentage had no comments, and the majority had only minor comments. The quality project was greatly appreciated by Cochrane Review Groups and the Editorial Unit would be proposing further reforms to improve the future quality of Reviews.

In relation to use of Cochrane evidence, he explained that usage figures are becoming more difficult to interpret due to the impact of 'web crawlers' in different parts of the world, but that there had nevertheless been a sizeable increase in full text downloads and use of abstracts in 2013. The impact factor had increased over the last year, as well as a substantial rise in citations: in 2013 the Library had more citations than the BMJ. He also thanked Anne Eisenga for her work on the impact since 2011 of Cochrane reviews on guidelines, which was enormously useful.

David reported that over the last 12 months the ambitious targets to achieve open access had shown excellent progress, with 693 reviews and 385 protocols being published in 'green' open access and a further 15 reviews and 1 protocol in 'gold' open access. Improvements to The Cochrane Library in the last year included the development of the 'anywhere' review under the 'enhanced article' initiative and the introduction of 'Readcube'.

He also highlighted two noteworthy reviews: firstly the Tamiflu review, published in April 2014 which gained a lot of media attention and used a number of new methods (which focussed on clinical study reports); and secondly, a recent review by the Eyes and Vision Group assessing two drugs for age related macular degeneration. This was a rapid review written over 8-10 weeks using appropriate

methodology and reaching a rapid conclusion. This week he had learned of a major national Indian prescriber that had changed practice based on this review.

He concluded by saying that to achieve our goals, we need to keep prioritising, engage with communities who use Cochrane reviews, maintain our focus on quality improvements, keep GRADE at the centre of the review (not an add-on), and think about dissemination and knowledge transfer from the outset of conducting a review. He thanked Cochrane Review Groups and his CEU team for their efforts and achievements in the last 12 months.

### 3.4 Financial report

Jeremy presented the financial report on behalf of Mary Ellen Schaafsma, the outgoing Treasurer who was not able to be in Hyderabad, but who had checked the data in consultation with Cochrane's new Head of Finance & Core Services, Hugh Sutherland, before leaving. Jeremy reported that income had increased by 13% and resource spend by 29%. The operating surplus for the year was £1.2 million and, as Mark had reported, Cochrane's current strategic reserves stood at £7.2 million. The CSG-agreed vision for the coming years is that we would spend the income received in any given year; and draw down on the strategic reserves to leave approximately £3 million for emergency needs. The CSG had been agreed to spend £2.5 million on the new 'Game Changer' strategic Initiative and other strategic investments to deliver *Strategy to 2020* would follow.

Jeremy reminded collaborators that after 2014 Cochrane's finances will move to a January-December calendar year; so this financial year the accounts will be closed after 9 months (1<sup>st</sup> April 2014 – 31<sup>st</sup> December 2014). He concluded by thanking the Central Executive's Finance and Core Services Team under Hugh Sutherland, mentioning Abdullah Umar (Finance Officer) and Rachael Wallwork (HR Manager) whose work is not particularly visible but is key to the smooth running of the organisation.

Approval of the accounts was proposed by Sally Bell-Syer, seconded by Anne Lyddiatt; a vote was taken and the motion was carried.

## 4. Steering Group membership changes as elected by their constituencies

Outgoing	Constituency	Incoming
Jeremy Grimshaw	Co-Chair of the CCSG	Cindy Farquhar
Steve McDonald*	Centre Director	Alvaro Atallah
Marina Davoli	Co-ordinating Editors	Martin Burton
Rachel Churchill*	Co-ordinating Editors	Chris Eccleston
Sally Bell-Syer	Managing Editors	Karin Dearness
Michelle Fiander	Trials Search Co-ordinators	Elizabeth Stovold
Mary Ellen Schaafsma**	Centre Staff	To be agreed

\* It is proposed that Rachel Churchill and Steve McDonald be co-opted to the Steering Group for one further year to October 2015 to provide handover and continuity.

\*\* Voting for the Centre Staff position will end on 25 September, before the AGM.

Lisa outlined and thanked all the outgoing members. She introduced Cindy Farquhar and explained the CSG supported her appointment unanimously. The motion to approve selection of Cindy to the Steering Group (where she would take up the role of Co-Chair) was proposed by Jeremy Grimshaw and seconded by Sally Bell-Syer. A vote was taken and the motion was carried.

Lisa introduced all the other incoming members of the CCSG (see table above). The motion to approve their election to the CSG was proposed by Denise Thomson and seconded by Mingming Zhang. A vote was taken and the motion was carried.

Lisa also explained that because of the unexpected high turnover in CSG members the Steering Group was proposing that two outgoing members (Rachel Churchill for the Co-Eds and Steve MacDonald for the Centres and Branches) be co-opted as non-voting members of the CSG for up to 12 months. The motion was proposed by Holger Schünemann and seconded by Anne Lyddiatt. A vote was taken and the motion was carried.

Lisa thanked Lorne Becker for his work as both a member and (in the past) as Chair of the Collaboration Trading Company and it was noted that Ian Shrier had been appointed to replace Lorne.

Lisa introduced Charlotte Pestrige as the new CEO of Cochrane Innovations.

Lisa also introduced Cochrane's Senior Management Team, with a particular welcome to Julie Wood who was in her third week as Head of Communications & External Affairs.

## **5. Re-appointment of auditors**

Cochrane intended to run a competitive tender in the next 12 months to re-select its auditors. However, in the meantime the AGM was still asked to approve the appointment of Mazars as Cochrane's auditors for the current financial year. The appointment was proposed by Denise Thomson, and seconded by Mingming Zhang. A vote was taken and the motion was carried.

## **6. Open discussion**

**Paul Garner** said there had been fantastic progress and he supported *Strategy to 2020* and Cochrane's management. At the Co-ordinating Editors Board meetings it was noted that abstract screening shows 10% of reviews were withdrawn from publication. He strongly recommended screening be continued and asked if the CSG is concerned in relation to this and the implications for the governance, structure and function review of CRGs. Jeremy said that this is clearly a risk for Cochrane but he was reassured by discussions with David and others that this could be improved. Specifically in terms of governance, Jeremy and Lisa highlighted the governance review that would recommend changes both to the CSG and governance of other Cochrane groups. They both envisaged that the learning in the last year would inform these discussions. David added that the CEU now has the information to identify systemic problems and where there are repeat difficulties, the CEU will act accordingly.

**Emma Sydenham** said the Injuries Group would support reducing the time to publication to less than 18 months and wanted to know if it was possible for Cochrane to allocate staff time to this or if there were funds that CRGs could apply for to undertake rapid reviews that would meet the MECIR standards. David said he was sympathetic to the backlog for CRGs (which makes time to publication difficult to reduce) but in time the central team would be able to help CRGs identify external funds that they could apply for. The new Cochrane Author Support Tool (CAST) would also help in the future. Almost all CRGs have bottlenecks and are dealing with submissions not reaching the standards. Lisa said that the CSG was concerned that sustainable support mechanisms should be developed but that currently there were no central funds available.

**Jane Noyes** was interested in hearing more about the role of the Special Advisor to the CEO. Mark said that Chris Champion was covering maternity leave for Lucie Binder and the job entailed a huge range of tasks, but principally working with Wiley on the Publication Management Group, leading on planning and overseeing CEO office projects which Mark did not have time to commit to fully. He said he would happily discuss Chris's job description with anyone but that the role provides incredibly valuable support that allows Mark to make the maximum use of his time.

**Mike Clarke** noted Cochrane's healthy financial reserves and he urged the organisation to support its infrastructure (its groups) as it is unlikely that what is projected to be spent actually will be. He also noted that the two reviews that David mentioned in his presentation were externally funded, so not typical Cochrane Reviews.

**Kameshwar Prasad** said that Cochrane had great methodology (including GRADE) but that its application through CRGs was difficult as the group editorial teams can't meet face to face. He encouraged Cochrane to think about funding groups to allow face-to-face editorial meetings. Lisa said the CSG would consider how to spend funds to support CRGs better.

**Jane Burch** asked if there were plans to include cost effectiveness analyses in Cochrane Reviews to make them more relevant to policy makers and guidelines. David said these are new methods and review types and the uptake had not been as wide as expected. He was not sure how these could be promoted further. He also said that a framework had to be developed for new methods and consideration had to be given to how they should be developed to ensure they meet the needs of users. This is an area that Methods Groups are currently working on.

**Taryn Young** brought up the issue of authors working with CRGs being frustrated at the turnaround time for the reviewing process. Because of this Cochrane is losing potentially good authors who then go on to do a non-Cochrane systematic review. David said he completely agreed with the point, he was supportive of the goal and ready to do what was necessary to correct it; but that this is not a new problem and it relates to challenges within the system rather than at an individual level.

## **7. Any other business.**

There was no other business and Lisa closed the Annual General Meeting.

## 8. Presentation of Cochrane awards and prizes

**8.1 Chris Silagy Prize 2014:** Sally Bell-Syer and Nancy Owens had been the joint recipients of the 2013 prize. Sally and Nancy presented the 2014 Prize to Denise Thomson for having made “an extraordinary contribution to the work of the Collaboration” exceeding the expectations of their employment, which would not be recognised outside the scope of this Prize’. Denise had been identified by her peers as consistently contributing to a spirit of collaboration.

**8.2 Bill Silverman Prize 2014:** Jeremy Grimshaw presented the prize, on behalf of Mona Nasser, the Co-Chair of the Bill Silverman Prize Committee, to Yemisi Takwoingi who accepted the prize on behalf of herself and her co-authors Sally Hopewell, David Tovey and Alex Sutton, for their publication, ‘A multicomponent decision tool for prioritising the updating of systematic reviews’ (BMJ 2013; doi: 10.1136/bmj.f7191 (Published 13 December 2013)).

**8.3 Kenneth Warren Prize 2014:** Jeremy Grimshaw presented the prize on behalf of Prince Christopher, Chair of the 2014 selection panel, to Babalwa Zani, author with the Cochrane Infectious Diseases Group, for the Cochrane Review, ‘Dihydroartemisinin-piperaquine for treating uncomplicated Plasmodium falciparum malaria’, co-authored with M Gathu, S Donegan, P Olliaro, and D Sinclair, published on The Cochrane Database of Systematic Reviews 2014, January 20;1:CD010927.

**8.4 Anne Anderson Award 2014:** Karla Soares-Weiser presented the award to Liz Waters, Co-ordinating Editor of the Public Health Group, ‘who has contributed meaningfully to the promotion of women as leaders and contributors to the organisation’. Liz had been identified by peers as contributing to or enhancing women’s visibility within the Collaboration, participating in The Cochrane Collaboration, leadership in other fields, and other accomplishments within the context of The Cochrane Collaboration. Liz gifted her prize to be shared between Melissa Glenda Lewis from Public Health Evidence South Asia and Professor Subhadra Menon from Public Health Foundation of India.

**8.5 The Aubrey Sheiham Leadership Award for Evidence-Based Health Care in Africa 2014:** Tamara Kredo presented the award to Lawrence Mbuagbaw. Lawrence is a committed Cochrane researcher who has shown insight into the health priorities facing lower- and middle- income countries. He has demonstrated his experience and skills in conducting Cochrane Reviews and has a track record of mentoring emerging researchers.

## Appendix 1: Voting members

### Review Groups

Acute Respiratory Infections	Liz Dooley
Airways	Rebecca Normansell
Anaesthesia	Marialena Trivella
Back	Claire Munhall
Breast Cancer	Cecilia Fabrizio
Colorectal Cancer	Henning Andersen
Consumers and Communication	John Kis-Rigo
Dementia and Cognitive Improvement	Sue Marcus
Depression, Anxiety and Neurosis	Jessica Sharp
Developmental, Psychosocial and Learning Problems	Geraldine Macdonald
Drugs and Alcohol	Laura Amato
Ear, Nose and Throat	Samantha Faulkner
Effective Practice and Organisation of Care	Julia Worswick
Epilepsy	Rachael Kelly
Eyes and Vision	Richard Wormald
Gynaecological Cancer	Andrew Bryant
Haematological Malignancies	Nicole Skoetz
Heart	Diane Horsley
Hepato-Biliary	Dimitrinka Nikolova
Hypertension	James Wright
Incontinence	Sheila Wallace
Infectious Diseases	Anne-Marie Stephani
Injuries	Emma Sydenham
Lung Cancer	Virginie Westeel
Menstrual Disorders and Subfertility	Helen Nagels
Metabolic and Endocrine Disorders	Bernd Richter
Methodology	Philippa Middleton
Musculoskeletal	Jordi Pardo
Occupational Safety and Health	Jani Ruotsalainen
Oral Health	Philip Riley
Pain, Palliative and Supportive Care	Anna Hobson
Pregnancy and Childbirth	Frances Kellie
Public Health	Liz Waters
Renal	Ann Jones
Schizophrenia	Clive Adams
Sexually Transmitted Infections	Maria Ximena Rojas
Skin	Finola Delamere
Stroke	Kameshwar Prasad
Upper Gastrointestinal and Pancreatic Diseases	Marilyn Walsh
Wounds	Nicky Cullum



## Centres

Australasian	Sally Green
Canadian	Eileen Vilis
Chinese	Peng Ly Jai
Dutch	Rob Scholten
French	Isabelle Boutron
German	Gerd Antes
Iberoamerican	Gerard Urrutia
Italian	Roberto D'Amico
Nordic	Karsten Juhl Jørgensen
South African	Tamara Kredon
South Asian	Prathap Tharyan
UK	Therese Docherty
US	Kay Dickersin

## Methods Groups

Applicability and Recommendations	Nancy Santesso
Bias	Asbjørn Hrobjartsson
Campbell and Cochrane Economics	Ian Shemilt
Campbell and Cochrane Equity	Vivian Welch
Comparing Multiple Interventions	Lorne Becker
Individual Participant Data Meta-Analysis	Mike Clarke
Information Retrieval	Carol Lefebvre
Non-Randomised Studies	Barney Reeves
Prospective Meta-Analysis	Lisa Askie
Qualitative and Implementation	Karin Hannes
Screening and Diagnostic Tests	Yemisi Takwoingi
Statistical	Joseph Beyene

## Fields

Child Health	Lisa Hartling
Consumer Network	Nancy Fitton
Neurological	Teresa Cantisini
Nursing Care	Craig Lockwood
Pre-Hospital and Emergency Care	Patricia Jabre

## Apologies

### Review Groups

Bone, Joint and Muscle Trauma  
Childhood Cancer

Cystic Fibrosis and Genetic Disorders  
Fertility Regulation  
HIV/AIDS  
Inflammatory Bowel Disease and Functional Bowel Disorders  
Movement Disorders  
Multiple Sclerosis and Rare Diseases of the Central Nervous System  
Neonatal  
Neuromuscular Disease  
Peripheral Vascular Diseases  
Prostatic Diseases and Urologic Cancers  
Tobacco Addition

## **Centres**

Brazilian

## **Methods Groups**

Agenda and Priority Setting  
Patient Reported Outcomes  
Prognosis

## **Fields**

Complementary Medicine Field  
Health Care of Older People  
Justice Health  
Primary Health Care  
Rehabilitation and Related Therapies  
Vaccines



# **The Cochrane Collaboration**

(A company limited by guarantee)

## **Report and Financial Statements**

**For the nine month period ended  
31 December 2014**

Company Number 3044323

Charity Number 1045921

**31 December 2014**

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**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE NINE MONTH PERIOD ENDED 31 DECEMBER 2014**

The Trustees of The Cochrane Collaboration, who are also directors for the purpose of company law, present their report and financial statements for the period ended 31 December 2014.

**Reference and Administration**

Charity name: The Cochrane Collaboration

Registered and  
Correspondence Address: St Albans House  
57-59 Haymarket  
London  
SW1Y 4QX  
UK

Auditors: Mazars LLP  
Chartered Accountants and Statutory Auditors  
The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF  
UK

Bankers: National Westminster Bank PLC  
Oxford North Branch  
249 Banbury Road  
Summertown  
Oxford  
OX2 7HR  
UK

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE NINE MONTH PERIOD ENDED 31 DECEMBER 2014**

## Trustees

The governing body of The Cochrane Collaboration is known as the Cochrane Steering Group (CSG). The following Trustees, who are also the directors for the purposes of company law, held office on the CSG during the nine months and to the date of signing these financial statements:

Dr L Bero (Co-Chair)  
 Prof C Farquhar (Co-Chair, appointed 25 September 2014)  
 Prof J Grimshaw (Co-Chair, resigned 25 September 2014)  
 Prof A Atallah (appointed 25 September 2014)  
 Mrs S Bell-Syer (resigned 25 September 2014)  
 Prof M Burton (Treasurer, appointed 25 September 2014)  
 Dr R Churchill (resigned 25 September 2014)  
 Dr M Davoli (resigned 25 September 2014)  
 Ms K Dearness (appointed 25 September 2014)  
 Prof C Eccleston (appointed 25 September 2014)  
 Ms M Fiander (resigned 25 September 2014)  
 Ms A Lyddiatt  
 Mr S McDonald (resigned 25 September 2014)  
 Dr J Meerpohl (appointed 25 September 2014)  
 Ms M Nasser  
 Ms ME Schaafsma (Treasurer, resigned 25 September 2014)  
 Dr H Schünemann  
 Ms E Stovold (appointed 25 September 2014)  
 Ms D Thomson  
 Ms M Zhang

## Senior Staff

The senior staff of the Charity during the year comprised:

Mr M Wilson, Chief Executive Officer  
 Dr D Tovey, Editor in Chief, *The Cochrane Library*  
 Mr H Sutherland, Company Secretary, Head of Finance & Core Services  
 Mr C Mavergames, Head of Informatics and Knowledge Management  
 Ms J Wood, Head of Communications and External Affairs.

## Narrative Report

In March 2014 the Steering Group also decided to align the Charity's financial year to the calendar year format of its annual plans and targets. This Trustees' Report therefore covers the nine-month period 1 April 2014 – 31 December 2014 with all subsequent Trustees' Reports covering the relevant calendar year (2015, 2016 and so on).

### 1. Structure, Governance and Management

#### Nature of Governing Document

The governing documents of The Cochrane Collaboration are the Articles of Association.

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE NINE MONTH PERIOD ENDED 31 DECEMBER 2014**

### **Trustee Appointment**

Trustees serve as 'Steering Group' members for a three-year period, and may be re-elected for a second consecutive term. After a three-year break, they may be elected again when an appropriate vacancy occurs. Trustees are elected by the official members of the Collaboration (which are the individual operating units, or Cochrane 'Groups') to specific posts representative of their membership group.

### **Organisational Structure**

An elected Steering Group comprising 13 elected Trustees governs The Cochrane Collaboration on behalf of its Members.

The Cochrane Collaboration's Chief Executive Officer, Mark Wilson, has overarching responsibility for the management of the organization, including its Central Executive (CE - the staff employed by the Charity or through Charity funding).

The Editor in Chief of *The Cochrane Library*, Dr David Tovey, is responsible for developing, implementing, and directing the editorial policies and vision of *The Cochrane Library* in relation to the vision and objectives of the collaboration; improving the quality in the editing process and product with respect to scientific content; providing a lead for conceptualising and developing new products derived from Cochrane Systematic Reviews in partnership with the Chief Executive Officer; and for applying ethical and scientific standards consistent with the goals of the Collaboration.

The Central Executive's Information & Knowledge Management Department (IKMD) is based in Freiburg, Germany, and Copenhagen, Denmark, and is responsible for developing and maintaining Cochrane's online presence; RevMan, the Collaboration's systematic review management software; and Archie, the online repository for the Collaboration's documents and contact details. Other Central Executive team members provide leadership and support in communications, training and capacity building, and editorial services.

Cochrane Groups across the world contribute to the activities of the collaboration:

- 52 subject-based Cochrane Systematic Review Groups facilitate the preparation, by volunteer contributors, of Cochrane Systematic Reviews;
- 16 Methods Groups provide support in methods for research evidence synthesis;
- 14 Cochrane Centres (with responsibility for 26 Branches) in Europe, the Americas, Africa, Asia and Australasia provide a regional focus for the Collaboration's activities; and
- 12 thematic Fields and Networks represent cross-cutting health issues and carry out knowledge translation and advocacy activity.

Each Cochrane Group has a devolved management team appropriate to its function. For Cochrane Review Groups, for instance, this normally consists of a Co-ordinating Editor (commonly a senior healthcare professional such as a Professor or Senior Consultant with extensive knowledge of the healthcare area concerned), a Managing Editor, a Trials Search Co-ordinator, and administrative support. These teams support 'Cochrane Review author teams', consisting of authors and editors; with input provided by statisticians, methodologists, healthcare consumers and others.

### **Risk Management**

The board of Trustees has considered the principal risks to which The Cochrane Collaboration is exposed. It uses a risk management matrix to set out and evaluate the major risks, their likely impact, the steps taken to mitigate risk, and further action that could be taken. The key risk in 2014 was considered to be whether the organization's response to the demands of making the *Cochrane Library* 'Open Access' could substantially reduce Charity revenues; and whether attempts to diversify alternate sources of income

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE NINE MONTH PERIOD ENDED 31 DECEMBER 2014**

through investment in a new commercial trading company, Cochrane Innovations, fail to replace these revenues adequately. Contingency plans have been developed to manage all of the identified risks.

## **2. Objectives and Activities**

### **Legal Objects**

The legal objects of the Charity, as defined in its Articles of Association, are: 'the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care, for the public benefit.'

### **Vision and Mission of the Charity**

The Cochrane Collaboration's Vision is: 'a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesised research evidence'.

Cochrane's Mission is: 'to promote evidence-informed health decision making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence'.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with more than 36,000 collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity makes extensive use of volunteers. Amongst their many contributions, volunteers in 2014 were involved in the following activities:

- Preparation of the Collaboration's outputs as members of 'Cochrane Review author teams';
- Developing the knowledge base and tools for facilitating preparation of the Collaboration's outputs;
- Dissemination of the Collaboration's principles and outputs through conference presentations, symposia, scientific papers, and related activities; and
- Engagement of healthcare consumers in the Collaboration's activities.

### **Strategy to 2020**

In September 2013, the Charity's membership unanimously agreed to adopt a new *Strategy to 2020* for The Cochrane Collaboration. The *Strategy to 2020* identifies four principal goals and 28 objectives underpinning them and together they will guide the development of the organisation for the next six years.

### **GOAL 1: PRODUCING EVIDENCE**

**To produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making.**

#### *Objectives to 2020*

#### **HIGH-QUALITY:**

- 1.1 We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

#### **RELEVANT:**

- 1.2 We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.

#### **UP-TO-DATE:**



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- 1.3 We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.

**WIDE COVERAGE:**

- 1.4 We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.

**PIONEERING METHODS:**

- 1.5 We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

**EFFICIENT PRODUCTION:**

- 1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
- 1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

**GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE**

**To make Cochrane evidence accessible and useful to everybody, everywhere in the world.**

*Objectives to 2020*

**USER-CENTRED DESIGN AND DELIVERY:**

- 2.1 We will put the needs of our users at the heart of our content design and delivery.
- 2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
- 2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

**OPEN ACCESS:**

- 2.4 We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

**ACCESSIBLE LANGUAGE:**

- 2.5 We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.

**MULTI-LINGUAL:**

- 2.6 We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

**GOAL 3: ADVOCATING FOR EVIDENCE**

**To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.**

*Objectives to 2020*

**GLOBAL PROFILE:**

- 3.1 We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.

**THE 'HOME OF EVIDENCE':**

- 3.2 We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

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- 3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

**GLOBAL ADVOCATE:**

- 3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
- 3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.
- 3.6 We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

**GLOBAL PARTNER:**

- 3.7 We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations.

**GLOBAL IMPACT:**

- 3.8 We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

**GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION**

**To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.**

*Objectives to 2020*

**INCLUSIVE AND OPEN:**

- 4.1 We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved.

**GLOBAL AND DIVERSE:**

- 4.2 We will become a truly global organisation by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

**FINANCIALLY STRONG:**

- 4.3 We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

**EFFICIENTLY RUN:**

- 4.4 We will review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals.

**INVESTING IN PEOPLE:**

- 4.5 We will make major new investments in the skills and leadership development of our contributors.

**TRANSPARENTLY GOVERNED:**

- 4.6 We will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position.

**ENVIRONMENTALLY RESPONSIBLE:**

- 4.7 We will review and adjust our operations to reduce their environmental impact.

Following adoption of the *Strategy to 2020* the Central Executive, working with the rest of the organisation, developed the first annual set of targets linked to the Goals and Objectives. These 20 targets were approved by the Steering Group in January 2014 and prioritise Cochrane's work throughout the 2014 calendar year. The monitoring and achievement of these targets will be the principal means through which the Charity measures and reports its progress towards *Strategy to 2020* Goals and Objectives in the coming years. These targets will be reviewed annually with new targets developed as existing ones are completed.

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### 3. Achievements and Performance

The *Strategy to 2020* targets established for 2014-15 set out a large and ambitious programme of work for Cochrane, and by the end of 2014 it had completed delivery of half (10) of them with the other half scheduled for completion in 2015. Highlights of Cochrane's achievements in 2014, grouped under the strategic goals include:

**GOAL 1:** *To produce high quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making.*

- Publishing 407 new Cochrane Systematic Reviews, 462 updated Reviews (new citation versions) and 514 new protocols for forthcoming Reviews in the *Cochrane Library*, published by John Wiley & Sons, Ltd. At the end of December 2014 the *Cochrane Library* contained over 6,231 Cochrane Reviews, 2,349 protocols and over 690,000 records in its Central Register of Controlled Trials (CENTRAL).
- These Cochrane Reviews made some particularly important contributions to the health evidence base. The long-awaited Review on the efficacy of the Tamiflu drug generated huge interest but was also the first Cochrane review of clinical study reports. Other noteworthy Reviews studied the impact of asthma medication on growth in children, the relative benefits of two treatments for macular degeneration, and strategies for helping people follow medical prescriptions.
- The Cochrane Database of Systematic Reviews increased its impact factor (as calculated by the Journal Citation Report) to 5.939, ranking it as one of the top 10 medical journals in the world. Its five-year impact factor increased to 6.706. The CDSR also saw an increase in the number of citations (39,856 in 2013) making it the sixth most cited journal in its category.
- After extensive consultation with external stakeholders and its 52 specialist production groups, Cochrane published its first priority Systematic Reviews list, setting out 290 questions and subjects it is prioritizing in the coming years. This priority list will focus Cochrane resources and increase the relevance and topicality of its Reviews. The list will be monitored and updated in the future.
- Cochrane's Editorial Unit (CEU) continued a screening programme that evaluates all ready-for-publication Cochrane Systematic Reviews against the *Methodological standards for the conduct of new Cochrane Intervention Reviews* (the MECIR programme) to ensure they all met the highest quality standards. This informed the development of a prioritised subset of the MECIR standards that were published in late 2014.
- A new methods framework to guide the future Cochrane production of new and existing types of non-standard intervention Systematic Reviews was developed and published.
- The specification and commissioning of a set of new Cochrane Author Support Tools was completed in 2014. Three integrated applications will allow Cochrane to meet the varied needs of its authors: a Cochrane-customised 'Covidence' tool, EPPI-Reviewer, and CRS-D (a central data repository for what is captured in the review process). By the end of 2015, when these tools are in place, the Cochrane author experience will be greatly improved and the time taken to produce a review will be dramatically reduced and our production process made much more efficient.
- The CEU continued to deliver other improvements as part of the *Cochrane Content Publication and Delivery Programme*, a multi-year initiative to enhance the *Cochrane Library* user experience; content creation and quality; dissemination and impact (covering *Strategy to 2020* Goals 1-2).

**GOAL 2:** *To make Cochrane evidence accessible and useful to everybody, everywhere in the world.*

- In 2014 over 5.9 million pdf downloads of Cochrane Systematic Reviews were made from the *Cochrane Library*, with more than 10.1 million abstract page views of Reviews made on Wiley's Online Library and another 4 million page views via Cochrane's *Summaries* site (a portal aimed at consumers and patients providing plain language summaries and abstracts of Reviews that is now integrated within its Cochrane.org home website).

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- Huge steps forward were taken in 2014 to deliver Cochrane's commitment to translate its key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content. A new Translation Management System was established to facilitate volunteer 'crowd sourcing' translations and by the beginning of 2015 ten language teams were using it to translate and publish Cochrane Review abstracts and Plain Language Summaries, with another seven teams in initial or testing stages.
- Cochrane is committed to making its Systematic Reviews accessible to all through open access, but in a way that the organisation can sustain and does not undermine its ability to develop and grow in the future. Over 3.6 billion people in 148 countries have free at the point of use access to the *Cochrane Library*, and in 2014 more than 900 Cochrane Reviews became open access for everyone, everywhere. Cochrane made a detailed exploration of potential business models as part of its development of a new 'Open Access Strategy' that will be completed in 2015 after consultations with the organization's key funders and other stakeholders.

*GOAL 3: To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.*

- After nine months of planning in 2014 Cochrane's new brand identity and Cochrane.org and *Cochrane Library* websites were successfully launched in January 2015.
- The depth and quality of Cochrane's media coverage of its published outputs were transformed in 2014, with highlights being the extensive global coverage of the Cochrane Reviews on Tamiflu in March and on electronic cigarettes facilitating smoking cessation in December. Cochrane's network of international media contacts and relationships expanded enormously, and it also passed a milestone in social media activities when the number of Twitter followers exceeded the 50,000 mark, an increase of more than 15,000 from a year ago.
- Cochrane's existing partnerships with the World Health Organization (with whom Cochrane has an official relationship) and Wikipedia were deepened; and new partnerships made with the Guidelines International Network and The Campbell Collaboration.
- We continued to support the AllTrials initiative campaigning for all past and present clinical trials to be registered and their results reported.

*GOAL 4: To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.*

- Cochrane's Steering Group continued its bi-annual face-to-face meetings and regular teleconferences in order to provide the oversight and strategic leadership for which it is responsible; and launched the first stage of a 'Governance Review' to recommend improvements in the way the charity is governed in the coming years.
- Cochrane held its annual conference - the 'Colloquium' - in Hyderabad, India, in September 2014. The Colloquium's theme was '*Evidence-Informed Public Health: Opportunities and Challenges*'.
- Cochrane approved a new Training and Professional Development Strategy committing the organization to a three-year £2 million investment in 2015-17 to support a new generation of Cochrane authors through our innovative pathways for engagement, and equip all of our contributors to continue to produce the high quality work we need to succeed in the future.
- Cochrane's financial and human resource processes and systems were radically improved in 2014; and further steps made in improving our monitoring and reporting processes.
- The Charity continued to support and to oversee the work of its wholly-owned trading company, *Cochrane Innovations*, and Cochrane-related products and services for commercial sale. Two new products, Cochrane Clinical Answers and Dr. Cochrane, were launched and a new Cochrane Innovations Strategy is being prepared for May 2015.

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### **Fundraising Performance**

The Cochrane Collaboration's core income is derived mostly from publication royalties from its main output, the *Cochrane Library*, published on its behalf by John Wiley & Sons, Ltd. In 2014 the income from this source increased by 5.1% compared to 2013.

## **4. Financial Review**

### **Reserves Policy**

The aim of the Charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims; and then to allocate these funds to projects of Collaboration-wide impact over single- or multi-year projects as required. The Trustees in September 2013 decided to retain at least £2.5 million for its strategic reserves, releasing at least £2.5 million to use in the Charity's activities that support its *Strategy to 2020* needs; and potentially a further investment of £1 million in Cochrane Innovations subject to a satisfactory business plan by the Cochrane Innovations Board.

In the Trustees' judgement this allocation of the Charity's strategic reserves means that there will be sufficient resources to allow us to achieve our strategic goals and objectives over the next five years, while still being able to react flexibly to sudden financial needs or take advantage of other opportunities and challenges as they arise.

It is also the policy of the Trustees to have a contingency plan for maintaining the Collaboration's basic functions for twelve months in the event of the loss of core income from publishing. The resources necessary to enact the contingency plan are reviewed on an annual basis.

### **Discretionary Fund**

Cochrane's Discretionary Fund provides £20,000 per year to facilitate small projects of general benefit to a majority of the Collaboration's Groups (with no project receiving more than £5,000). No payments were made during the period - one project was approved for funding totalling £4,900 in the nine months April – December 2014 but payment was made in February 2015: Funding to the Iberoamerican Cochrane Centre to support the development of the BADERI Database.

### **Funds in Deficit**

There were no funds in deficit in the year.

### **Investment Policy**

The Cochrane Collaboration has no investments other than deposit accounts. The Charity is developing in 2015 a new Investment Policy as its previous practice has been to put all surplus income into interest bearing savings accounts.

### **Principal Funding Sources**

#### *Funding model*

Core income referred to in this report comes from publishing income, as described above ('Fundraising Performance'). Core funds used to support the Central Executive are also directed at programmes considered of key strategic importance, including IT infrastructure development, *Cochrane Training* and *Cochrane Methods*.

Funding to support Cochrane Systematic Review preparation and related activities comes principally from national and trans-national government sources (typically from health, research and related ministries); and

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national and international charitable bodies. Some Cochrane Groups also raise funds through training activities.

The Groups who contribute towards the work of the Collaboration are based within other organisations - such as universities and hospitals - which provide direct or indirect funding to support them. Groups are responsible for their own funding and for sourcing funding to support Cochrane Review preparation and related activities. In addition, many Cochrane review authors fund their own costs and time related to writing their reviews, though some authors are funded to undertake reviews. It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates their contributions would cost tens of millions of pounds per year.

*Policy on commercial sponsorship*

The Collaboration maintains a clear barrier between the production of Cochrane Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews.

Sponsorship of a Cochrane Systematic Review by any commercial source or sources is prohibited (a 'commercial source' is any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review). A Foundation Fund was established in 2005 to accept donations from conflicted sources. While government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane Reviews carry financial consequences for them, these are not included in the definition of commercial sources. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane Reviews.

Other sponsorship of The Cochrane Collaboration's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors of reviews in regard to the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.

The Collaboration's policy surrounding commercial sponsorship of Cochrane Colloquia prohibits any sponsorship from commercial sources (as defined above).

## **5. Future Plans**

The Charity's Goals and Objectives for 2015 are set out above (see *Strategy to 2020*, page 4). Annual targets for 2015 have been established for each of the four strategic Goals and these can be found, along with full details of implementation plans, at <http://community.cochrane.org/community/organisation-administration/cochrane-strategy-2020/2015-targets>.

### **Public Benefit Statement**

This public benefit statement has been drawn up in accordance with the Charity Commission's January 2008 guidance on public benefit:

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by The Cochrane Collaboration, therefore, relates to the advancement of health by assimilating, on behalf of the world's population, the results of primary research relating to

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individual treatments, and then presenting these results in a single scientific paper (a 'Cochrane Systematic Review'), formulated to be accessible to both healthcare consumers and practitioners.

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of 36,000 contributors, principally health professionals, patients and their representatives, and academics. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Collaboration's activities.

The third public benefit relates to the Collaboration's role in informing and improving the agenda for primary research by shaping it around the decisions that people are taking in health; identifying uncertainties, missing or poor evidence; and improving health research methodologies.

### **Statement of Trustees' responsibilities**

Company law requires the Trustees to prepare the financial statements for each financial year, which give a true and fair view of the state of affairs of the company and of the surplus or deficit of the company for that period. In preparing those financial statements, the Trustees have:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- followed applicable accounting standards, subject to any material departures disclosed and explained in the financial statements; and
- prepared the financial statements on the 'going concern' basis.

The Trustees have maintained adequate accounting records, which disclose with reasonable accuracy at any time the financial position of the company, enabling them to ensure that the financial statements comply with the Companies Act 2006. They have safeguarded the assets of the company and taken reasonable steps for the prevention and detection of fraud and other irregularities.

### **Statement of disclosure to auditors**

- (a) As far as the Trustees are aware, there is no relevant audit information of which the company's auditors are unaware, and
- (b) The Trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

### **Auditors**

The auditors, Mazars LLP, have signified their willingness to continue in office. A resolution to re-appoint them as auditors will be proposed at the forthcoming annual general meeting.

The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and signed on behalf of the Trustees by

**Prof M Burton**, Trustee and Treasurer

**3<sup>rd</sup> July 2015**

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE NINE MONTH PERIOD ENDED 31 DECEMBER 2014**

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE COCHRANE COLLABORATION**

We have audited the financial statements of The Cochrane Collaboration for the nine month period ended 31 December 2014 which comprise the Statement of Financial Activities, the Consolidated Statement of Financial Activities, the Group (and Parent Charitable Company) Balance Sheets and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

### **Respective responsibilities of Trustees and auditor**

As explained more fully in the Trustees' Responsibilities Statement set out on page 11, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

### **Scope of the audit of the financial statements**

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at [www.frc.org.uk/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate).

### **Opinion on the financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 December 2014 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

### **Opinion on the other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.



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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE COCHRANE COLLABORATION**  
**- CONTINUED**

**Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit. ; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report.

**Stephen Brown** (Senior Statutory Auditor)  
for and on behalf of Mazars LLP  
Chartered Accountants and Statutory Auditor  
The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

14<sup>th</sup> September 2015

**THE COCHRANE COLLABORATION**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
For the nine month period ended 31 December 2014  
Charity only (see over for group accounts)

	Note	Restricted	Designated	Unrestricted	31 December 2014	As restated 31 March 2014
		£	£	£	£	£
<b>INCOMING RESOURCES</b>						
<b>Incoming resources from generated funds</b>						
Voluntary Income	3	6,934	-	74,042	80,976	159,545
Investment Income	4	189	-	4,194,460	4,194,649	4,092,106
<b>Incoming resources from charitable activities</b>						
	6	17,595	-	107,251	124,846	-
<b>Total Incoming Resources</b>		<b>24,718</b>	<b>-</b>	<b>4,375,753</b>	<b>4,400,471</b>	<b>4,251,651</b>
<b>RESOURCES EXPENDED</b>						
Costs of Generating Funds	7	-	-	727,393	727,393	600,417
Charitable Activities	8	67,101	-	1,688,691	1,755,792	2,372,407
Governance Costs	9	-	-	302,197	302,197	242,622
<b>Total Resources Expended</b>		<b>67,101</b>	<b>-</b>	<b>2,718,281</b>	<b>2,785,382</b>	<b>3,215,446</b>
<b>Net (Outgoing)/Incoming Resources</b>						
<b>Before Transfers</b>		<b>(42,383)</b>	<b>-</b>	<b>1,657,472</b>	<b>1,615,089</b>	<b>1,036,205</b>
<b>Fund Transfers</b>	16,17	<b>1,000</b>	<b>(13,184)</b>	<b>12,184</b>	<b>-</b>	<b>-</b>
<b>Net (Outgoing)/Incoming Resources</b>		<b>(41,383)</b>	<b>(13,184)</b>	<b>1,669,656</b>	<b>1,615,089</b>	<b>1,036,205</b>
<b>Reconciliation of funds</b>						
Total funds brought forward at 1 April		128,197	2,542,992	22,485	2,693,674	1,657,469
<b>TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER</b>						
	16,17	<b>86,814</b>	<b>2,529,808</b>	<b>1,692,141</b>	<b>4,308,763</b>	<b>2,693,674</b>

The statement of financial activities includes all gains and losses recognised in the year.  
The charity's incoming resources and expended resources all relate to continuing operations.

The funds carried forward at 31 December 2014 of £4,308,763 differ from the consolidated funds of £7,563,697 on page 15 due to the net reserves retained in the trading subsidiaries, Collaboration Trading Company Limited and Cochrane Innovations Limited.

The notes on pages 17 to 28 form part of these accounts.

**THE COCHRANE COLLABORATION**  
**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES**  
For the nine month period ended 31 December 2014

	Note	Restricted	Designated	Unrestricted	Group 31 December 2014	Group 31 March 2014
		£	£	£	£	£
<b>INCOMING RESOURCES</b>						
<b>Incoming resources from generated funds</b>						
Voluntary Income	3	6,934	-	74,042	80,976	159,545
Investment Income	4	189	-	56,021	56,210	202,142
<b>Incoming resources from charitable activities</b>						
	6	17,595	-	3,553,069	3,570,664	4,197,128
<b>Total Incoming Resources</b>		<b>24,718</b>	<b>-</b>	<b>3,683,132</b>	<b>3,707,850</b>	<b>4,558,815</b>
<b>RESOURCES EXPENDED</b>						
Costs of Generating Funds	7	-	-	736,868	736,868	600,417
Charitable Activities	8	67,101	-	1,688,691	1,755,792	2,372,407
Governance Costs	9	-	-	360,629	360,629	399,893
<b>Total Resources Expended</b>		<b>67,101</b>	<b>-</b>	<b>2,786,188</b>	<b>2,853,289</b>	<b>3,372,717</b>
<b>Net Incoming/(Outgoing) Resources before transfers</b>		<b>(42,383)</b>	<b>-</b>	<b>896,944</b>	<b>854,561</b>	<b>1,186,098</b>
<b>Fund Transfers</b>	16, 17	<b>1,000</b>	<b>(13,184)</b>	<b>12,184</b>	<b>-</b>	<b>-</b>
<b>Net Incoming/(Outgoing) Resources</b>		<b>(41,383)</b>	<b>(13,184)</b>	<b>909,128</b>	<b>854,561</b>	<b>1,186,098</b>
Fund balances brought forward at 1 April		128,197	2,542,992	4,037,947	6,709,136	5,523,038
<b>FUND BALANCES CARRIED FORWARD AT 31 DECEMBER</b>	16, 17	<b>86,814</b>	<b>2,529,808</b>	<b>4,947,075</b>	<b>7,563,697</b>	<b>6,709,136</b>

The statement of financial activities includes all gains and losses recognised in the year.

The group's incoming resources and expended resources all relate to continuing operations.

The notes on pages 17 to 28 form part of these accounts.

**THE COCHRANE COLLABORATION**  
**CHARITY AND CONSOLIDATED BALANCE SHEET**  
For the nine month period ended 31 December 2014

		Cochrane Collaboration	Group	Cochrane Collaboration As restated	Group
		31 December	31 December	31 March	31 March
	Note	2014	2014	2014	2014
		£	£	£	£
<b>FIXED ASSETS</b>					
Fixtures, Fittings & Equipment	11	7,653	7,653	7,532	14,518
Investments	12	306,463	1,000	301,200	1,000
		<u>314,116</u>	<u>8,653</u>	<u>308,732</u>	<u>15,518</u>
<b>CURRENT ASSETS</b>					
Debtors	13	259,988	1,861,148	76,863	1,868,788
Cash at bank and in hand		<u>5,816,479</u>	<u>7,003,035</u>	<u>5,625,766</u>	<u>6,672,908</u>
		6,076,467	8,864,183	5,702,629	8,541,696
<b>CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR</b>	14	(2,081,820)	(709,139)	(3,317,687)	(1,098,078)
		<u>3,994,647</u>	<u>8,155,044</u>	<u>2,384,942</u>	<u>7,443,618</u>
<b>NET CURRENT ASSETS</b>					
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>4,308,763</u>	<u>8,163,697</u>	<u>2,693,674</u>	<u>7,459,136</u>
<b>CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR</b>	15	-	(600,000)	-	(750,000)
<b>NET ASSETS</b>		<u>4,308,763</u>	<u>7,563,697</u>	<u>2,693,674</u>	<u>6,709,136</u>
<b>INCOME FUNDS</b>					
Restricted funds	16	86,815	86,815	128,197	128,197
Unrestricted funds:					
Designated	17	2,529,808	2,529,808	2,542,992	2,542,992
Other unrestricted		<u>1,692,139</u>	<u>4,947,074</u>	<u>22,485</u>	<u>4,037,947</u>
	18	<u>4,308,763</u>	<u>7,563,697</u>	<u>2,693,674</u>	<u>6,709,136</u>

The notes on pages 17 to 28 form part of these accounts.

These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and authorised for issue by the trustees on 3<sup>rd</sup> July 2015 and signed on their behalf by

**Prof M Burton**  
Trustee and Treasurer

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**1. ACCOUNTING POLICIES**

The financial statements have been prepared in accordance with applicable accounting standards and the Statement of Recommended Practice "Accounting for Charities" issued by the Charity Commission in 2005 with the approval of the Accounting Standards Board.

The charity's main accounting policies are as follows:

**a) Accounting Convention**

The financial statements are prepared under the historical cost convention (i.e. balances are recorded at the original cost and are not subsequently revalued).

**b) Incoming Resources**

Donations, legacies and gifts income is recognised on a receipts basis (i.e. when it is virtually certain that the income will be received).

Group incoming resources include royalties from the subscriptions to and sales of The Cochrane Library to Collaboration Trading Company Limited, which are recognised on a receivable basis (i.e. when the income is earned). In the consolidated Statement of Financial Activities (SOFA) this income has been included in incoming resources from charitable activities.

A sign on fee in relation to a new agreement signed in 2012 has been included in deferred income. The income will be recognised on a straight line basis over the life of the agreement.

Investment income, representing amounts received from subsidiaries and bank interest earned, is recognised at the earlier of receipt or approval by the subsidiary company's Board of Directors.

**c) Resources Expended**

Expenditure shown in the accounts includes accruals for goods and services rendered up to the financial period end. Expended resources are classified between the relevant activity categories of resources expended as relevant to the nature of the expenditure incurred. All expenditure is considered to be directly chargeable to the relevant activity category apart from salary costs for non-editorial staff which are apportioned evenly across activity categories.

**d) Fixed Assets**

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the costs less estimated residual value of each asset over its expected useful life as follows:

Plant and machinery	33% Straight Line Method
Fixtures, fittings and equipment	25% Straight Line Method

Fixed assets with an initial cost of under £1,000 are not capitalised.

**e) Investments**

Investments in subsidiary undertakings are included at cost.

Other investments are included at cost or deemed cost due to the non-availability of reliable market values.

**f) Basis of Consolidation**

The income and expenditure and assets and liabilities of Collaboration Trading Company Limited and Cochrane Innovations Limited are consolidated within the results of The Cochrane Collaboration. All amounts in respect of group balances and transactions have been eliminated in arriving at the group figures.

Amounts disclosed in the accounts under the Trading Companies columns in the Notes to the Accounts are for information purposes only.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**g) Funds Structure**

The charity holds a number of funds which have been restricted for specific purposes by the donors. These are classified under "restricted funds". The charity holds funds which have been internally designed for specific purposes. These are classified under "designated funds".

**h) Unrestricted Funds**

Unrestricted funds represent revenue grants and donations and interest receivable etc, which can be applied to the objectives of the charity. Transfers out of unrestricted funds represent new designations made in the period and are detailed in note 16.

**i) Grant Expenditure**

Grants payable are recognised in the year in which the offer is accepted by the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued expenditure.

**j) Foreign Exchange**

Transactions denominated in foreign currencies are translated into sterling on the exchange rate ruling on the date of transaction.

**k) Operating Leases**

Rentals payable under operating leases are charged on a straight line basis over the term of the lease.

**l) Financial Commitments**

Approved grants are recognised as liabilities once approved by the trustees and communicated to the beneficiary.

**m) Liabilities**

When an obligation exists that will probably lead to expended resources after the year end, a liability is recognised.

**n) Governance Costs**

Expended resources are recognised as governance costs where they relate to the oversight of the charity.

**o) Prior year adjustment**

Following the ICAEW Technical Release 16/14BL on 31 October 2014, the charity has changed its accounting policy for donations received from its subsidiary undertakings. Previously such donations receivable were recognised as income in the year in which they were generated by the subsidiary undertaking. Such receipts are now recognised at the earlier of when the distribution is received or when the distribution is approved by the subsidiary company's Board of Directors.

As a result of this change in accounting policy the prior year balances for amounts owed by group undertakings and the balance of the unrestricted reserves have been restated and show a reduction of £4,143,850 from the results previously presented.

There is no impact on the consolidated balance sheet or income and expenditure account as a result of this change.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**2. SURPLUS FOR THE FINANCIAL YEAR**

	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
The surplus is after charging:					
Auditors' remuneration - audit services	3,750	1,500	1,500	6,750	6,500
- non – audit	-	750	750	1,500	1,500

**3. VOLUNTARY INCOME**

	Restricted £	Designated £	Unrestricted £	Group December 2014 £	Group March 2014 £
Donations	6,934	-	74,042	80,976	159,545
	6,934	-	74,042	80,976	159,545

All voluntary income arose in The Cochrane Collaboration and none in Collaboration Trading Co. nor in Cochrane Innovations.

**4. INVESTMENT INCOME**

	Restricted 2014 £	Designated 2014 £	Un-restricted 2014 £	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
Bank interest	189	-	50,608	50,797	5,168	245	56,210	202,142
	189	-	50,608	50,797	5,168	245	56,210	202,142

Investment income in The Cochrane Collaboration SOFA in the nine month period of £4,194,649 ( year to March 2014: £4,092,649) includes £4,143,850 (March 2014 £3,830,032) receivable from Collaboration Trading Company Limited as a distribution.

**5. TAXATION**

The Cochrane Collaboration is a registered charity, and is therefore not liable to pay corporation tax on its charitable activities. The Collaboration Trading Company and Cochrane Innovations are not charities and are therefore subject to corporation tax on their activities. However, the distributions of net profit chargeable to corporation tax on their trading activities are considered as donations on an annual basis. On this basis, no provision has been made for corporation tax.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**6. INCOMING RESOURCES FROM CHARITABLE ACTIVITIES**

	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
<b>Unrestricted Funds</b>					
Royalties from subscriptions to and sales of The Cochrane Library and other income	-	3,164,062	-	3,164,062	4,051,867
Other income	22,127	317,947	49,933	389,007	145,261
<b>Restricted Funds</b>					
Other income	17,595	-	-	17,595	-
	<u>38,722</u>	<u>3,482,009</u>	<u>49,933</u>	<u>3,570,664</u>	<u>4,197,128</u>

Unrestricted income of in The Cochrane Collaboration SOFA £107,251 (March 2014 £Nil) includes charges to group companies of £86,124 (March 2014 £Nil).

Distributions made from Collaboration Trading Company Limited and Cochrane Innovations Limited to The Cochrane Collaboration under Gift Aid are included in the charity's income as Investment Income and are shown in note 4.

**7. COSTS OF GENERATING FUNDS**

	Restricted £	Designated £	Un- restricted £	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
Meeting expenses	-	-	40,007	40,007	-	-	40,007	132,909
Staff salaries (see note 10)	-	-	236,724	236,724	-	-	236,724	171,330
Editorial costs	-	-	450,662	450,662	-	9,475	460,137	296,178
	<u>-</u>	<u>-</u>	<u>727,393</u>	<u>727,393</u>	<u>-</u>	<u>9,475</u>	<u>736,868</u>	<u>600,417</u>



**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**8. COSTS OF ACTIVITIES IN FURTHERANCE OF CHARITABLE OBJECTIVES**

	Restricted £	Designated £	Unrestricted £	Group December 2014 £	Group March 2014 £
<b>Awards, Scholarships &amp; Prizes</b>					
Anne Anderson Award	3,601	-	-	3,601	-
Thomas C Chalmers Award	629	-	-	629	623
Aubrey Sheiham Scholarship	1,373	-	-	1,373	11,651
Chris Silagy Prize	-	-	-	-	-
Bill Silverman Prize	624	-	-	624	624
Kenneth Warren Prize	-	-	-	-	3,820
<b>Total Awards, Scholarship &amp; Prizes</b>	<b>6,227</b>	<b>-</b>	<b>-</b>	<b>6,227</b>	<b>16,718</b>
Evidence Aid	60,874	-	-	60,874	76,864
Direct/Running costs	-	-	199,524	199,524	208,379
Designated grants	-	-	-	-	15,790
Grants	-	-	415,566	415,566	515,647
IKMD – Copenhagen	-	-	221,506	221,506	342,971
Legal Fees	-	-	41,348	41,348	58,307
Meeting expenses	-	-	105,953	105,953	44,476
Staff salaries (see note 10)	-	-	704,794	704,794	823,085
IKMD - website development	-	-	-	-	270,170
	<b>67,101</b>	<b>-</b>	<b>1,688,691</b>	<b>1,755,792</b>	<b>2,372,407</b>

All Costs of Activities in Furtherance of Charitable Activities arose in The Cochrane Collaboration and none in Collaboration Trading Co. nor in Cochrane Innovations.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**9. GOVERNANCE COSTS**

	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
Audit and accountancy	3,250	2,250	2,250	7,750	11,158
Bank interest and charges	3,494	127	87	3,708	2,967
Insurance	9,057	-	-	9,057	9,812
Legal and professional	18,822	-	-	18,822	17,967
Meeting expenses	30,850	-	10,340	41,190	53,882
Printing, postage and stationery	-	-	-	-	2,684
Running costs	-	8,826	2,675	11,501	85,202
Staff salaries (see note 10)	236,724	-	31,877	268,601	215,533
Telephone	-	-	-	-	688
	<u>302,197</u>	<u>11,203</u>	<u>47,229</u>	<u>360,629</u>	<u>399,893</u>

All governance expenditure is from unrestricted funds.

**10. TOTAL STAFF COSTS**

	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £	Group March 2014 £
Wages and salaries	1,018,920	-	28,333	1,047,253	1,138,009
Social security costs	105,740	-	3,544	109,284	97,498
Pension costs	53,583	-	-	53,583	50,239
	<u>1,178,243</u>	<u>-</u>	<u>31,877</u>	<u>1,210,120</u>	<u>1,285,746</u>

Staff Costs have been apportioned between the headings in the Statement of Financial Activities in accordance with the accounting policy, as follows:

	Cochrane Collaboration December 2014 £	Collaboration Trading Co. December 2014 £	Cochrane Innovations December 2014 £	Group December 2014 £
Costs of Generating Funds	236,724	-	-	236,724
Costs in Furtherance of the Charity's Objects	704,795	-	-	704,795
Governance Costs	236,724	-	31,877	268,601
	<u>1,178,243</u>	<u>-</u>	<u>31,877</u>	<u>1,210,120</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**10. TOTAL STAFF COSTS - continued**

	Cochrane Collaboration December 2014	Collaboration Trading Co. December 2014	Cochrane Innovations December 2014	Group December 2014	Group March 2014
The average number of employees analysed by function was:					
Management	3	-	1	4	5
Finance	2	-	-	2	1
Administration	24	-	-	24	16
	<u>29</u>	<u>-</u>	<u>1</u>	<u>30</u>	<u>22</u>

2 employees received annual emoluments in excess of £60,000 during the period (Year to March 2014: 1).

1 employee received annual emoluments in excess of £120,000 during the period (Year to March 2014: 1).

1 employee received annual emoluments in excess of £150,000 during the period (Year to March 2014: 1).

**Trustees' remuneration and expenses**

The Trustees received no remuneration during the year, apart from reimbursement of direct expenses for attendance at Trustees' meetings in furtherance of their duties of £ 30,850 (Year to March 2014: £41,949). Funding provided to the academic institutions who employ the Co-Chairs of the organisation in the period was £11,185 (Year to March 2014: £Nil).

Professional indemnity insurance for the nine month period cost £ 693 (Year to March 2014: £2,771).

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**11. FIXED ASSETS**

	Collaboration			Group		
	Fixtures & Fittings	Computer Equipment	Total	Fixtures & Fittings	Computer Equipment	Total
	£	£	£	£	£	£
<b>Cost</b>						
As at 1 April 2014	10,193	19,640	29,833	15,645	41,638	57,283
Additions	1,850	-	1,850	1,850	-	1,850
Disposals	-	-	-	(5,452)	(21,998)	(27,450)
As at 31 December 2014	12,043	19,640	31,683	12,043	19,640	31,683
<b>Depreciation</b>						
As at 1 April 2014	9,017	13,284	22,301	14,168	28,597	42,765
Charge for the period	799	930	1,729	959	2,857	3,816
Disposals	-	-	-	(5,311)	(17,240)	(22,551)
As at 31 December 2014	9,816	14,214	24,030	9,816	14,214	24,030
<b>Net Book Value</b>						
As at 31 December 2014	2,227	5,426	7,653	2,227	5,426	7,653
As at 31 March 2014	1,176	6,356	7,532	1,477	13,041	14,518

**12. FIXED ASSETS INVESTMENTS**

	Cochrane Collaboration December 2014 £	Group December 2014 £	Cochrane Collaboration March 2014 £	Group March 2014 £
Investment in Collaboration Trading Company Limited	100	-	100	-
Investment in Cochrane Innovations Limited	300,100	-	300,100	-
Investment in Cochrane IKMD Denmark ApS	5,263	-	-	-
Other investments	1,000	1,000	1,000	1,000
	306,463	1,000	301,200	1,000

The investments represent a 100% shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales) and a 100% shareholding in Cochrane Informatics and Knowledge Management Department Denmark ApS (incorporated in Denmark). All figures have been included in the consolidation, except for Cochrane Informatics and Knowledge Management Department Denmark ApS, which did not trade during the period.

Other investments represent the value of the oil painting of the Cochrane logo gifted by Sir Iain Chalmers.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**13. DEBTORS**

	Cochrane Collaboration December 2014 £	Group December 2014 £	Cochrane Collaboration March 2014 £	Group March 2014 £
<b>DEBTORS DUE WITHIN ONE YEAR</b>				
Prepayments and accrued income	85,721	1,132,447	71,449	1,146,193
Amounts due from subsidiaries	166,837	-	4,090	-
Other debtors	-	-	1,324	1,324
Trade debtors	7,430	7,430	-	-
	259,988	1,139,877	76,863	1,147,517
<b>DEBTORS DUE AFTER MORE THAN ONE YEAR</b>				
Trade debtors	-	400,000	-	400,000
Prepayments and accrued income	-	321,271	-	321,271
	259,988	1,861,148	76,863	1,868,788

**14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	Cochrane Collaboration December 2014 £	Group December 2014 £	Cochrane Collaboration March 2014 £	Group March 2014 £
Trade creditors	164,565	164,565	195,608	197,731
Amounts due to subsidiaries	1,810,283	-	2,726,582	-
Social security and other taxation	39,671	40,140	39,792	39,792
VAT creditors	-	225,878	-	159,089
Accruals and deferred income	67,301	278,555	355,705	701,466
	2,081,820	709,138	3,317,687	1,098,078

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**15. CREDITORS: AMOUNTS FALLING DUE AFTER ONE YEAR**

	Cochrane Collaboration December 2014 £	Group December 2014 £	Cochrane Collaboration March 2014 £	Group March 2014 £
Accruals and deferred Income	-	600,000	-	750,000
	-	600,000	-	750,000

**16. RESTRICTED FUNDS**

	Balance as at 1 April 2014 £	Incoming resources £	Expenditure £	Transfer between funds £	Balance as at 31 December 2014 £
Kenneth Warren Prize	7,544	-	-	-	7,544
Bill Silverman Prize	1,255	-	(624)	-	631
Thomas C Chalmers Award	1,893	-	(629)	-	1,264
Aubrey Sheiham Scholarship	34,696	186	(1,373)	-	33,509
Evidence Aid	73,191	17,598	(60,874)	-	29,915
Anne Anderson Award	9,618	6,934	(3,601)	1,000	13,951
Charity and Group	128,197	24,718	(67,101)	1,000	86,814

The Kenneth Warren Prize was formed to fund the annual prize of the same name.

The Bill Silverman Prize was formed to fund the annual prize of the same name.

The Thomas C Chalmers Award was formed to fund the annual prize of the same name.

The Aubrey Sheiham Scholarship Fund is to provide one three-month scholarship each year, in order that individuals from developing countries can learn to prepare systematic reviews.

Evidence Aid – An initiative to improve access to information for people and organisations facing health and healthcare challenges arising in natural disasters and other large-scale health emergencies and crises.

The Anne Anderson Prize was formed to fund the annual prize of the same name.

The bracketed figures represent expenditure which is deducted from the fund balances.

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

**17. DESIGNATED FUNDS**

	Balance as at 1 April 2014 £	Transfers and new designations £	Incoming Resources £	Expenditure £	Balance as at 31 December 2014 £
Discretionary Fund	20,000	-	-	-	20,000
Prioritisation Fund	13,184	(13,184)	-	-	-
Colloquium Fund	9,808	-	-	-	9,808
Strategic Investment Fund	2,500,000	-	-	-	2,500,000
	<u>2,542,992</u>	<u>(13,184)</u>	<u>-</u>	<u>-</u>	<u>2,529,808</u>

The charity designates to the Discretionary Fund a maximum of £20,000 (March 2014: £20,000) of its unrestricted funds annually in support of those Cochrane entities which require funding for their activities which are in line with the charity's mission. Each successful application is restricted to £5,000 (exclusive of any administration charges).

The prioritisation fund was established for activities associated with setting a policy for the prioritisation of Systematic Reviews. Those activities are now included within the normal activities of the organisation and accordingly the fund has been transferred back to unrestricted reserves.

The Colloquium Fund has been established for activities associated with the preparation, administration, oversight, management and reporting related to the organisation of Cochrane Colloquia.

A Strategic Investment Fund has been established for activities which arise from the 'Cochrane Game Changers Initiative' which was launched in January 2014, inviting submissions for proposals for substantial projects designed to alter the operations of the organisation in a radically favourable way.

**18. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS**

Charity	Restricted £	Unrestricted £	Total £
Fixed assets	-	314,116	314,116
Current assets	98,355	5,978,112	6,076,467
Current liabilities	-	(2,081,820)	(2,081,820)
	<u>98,355</u>	<u>4,210,408</u>	<u>4,308,763</u>
Group	Restricted £	Unrestricted £	Total £
Fixed assets	-	7,653	7,653
Current assets	98,355	8,765,828	8,864,183
Current liabilities	-	(709,139)	(709,139)
Non current liabilities	-	(600,000)	(600,000)
	<u>98,355</u>	<u>7,465,342</u>	<u>7,563,697</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the nine month period ended 31 December 2014

## 19. FINANCIAL COMMITMENTS

### Operating lease commitments

At 31 December 2014 the charitable company had annual commitments in respect of rental agreements as follows:

Agreements expiring:	Charity and Group		Charity and Group	
	December	December	March	March
	2014	2014	2014	2014
	Land and buildings	Other	Land and Buildings	Other
	£	£	£	£
In one year or less	5,650	742	34,040	-
Over two and less than five	162,212	-	-	1,485
Over five years	-	-	21,650	-
	<u>167,862</u>	<u>742</u>	<u>55,690</u>	<u>1,485</u>

### Pension Commitments

The charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £53,583 (Year to March 2014: £50,239). Contributions totalling £29,784 (Year to March 2014: £1,191) were payable to the fund at the balance sheet date and are included in creditors.

## 20. RELATED PARTY TRANSACTIONS

The charitable company has taken advantage of the exemption in Financial Reporting Standard Number 8 from the requirements to disclose transactions with group companies in consolidated financial statements.

## 21. POST BALANCE SHEET EVENT

The Danish subsidiary Cochrane Informatics and Knowledge Management Department Denmark ApS commenced trading in April 2015.



## Funding Arbitration Panel

### Report to CSG – Vienna, October 2015

Written by: Cindy Farquhar, Ruth Foxlee and David Tovey, on behalf of the Funding Arbitration Panel

Date: 16<sup>th</sup> Sep 2015

#### COI activity overall

Year	No. of referrals
2011	5
2012	3
2013	2
2014	33
2015 YTD	53

In Jan 2015 administrative support for the Funding Arbiter was transferred to the Cochrane Editorial Unit (CEU) and is now provided by Ruth Foxlee, supported by Luke Jackson. In addition to the referrals made as a direct result of the COI audit, the 2014 changes to Cochrane's Commercial Sponsorship policy have created a higher level of awareness of COI issues generally and therefore increased administrative burden for both the Funding Arbitration Panel (FAP) and the CEU.

The number of referrals in 2015 has increased by around 150% from 2014. Twenty of the 53 reviews referred in 2015 (current on Sep 15<sup>th</sup>) have arisen from the COI audit, but even if the audit referrals aren't counted, as of mid-September 2015 we have already reached the total figure for 2014.

#### COI Audit – Reports to CRGs

An audit of Cochrane reviews and protocols, completed in June 2014, included items published between 2008 and February, 2014. The findings of this audit were actioned by the CEU in conjunction with CRG teams and the Funding Panel. Feedback to the CRGs was handled in two stages:

1. **Protocols:** individual reports, detailing the reason for potential non-compliance were sent to **34 CRGs for 100 protocols**
2. **Reviews: 424 non-complaint reviews.** Phase 1 carried out first for the most serious conflicts and then Phase two for the reviews with 'minor' conflicts.
  - a. **Phase 1:** non-compliant on the basis that the author is directly employed by a commercial organisation with an interest in the intervention or holds a patent relating to the intervention or that the review is funded by a commercial organisation with an interest in the intervention. Reports detailing the reason for non-compliance were sent to **23 CRGs for 51 reviews**.
  - b. **Phase 2:** non-compliant on the basis that the lead author or 50% or more of the authors have a conflict other than those outlined above. Reports detailing the reason for non-compliance were sent to **34 CRGs for 372 reviews**.

#### COI Audit – Follow-up activity

In the case of protocol reports, CRGs were asked to address the issue prior to publication wherever possible. Compliance with the current Commercial Sponsorship Policy was checked as part of the CEU audit (which also provides a check of COI issues generally).

For Phase 1 review reports, the CRGs and author teams were advised that unless there were any mitigating factors, the view of the FAP was that these reviews should be withdrawn from the Cochrane Library. When the FAP determined- that a review was non-compliant they would propose the following two options depending on the severity of the breach:

1. Withdraw the review when the review clearly breached the Cochrane policy and was not likely to be updated within the next six months
2. Do not withdraw the review, instead amend the DOI statement to make it clear that the review is in breach of the current Cochrane policy, and that it will be updated within six months with an author team that is compliant with current policy

If a group disagreed with the recommendation to withdraw they were invited to refer the matter to the Funding Arbiter.

- 20/51 Phase 1 reviews were referred to the FAP.
- 17/51 Phase 1 reviews have been or will be withdrawn as a result of the COI audit (not all referred to the FAP), but subsequently two of these decisions have been appealed.
- Updates for 11/51 Phase 1 reviews have either been completed or are underway
- The FAP determined that for 18/51 Phase 1 reviews it would be sufficient for the authors to amend the DOI statement to make it clear there was no conflict (e.g. the conflict was outside the 3-year timeframe and had been included for completeness only)
- 5/51 Phase 1 reviews are outstanding, i.e. no course of action has been agreed yet. Only one Group (4 reviews) has not responded to the FAP/CEU advising how they intend to proceed or if they intend to appeal.

In some cases the impact of a single conflicted author or team of authors can be significant, e.g. in Phase 1 12/52 (23%) conflicts related to one author (though not exclusively in every review) and in Phase 2 64/372 (17%) of conflicts related to the same group of authors.

#### *Coverage in Retraction Watch*

Two of the reviews withdrawn as a result of the COI Audit were highlighted in an [article](#) in the online publication *Retraction Watch*. The Metabolic and Endocrine Disorders Group withdrew the reviews ([CD009008](#) & [CD008143](#)) in July 2015, citing conflict of interest and the need for to conform to new methodological standards as the reasons for withdrawal. The CEU and Metabolic and Endocrine Disorders Group were contacted by Retraction Watch but both declined to comment further on the withdrawal, given that full details of the reasons for withdrawal were published on the Cochrane Library.

#### *Appointing a new Funding Arbiter*

Cindy Farquhar has expressed her wish to stand down from the role of Funding Arbiter. We will therefore be advertising the post openly for appointment following the Colloquium. It is important to note that the commercial sponsorship policy is ratified by Steering Group, so that the role of the Funding Arbiter and Advisory Panel is to implement the agreed policy.

#### *Appeals Process*

The Cochrane Organisational Policy Manual states that an appeal against a decision made by the Funding Arbiter must be referred to the Cochrane Steering Group (CSG) ([1.1.3.4 Funding Arbiter](#)). Given the new non-operational role of the CSG and the number of appeals sent to the FAP this year (seven) we recommend this policy be revised and that this be a key task for the incoming Funding Arbiter. Given that the Governance Review will examine the role of the Funding Arbiter and Panel and the Ombudsman, we suggest that appeals are managed by the EiC in the interim.

#### *Summary*

2015 has seen an unprecedented level of activity relating to enquiries about financial conflict of interest. This has been influenced by but is not limited to the work that has been consequent on the COI audit undertaken in 2014. Many of the changes associated with this review have occurred or are in progress, however, there are some changes that have not as yet been executed by CRG teams. We hope to appoint a successor to Cindy Farquhar in the next few months and this role will be advertised shortly.

# Project Transform Progress Report: 01 March to 31 August 2015

## Background

In November 2014, the CSG approved funding for Project Transform, a Game Changer Initiative, for a total of GBP 533,100 from 01 March 2015 to 30 November 2017. The header services agreement between Cochrane and Monash was executed on 31 March 2015, with a subcontract between Monash, UCL and Oxford executed on 16 June 2015.

Over the next three years Project Transform will work with the wider Cochrane community to improve the way people, processes and technologies come together to produce Cochrane content.

### The four components of Project Transform:

#### Evidence Pipeline: Finding relevant research in a timely and reliable way

The project will build an '**Evidence Pipeline**' in which citations of RCTs identified through automated and enhanced centralised search activities, including the EMBASE Screening Project, are 'triaged' to the most relevant review group or review using machine learning technologies. The objectives are to improve the efficiency by which reports of controlled trials are identified and to support the inclusion of all relevant RCTs in Cochrane information systems.

#### Getting involved: Developing pathways for potential new contributors

The project will create more opportunities for '**Getting Involved**' by enabling new contributors to complete simple tasks linked to brief online training and allowing these activities to contribute to an online profile. This builds on the EMBASE Screening Project, which uses crowdsourcing to identify studies eligible for Cochrane's central register of controlled trials. The objectives are to make it easier for people to get involved and to increase the number of Cochrane contributors.

#### Task Exchange: Increasing the efficiency of working collaboratively:

The project will increase the opportunities for the global Cochrane community to work together by building an online '**Task Exchange**'. This will be a website where contributors can post a task, describe who they are looking for, and what reward or compensation they will provide. The system will match these tasks to the skills and interests of community members. The objectives are to improve the efficiency by which Cochrane contributors can find others to help, and to better utilise the global Cochrane community in the production of our reviews.

#### Production models: Ensuring our content is relevant and up-to-date

The project will review the various evidence '**Production Models**' employed throughout the Cochrane community and explore the strengths and weaknesses of each. We will then use this information to identify, trial, refine, and promote author team arrangements that build on Cochrane's strengths, capitalise on the new opportunities developed by Project Transform and other Cochrane projects, respond to the evolving needs of our end users (e.g. guideline developers) and support Cochrane's ability to remain financially viable.

## Highlights March – August 2015

- USD 20,000 Microsoft Azure award for Evidence Pipeline
- Development of new Getting Involved crowd-sourcing platform, supporting multiple task types
- Completion of Task Exchange 'alpha' website
- Enthusiastic response to requests for interviews and online survey during the research phase of Production Models

## Component Update

### Evidence Pipeline

Work on Evidence Pipeline is well underway and we are on track with time and budget. A highlight this period was receiving a USD 20,000 award from Microsoft for Azure services. This will enable us to perform the text mining and machine learning operations on the Microsoft Azure Machine Learning platform and represents a significant saving to the project.

We have been working closely with Metaxis to build links between the Machine Learning (ML) database and CRS-D and now have 1 million+ of the 1.06 million CRSD records in the ML database. We have developed models for creating tags in CRS-D for each review group and study design. We have been working with Epistemonikos so their review and study records can also be held in the the ML database.

We are currently discussing with Epistemonikos a phase 2 plan for users to be able to log into Epistemonikos with their Archie login and use the Epistemonikos search function to find reviews and studies that lie within their domain of interest. This information will then flow back into CRS-D enabling users to search/order CRS-D records by relevance based on the domain interest built in Epistemonikos. This will enable us to extend the functionality of the pipeline without having to build our own platform, and we can benefit from all the work the Epistemonikos team has already put into its matrix interface at a very low cost. We will thus get more complete product for less money, and can focus our resources on the use side of things.

### Getting Involved

Development of the crowd and task management application by Metaxis Ltd is well underway. We have also had very positive discussions with Zooniverse and hope that the citizen science platform will dramatically broaden our contributor base. In Vienna, we will demonstrate RCT and DTA identification and description tasks and get valuable feedback from participants. We will then enter what will be the most exciting phase of this component: roll-out.

### Task Exchange

Work on Task Exchange is proceeding rapidly. We are thrilled with the design of the application, development has been smooth so far, and early user testing has been very positive. Next steps are to recruit our initial test community and ensure the application is stable for presenting (and playing with!) in a workshop and at Cochrane Exchange in Vienna.

## Production Models

Exploration of current and potential future Cochrane review Production Models has been rapid and fascinating. As of 31 August we had conducted 18 interviews with both members of the Cochrane Community and others, launched an online survey and have undertaken an initial, informal exploration of the findings. Next steps are to complete another set of interviews (~12) and undertake a formal analysis. These findings will be discussed with the extended project team and presented in a Special Session in Vienna.

## Overall Project Update

### Communications and Engagement

- We have developed a communications strategy and implementation plan, and each component is developing their key messages, benefits and concerns for each stakeholder group within Cochrane.
- Members of the project team have been designated to act as key contact points for various Cochrane groups, and counterparts within each group (e.g. TSCs, MEs, CoEds) are being identified.
- The Project Manager has initiated discussions with CEAD regarding the Project Transform web pages and will now take the lead on managing these.
- A project update was published as a Cochrane Community blog post in August and tweeted by CEAD. This update will also be included in the next Vienna Colloquium newsletter and Cochrane Australia Elements newsletter.
- An invite to participate in the Production Models survey was included in the August issue of Cochrane Community and appeared on the Cochrane Community website as a news item. This item was also tweeted by CEAD.

### Vienna Colloquium

The Transform project team has a busy schedule in Vienna, including a response to the opening plenary, a Special Session, a Getting Involved/Task Exchange workshop and demos in Cochrane Exchange. Project team members will be providing updates at the Managing Editors', Trial Search Coordinators', Centres', Consumers' Executive and Methods Group meetings and CRS Training Day, as well as participating in the Cochrane/G-I-N Partnership meeting. We will also hold our Project Executive and Project Team meetings.

# Proposal for developing Cochrane reviews of prognostic studies

## Document prepared by:

Carl Moons, Doug Altman, Richard Riley, Jill Hayden, Katrina Williams, Sue Woolfenden, on behalf of Cochrane Prognosis Methods Group, with discussion and input from David Tovey

## Submitted to Steering Group

15<sup>th</sup> September 2015

## Purpose of paper

To seek support for a programme of work to introduce prognosis reviews into Cochrane and to construct a sustainable infrastructure to promote further development of such reviews

## Access

Open

## Background

Cochrane has traditionally focused on systematic reviews of therapeutic or preventive intervention studies. In the past decade, we have broadened the scope to reviews of diagnostic test accuracy studies, and other types of systematic reviews such as network meta-analysis, individual participant data reviews, and reviews of non-randomised intervention studies. More recently, Cochrane has discussed the inclusion of *prognostic studies* in its review portfolio and approved the development of 3 exemplar reviews. There was no explicit funding in support of this.

Prognostic studies address the (future) outcomes and the prediction of these outcomes in individuals with a certain health condition. Prognostic information is important to inform patients and relatives about their prognosis and to make risk-based treatment or other management decisions, including withholding treatment. It thus forms the basis of personalized or risk-based medicine, which is becoming an increasingly important objective in global health policy. Primary prognostic studies are abundant in the medical literature. For the same

condition, outcome or target population, often numerous (sometimes hundreds) (potential) prognostic factors or (bio)markers have been published. Also, there are often multiple - sometimes even more than 200 – so-called prognostic models developed for the same outcome or target population. Thousands of prognostic factors and model studies are being published each year. Healthcare professionals and guideline developers can't see the 'wood for the trees' and simply do not know which prognostic factor or model to use or appraise in which context. Hence, systematic reviews of prognostic studies to enhance evidence-based practice are essential as the number of such studies literally increases each day.

Consequently, systematic reviews (SRs) of prognosis are also increasingly being published, but these reviews are all published outside Cochrane. There is therefore a substantial risk that Cochrane will be surpassed by others with respect to systematic reviews and meta-analyses of prognostic studies. This would be a missed opportunity given that the methods for SRs of prognostic studies are mainly based on the work of, and have even been developed by, members of the Cochrane Prognosis Methods Group (PMG).

Cochrane PMG members have developed several tools, methods and guidance to conduct SRs of prognostic studies, including for example, search strategies for retrieving both prognostic factor and modelling studies (Geersing 2012); the QUIPS tool to assess risk of bias in prognostic factor studies (Hayden 2013); the CHARMS checklist to frame the review question, develop a review protocol, and to guide the data extraction and critical appraisal of prognostic modelling studies (Moons 2014). Also, PMG members developed the recent PROGRESS series in BMJ and PLOS MED on the conduct of prognosis studies, and the TRIPOD reporting guideline for prediction models (Collins GS 2015; Moons 2015 E&E). In addition, they are currently developing the PROBAST tool, a formal risk of bias tool for prediction modelling studies. Finally, they also developed the statistical methods to analytically combine the published results of prognostic modelling studies. Hence, Cochrane members, have been intimately involved in the development of almost all available methods for conduct, analysis and reporting of SRs of prognostic studies.

### Previous Experiences and proposed strategy

In the past, Cochrane has taken the lead in the preparation of reviews of diagnostic test accuracy (DTA) studies. The aim was to set standards and to embark on high-quality SRs of DTA studies. To achieve these goals, central financial and in kind support was offered by both NIHR (Prof Jon Deeks, Birmingham) and Cochrane (Dutch Cochrane Centre and Cochrane Renal Group). The support involved training and support of Review Groups, TSCs and methodologists/statisticians (including further development of training materials), development of distance learning materials, development of guidance (DTA Handbook) and assistance with the editorial process

regarding the methodology of DTA SRs. To date 45 full DTA reviews (including two updates) and 88 protocols have been published in The Cochrane Library.

For DTA reviews, a bottom-up process of registering titles was followed. The reviews were prepared by author teams of highly varying experience - ranging from novices to very experienced teams - with topics of varying priority. This has led to a series of DTA reviews of varying quality and a high workload, for not only the CRG editorial teams but also for the DTA Editorial Team, because quite a few author teams required extensive support to finalise their reviews. In addition, it appears that much effort has been spent, by both CRG editorial teams as DTA editorial teams, on topics of relatively minor importance or for only a very limited audience.

Given these experiences, we aim to bring efficiency in the process of SRs of prognostic studies by preselecting experienced author and review teams for the preparation of a small(er) but carefully pre-specified number of high-priority reviews. We must aim to set *the* international standards for SRs of prognostic studies. If we decide to embark on the preparation of SRs of prognosis, the preparation and publication of a limited number of high-quality and relevant reviews – on pre-specified priority titles – will allow Cochrane to indeed set these international standards for this type of reviews, both within and outside Cochrane. Doing so, we will take the internationally renowned lead in providing this important form of meta-analytical trusted evidence to inform decision making.

To achieve this we here present a proposal for a model consisting of both conducting five SRs of carefully selected (additional to the three ongoing exemplars) priority topics for which prognosis SRs are urgently needed. These SRs will then be prepared by experienced (in SRs of prognosis studies) author and review teams, in close collaboration with content experts of the pertinent CRGs.

In addition, as one of the most important actions for embarking on this new type of SRs within Cochrane, is reaching sustainability which we build in by developing training strategies into our efforts and disseminate the developed methods and instructions in clear cut teaching courses (i.e. beyond the five 1.5 hour workshops each year at the Colloquium). Such teaching courses can be given online, face-to-face, or even sometimes on location, if resources allow for. The members of the prognosis methods group will work closely with the Central Executive Teams to develop the infrastructure and implementation features, and also to seek additional funding support that will further deliver sustainability for future reviews.

## Proposal



*A. Preparation of 3-6 additional exemplary reviews about prognosis to be delivered within the 2 years of the project*

1. A selection of CRGs is asked to identify a priority topic for which a systematic review about prognostic studies is warranted.
2. Of those priority topics, the CEU or Co-ordinating Editors Board selects 3-6 topics that are considered crucial for clinical practice and decision-making, e.g. by taking prevalence and burden of disease into account, amongst other criteria.
3. A team of selected authors, yet experienced in SRs of prognostic studies, will be formed by the PMG members; these selected authors will prepare the reviews in close collaboration with the content experts of the involved CRGs.
4. Editorial approval of the draft protocols and draft reviews will be given by the editorial boards of the involved CRGs, in collaboration with the CEU.

*B. Dissemination and sustainability*

1. Existing guidance for systematic reviews of prognostic studies will be updated;
2. In close collaboration with the Handbook editors to develop guidance in the form of a supplement to the existing Cochrane Handbook for Systematic Reviews of Interventions;
3. In close collaboration with the Cochrane Learning and support team to develop and execute training courses/workshops for: (a) CRG editorial teams, (b) review authors, (c) Centre staff, (d) statisticians, and (e) information specialists during Cochrane midyear meetings, Cochrane Colloquia, and on location;

Training material will include:

- Syllabus
  - Powerpoint slides
  - Small group assignments
  - Tools (examples of search strategies, templates for checklists, etc.)
  - Webinars, E-learning modules and other E-tools
4. Work with the Cochrane Communication and External Affairs Department to identify (new) funding opportunities for developing a knowledge base and methods framework for reviews of prognosis studies, and to support knowledge translation activities relating to the completed reviews and developed methods.

5. Work with the Cochrane Informatics and Knowledge management department and Cochrane Editorial Unit to ensure that reviews of prognosis studies are incorporated into the technology infrastructure eco-system, and review quality strategy, as appropriate.

## Summary of recommendations

We recommend that the Steering Group provides support for the above program activities aimed at introducing reviews of prognostic studies into Cochrane, in a sustainable manner.

## Resource implications

### Depending on the number of reviews required

#### For 3 reviews<sup>1</sup>:

##### Estimated budget for A and B above

- Part A: 0.75 FTE post doc for 1 year → per SR about 3 full-time months.
- Part B: 1.0 FTE post doc, for two years.

One FTE post doc is about 72.000 € (about £ 53,000) per year. For part A this amounts to about 55.000 € (£ 40,400) For Part B 144.000 € (£ 106,000).

Total requested about 200.000 € (£ 147,000).

#### For 6 reviews<sup>1</sup>:

##### Estimated budget for A and B above

- Part A: 0.75 FTE post doc for 2 years → per SR about 3 full-time months.
- Part B: 1.0 FTE post doc, for two years.

One FTE post doc is about 72.000 € (about £ 53,000) per year. For part A this amounts to about 110.000 € (£ 80,800) For Part B 144.000 € (£ 106,000).

Total requested about 254,000 € (£ 186,800).

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<sup>1</sup> In addition to the existing 3 exemplar reviews.

# Strategy to 2020: Draft Targets for 2016 Consultation Document

**Document prepared by:** Senior Management Team.

**Submitted to Steering Group:** October 2015, Vienna, Austria.

**Purpose of paper:** To provide a list of potential *Strategy to 2020* targets for 2016. These proposed targets will be presented for consultation with the Steering Group, Group Executives, and other Cochrane stakeholders at the Vienna Colloquium. Following this consultation, a final set of targets will be developed by the Senior Management Team and Group Executives for sign-off by the Steering Group at the end of 2015.

**Access:** Open Access.

## 1. Introduction

2016 will take us into the third year of *Cochrane's Strategy to 2020*. In 2014 our targets were foundational, marked by widespread consultation and detailed planning ahead of significant changes across the four Cochrane goals of producing evidence, making our evidence accessible, advocating for evidence, and building an effective and sustainable organisation. Our 2015 targets have built upon the progress made in 2014, with improvements starting to be made to our production processes, global profile, and organisational structure in particular. In preparing possible targets for the year ahead, the Senior Management Team makes two key recommendations:

1. 2016 should be a year of delivery and impact, but also of continuity, focusing particularly on the implementation and output phases of targets established in 2014 and 2015. Our focus should be on demonstrating to our stakeholders – the users of our evidence, our review production teams and other contributors, our partners and funders - the outcomes and tangible benefits that the targets are bringing to their experience with Cochrane year on year.
2. Success of the *Strategy to 2020* rests on its ownership by the organisation as a whole. Although the Central Executive Team has naturally taken a leadership role in developing the strategic targets, the role of these targets in ultimately fulfilling Cochrane's mission means that their implementation must be an organisation-wide endeavour. The SMT will be working with the Steering Group and Group Executives to ensure that the targets become more embedded in the workplans of all Cochrane groups for the year ahead.

In this document, the Senior Management Team has drafted possible targets for the year ahead. The aim is that they are discussed, edited, increased or reduced, and made 'SMART' (specific, measurable, attainable, relevant, and time-bound), during and after the Vienna Colloquium. On Tuesday 6<sup>th</sup> October, 11:00-12:30, there will be a special session at the Colloquium to review current progress on the 2015 targets and brainstorm the 2016 targets on the basis of this document – all Colloquium participants are warmly invited to attend. If you are not attending the Colloquium, look out for ways to contribute online in forthcoming issues of the Cochrane Community newsletter.

## A reminder of the structure of the *Strategy to 2020*

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organisations. Cochrane's *Strategy to 2020* has been developed with the following structure:

Vision > Mission > Goals > Objectives > **Targets** > Workplans:

- Vision: Outlines what the organisation wants the world in which it operates to be.
- Mission: Defines the fundamental purpose of the organisation, describing why it exists and what it does to achieve its vision.
- Goals: Establish the desired endpoints for achieving the mission.
- Objectives: Describe the ways in which goals will be operationalised and achieved.
- **Targets: Represent the tangible stepping stones on the path towards the achievement of an objective. An objective may have one or many targets that must be fulfilled to achieve it.**
- Work plans: Set out how the targets will be achieved.

Our vision is a world of improved health where decisions about health and healthcare are informed by high-quality, relevant and up-to-date synthesized research evidence.

## A note on the structure of this document

In the sections below a reminder of the Goals and Objectives are provided, followed by the proposed targets for 2016 by Goal. At the bottom of the document, the first draft brainstorming of the targets' outcomes, measures of success, and timelines are provided.

## 2. Potential targets for 2016:

### GOAL 1: PRODUCING EVIDENCE

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

#### Cochrane's Goal 1 Objectives to 2020:

**HIGH-QUALITY:**

We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

**RELEVANT:**

We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and priorities the production and updating of Cochrane Systematic Reviews accordingly.

**UP-TO-DATE:**

We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.

**WIDE COVERAGE:**

We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.

**PIONEERING METHODS:**

We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

**EFFICIENT PRODUCTION:**

We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.

We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams<sup>1</sup> to retain and develop our contributor-base.

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<sup>1</sup> Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.

## Potential Goal 1 targets for 2016:

*We will develop an integrated quality strategy across all the domains of Goal 1.*

### **HIGH-QUALITY**

- 1.1. Implement our strategy for quality assurance and quality improvement.
- 1.2. Re-evaluate the Cochrane editorial process and pilot changes that improve production efficiency, author and editor experience, and review quality.

### **RELEVANT AND WIDE-COVERAGE:**

- 1.3. Expand the Cochrane Review prioritization list to incorporate more priorities identified by external parties, reflect global needs, and attract competent potential author teams and individuals.

### **UP-TO-DATE:**

- 1.4. Develop and begin to implement a comprehensive updating strategy for Cochrane content.

### **EFFICIENT PRODUCTION AND HIGH-QUALITY:**

- 1.5. Improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our *Transform* programme.
- 1.6. Revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online; and ensuring the new Cochrane Author Support Tool is in use by 95% of production teams authoring reviews from 2016.

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

### Cochrane's Goal 2 Objectives to 2020:

#### **USER-CENTRED DESIGN AND DELIVERY:**

We will put the needs of our users at the heart of our content design and delivery.

We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.

We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

**OPEN ACCESS:**

We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

**ACCESSIBLE LANGUAGE:**

We will simplify and standardize the language used across our content to improve readability and reduce ambiguity.

**MULTI-LINGUAL:**

We will translate key content into at least the five other official languages of the World Health Organisation (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

## Potential Goal 2 targets for 2016:

**USER-CENTRED DESIGN AND DELIVERY:**

- 2.1. Make the data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and studies.
- 2.2. Develop an organisation-wide 'Knowledge Translation' strategy.

**ACCESSIBLE LANGUAGE AND MULTI-LINGUAL:**

- 2.3. Pilot a new approach to Plain Language Summaries of Cochrane Reviews to make them more useful in English and other languages.
- 2.4. Pilot new models of ensuring sustainable translations.

*(Note: this target will be refined once it is discussed with the Translations Advisory Board).*

## GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

## Cochrane's Goal 3 Objectives to 2020:

### GLOBAL PROFILE:

We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.

### THE 'HOME OF EVIDENCE':

We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

### GLOBAL ADVOCATE:

We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.

We will promote reliable, high-quality primary research that is prioritized to answer real world health questions and improves the evidence-base on which our work is built.

We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

### GLOBAL PARTNER:

We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations.

### GLOBAL IMPACT:

We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

## Potential Goal 3 targets for 2016:

### THE 'HOME OF EVIDENCE':

**3.1.** Deliver an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use its content.

*(Note: this target is dependent on the Wiley RFP process to be completed by the end of 2015).*

### GLOBAL PARTNER:

**3.2.** Build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations

*(Note: a specific target linked to the partnership objective will be defined in the partnership strategy to be presented to the Steering Group in December 2015).*

### GLOBAL IMPACT:

**3.3.** Ensure that at least 50% of all new priority Cochrane Reviews that begin production\* in 2016 use the newly developed evidence impact plan.

*(Note: the evidence impact plan – originally referred to as the 'dissemination checklist' – is due to be completed by the end of 2015. The percentage target will be refined once the rollout schedule is finalized. \*Note also that the stage of the production lifecycle from which the target would take effect still needs to be confirmed).*



## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

### Cochrane's Goal 4 Objectives to 2020:

#### **INCLUSIVE AND OPEN:**

We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisations for people who want to get involved.

#### **GLOBAL AND DIVERSE:**

We will become a truly global organisations by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

#### **FINANCIALLY STRONG:**

We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

#### **EFFICIENTLY RUN:**

We will review and adjust the structure and business processes of the organisations to ensure that they are optimally configured to enable us to achieve our goals.

#### **INVESTING IN PEOPLE:**

We will make major new investments in the skills and leadership development of our contributors.

#### **TRANSPARENTLY GOVERNED:**

We will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisations and/or to be appointed to a leadership position.

#### **ENVIRONMENTALLY RESPONSIBLE:**

We will review and adjust our operations to reduce their environmental impact.

### Potential Goal 4 targets for 2016:

#### **INCLUSIVE AND OPEN:**

**4.1.** Launch the Cochrane Membership Scheme and re-develop the Cochrane Community website around the new membership model.

#### **EFFICIENTLY RUN:**

4.2. Implement the approved changes to Cochrane Groups' structure and functions.

*(Note: this target will be refined following the structure & function discussions by the Steering Group and Group Executives in Vienna).*

**INVESTING IN PEOPLE:**

4.3. Establish a new online learning environment.

4.4. Deliver a programme of training and accreditation for Cochrane editors.

**TRANSPARENTLY GOVERNED:**

4.5. Implement Cochrane's new governance structure, including a newly re-formed Governing Board (formerly Steering Group).

### 3. SMT brainstorming on details of proposed targets

This table sets out the first draft brainstorming of the detail on the proposed targets. All sections are subject to discussion and change – **this is a rough first draft!** Sections that have not yet been completed are highlighted in grey.

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
1.1. Implement our strategy for quality assurance and quality improvement	We will manage changes to the existing review screening process to implement a more flexible, timely and responsive service.	We will create a screening guide for CRGs in conjunction with webinars describing the process of screening, common errors and best practice.	Work with volunteer group of editors to develop guidance.	End 2016
	We will undertake work aimed at equipping CRG teams with the capability to carry out the pre-publication screening process.	We will explore and seek to implement a review awards scheme.	The first tranche of awards will be presented.	End 2016
1.2. Re-evaluate the Cochrane editorial process and pilot changes that improve production efficiency, author and editor experience, and review quality.	Exploration and piloting of changes to existing editorial process, and different models	We will identify at least one substantial change to the editorial process (e.g. merged title and protocol phase) in consultation with groups and undertake pilot with evaluation	Engagement of volunteer groups	End 2016
	We will continue to ensure that our editorial policies reflect best current practice	We will develop and implement at least three new policy areas, including management of proven or suspected fraud, and peer review processes	Policies agreed and communicated to CRG teams and other interested parties	End 2016
	We will implement activities aimed at improving the quality of first submissions to CRG teams	We will explore the introduction of a guarantorship scheme for experienced systematic review authors	We will consult on a paper aimed at describing what a guarantorship scheme would look like	May 2016

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
1.3. Expand the Cochrane Review prioritization list to incorporate more priorities identified by external parties, reflect global needs, and attract competent potential author teams and individuals.	Priorities can be expressed at two levels: the broader priorities identified by CRGs, and a more focused level of available titles that primarily address externally derived priorities and explicitly address the needs of global decision makers	Paper explaining rationale for revisions to list and proposed changes: Mar 2016  Revised priority lists to be delivered by end 2016, end 2017, end 2018.	New lists populated as described.	May be 15 month project – March 2017
1.4. Develop and begin to implement a comprehensive updating strategy for Cochrane content.	Development of a comprehensive updating strategy that incorporates transparent decision making about future plans to update each review, and explores and evaluates different models of how to update	Full roll out of Updating Classification System  Early evaluation of targeted updating project  We will initiate implantation of the MECIR standards for updates	Groups have piloted UCS categories, and have then implemented them into Archie  Report on targeted updating project to be presented to CRG community We will aim to undertaken an audit of compliance in 2017	End 2016  No later than April 2017
1.5. Improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our Transform programme	Improve the way people, processes, and technologies come together to produce Cochrane content.			
1.6. Revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online; and ensuring the new Cochrane Author Support Tool is in use by 95% of production teams authoring reviews from 2016	Review Manager (RevMan) is the software used for preparing and maintaining Cochrane Reviews. The Cochrane Register of Studies is the data repository that feeds CENTRAL and is also a management tool which enables Groups to develop their Specialised Registers and support literature searching activities for Cochrane Reviews.  Moving RevMan and the CRS online will bring these central tools into line with Covidence, Transform tools, EPPI-Reviewer and other browser-based tools forming a new ecosystem	RevMan Web fully beta-tested RevMan Web live for a few new reviews Roadmap for full transition to RevMan Web (in 2017) and turning of RevMan 5 desktop version CRS Web fully live and desktop version phased out Covidence (default) or EPPI-Reviewer (if complex review methods) in use on all new Reviews (or some other tool that is interoperable with our workflow and APIs)	RevMan Web is released for use by Cochrane Review production teams CRGs beta-test and become familiar with RevMan Web and CRS Web functionality and seek training CRGs assist with transition planning to web versions of both tools CRGs seek out training in using Covidence and/or EPPI-Reviewer for their authors and staff CRGs begin to use CAST tools for all new reviews	RevMan Web in full beta testing by June 2016 RevMan Web live and in use by end 2016 CRS Web completely live by June 2016 (old desktop app turned off) CAST tools in use for all new reviews by mid-2016

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success		Timelines	
		CET Indicators that the target is being achieved (CET task elements) - how we will measure success	Group/Production team indicators that the target is being achieved (Group/Production team task elements)		
	<p>for more user-friendly and efficient review production in Cochrane.</p> <p>Cochrane has invested substantially in Covidence to be the primary, default tool to support the core review production workflow tasks. The use of Covidence or EPPI in the workflow will give us great efficiency and transparency in our pipeline. Covidence will function as the primary data analysis tool for Cochrane authors, streamlining the production of standard intervention reviews.</p>				
2.1.	Make the data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and.	Engagement with TSCs and CRGs  - PICOfinder is a demonstrator of future CLIB interface	For all reviews, complete set of: - review-level annotations - study-level annotations - Analysis level annotations Annotation tool in the workflow in Archie/RevMan/CRS PICOfinder ported to Archie and public demo evolved further Core APIs in place for external business cases and data feeds CRS annotations coordinated with HarmoniSR	CRGs to become familiar with linked data tools TSCs trained in annotation and engagement with IMKD and CEU on governance of metadata and annotation work TSCs begin annotating all new reviews in their group and, in combination with HarmoniSR, PICO annotating studies in the CRS	All review annotations in place by September 2016 Annotation tool in workflow by September 2016 CRS HarmoniSR and PICO annotation work coalesce September 2016
2.2.	Develop an organisation-wide 'Knowledge Translation' strategy.				
2.3.	Pilot a new approach to Plain Language Summaries of Cochrane Reviews to make them more useful in English and other languages. (Note: this target will be refined once it is	Guidance agreed following piloting Translations people content	Develop revised guidance for PLS, with linguistic involvement to ensure ease and accuracy of translation, working with colleagues from DECIDE project and Norwegian Knowledge Centre		Aim for Q3 2016

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
confirmed with the Translations Advisory Board).				
2.4. Pilot new models of ensuring sustainable translations. (Note: this target will be refined once it is discussed with the Translations Advisory Board).				
3.1. Deliver an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use its content. (Note: this target is dependent on the Wiley RFP process to be completed by the end of 2015).				
3.2. Build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations. (Note: a specific target linked to the partnership objective will be defined in the partnership strategy to be presented to the Steering Group in December 2015).		Possible integration of partnerships/coalitions/engagements with national and international consumer organizations to increase the reach and impact of Cochrane consumers' on health agendas and campaigns		
3.3. Ensure that at least half of all new priority Cochrane Reviews that begin production in 2016 use the newly developed evidence impact plan				

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
(Note: the evidence impact plan – originally referred to as the 'dissemination checklist' – is due to be completed by the end of 2015. The percentage target will be refined once the rollout schedule is finalised).				
4.1. Launch the Cochrane Membership Scheme and re-develop the Cochrane Community website around the new membership model				Q3 2016
4.2. Implement the approved changes to groups' structure and functions <i>(Note: this target will be refined following the structure &amp; function discussions by the Steering Group and Group Executives in Vienna).</i>	Cochrane's Group structure is changing, expanding into new institutions, countries and regions around the world, and becoming more integrated and impactful in its work, particularly in relation to external audiences and stakeholders.	An implementation plan for overall S&F reform is completed by end of Q1	Cochrane Groups have established new plans in line with their new functions, aims and ambitions and S&F implementation plan targets	April 2016
		New accountability, reporting and support structures & processes are in place between the Central Executive & Groups	Cochrane Groups are adapting/have adapted their structures in line with S&F implementation plan targets	April 2016
		New managerial, reporting and support structures & processes are working well to support Cochrane Group transformation and normal work targets	New Cochrane Groups previously waiting for recognition have been formally integrated within Cochrane's structures or received clear development targets	May - December 2016
		New country/regional/functional Groups have been assessed and integrated within accountability & support structures or given development plans and		May - December 2016

Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
4.3. Establish a new online learning environment	Upgrading Cochrane's online learning environment is a natural next step arising from current work redeveloping the Cochrane Training website and reviewing learning content, and was identified as a priority under the <i>Cochrane Training and Professional Development Strategy</i> . Upgrading the platform and design of online learning will have a direct impact on the quality and accessibility of learning, while also enabling better evaluation to inform our work, interconnection with Cochrane membership and review production platforms, and the commercialisation of online learning for users.	<p>Selection of environment platform complete and implementation commenced.</p> <p>User testing of redeveloped Cochrane Training website complete and ongoing development plan in place.</p> <p>Upgrade of content and instructional design of online learning modules complete.</p> <p>Implementation of environment and integration with available systems complete.</p>	<p>[All] Contribute to user testing &amp; feedback on Cochrane Training website.</p> <p>[Methods] Updated content contributed to online learning modules.</p>	<p>March 2016</p> <p>July 2016</p> <p>December 2016</p> <p>December 2016</p>
4.4. Deliver a programme of training and accreditation for Cochrane editors	This is a continuation of 2015 Target 4.5. Support and training for editorial teams was perhaps the most strongly recommended priority arising from the Training & Professional Development Strategy. In close collaboration with the CEU quality assurance agenda, this program of work will establish best practice standards for the competencies of editorial teams and establish a program of support for our editors to achieve these standards, ultimately leading to a formal system of accreditation to acknowledge their expertise.	<p>A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies.</p> <p>A system of accreditation for Cochrane editors is designed.</p>	<p>[Bias Methods Group &amp; Cochrane Editors] A core set of competencies for Cochrane editors is established.</p> <p>[Bias Methods Group &amp; CRGs] A trial is conducted to evaluate the effectiveness of the training programme.</p> <p>[CRGs] System of accreditation for Cochrane editors is implemented.</p>	<p>May 2016</p> <p>September 2016</p> <p>December 2016</p> <p>July 2017</p> <p>December 2017</p>
4.5. Implement Cochrane's new governance structure, including a newly re-formed Governing	Cochrane will have in place an updated, more open and externally-focused Governing Board	Extensive Governance support required by the CEOO and Learning	CSG-led Governance reform is completed on time and on target, with new plan considered and	



Target	Outcomes: the changes that people (internal audiences, users and other stakeholders) will see. This is the 'supporting narrative' for the targets.	How we will measure success CET Indicators that the target is being achieved (CET task elements) - how we will measure success	How we will measure success Group/Production team indicators that the target is being achieved (Group/Production team task elements)	Timelines
Board (formerly Steering Group).	that retains close links to the community of Cochrane collaborators and Groups.	& Support Dept throughout the year.	approved in London (April 2016); consultation with rest of Cochrane; implementation of preparatory activities (such as amendments to Articles of Association; Charity Commission approval for the changes; preparations for AGM); AGM considered and approved changes (October 2016); election/nomination of Governing Board members; and confirmation of GB membership by Extraordinary AGM (electronic – December 2016)	



# Implementing Cochrane Membership

A new approach to managing engagement between Cochrane and its contributors



Trusted evidence.  
Informed decisions.  
Better health.

**Document prepared by:** Central Executive Team.

**Submitted to Steering Group:** October 2015, Vienna

**Purpose of paper:** To outline Cochrane’s approach to establishing a membership scheme.

**Access:** Open Access

**Summary of recommendations:** We are seeking approval to pursue this approach to implementing a Cochrane membership scheme and to establish a formal budget request for the 2016 CET Budget

**Resource implications:** Resource implications are outlined in the paper, but a formal budget will be presented in December as part of the 2016 CET budget.

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7.	Appendix A: anticipated costs [restricted access]	Error! Bookmark not defined.

# 1. The purpose of a Cochrane membership scheme

The idea for a Cochrane Membership scheme was first raised and approved in the strategic review of 2008-09. In 2013, after further consultation, it was reaffirmed as one of the key objectives of Cochrane’s *Strategy to 2020*. Contributing to the goal of building an effective and sustainable organization by becoming more inclusive and open, our objective is to ‘establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved’. This paper outlines the broad concept of how we should implement a membership scheme in Cochrane.

## Purpose

Through the establishment of a membership scheme we hope to open Cochrane up to the world by allowing anyone to support and become involved in our work. The guiding principle will be inclusivity and the outcome we want to achieve is a vibrant worldwide community of members who feel part of Cochrane and who have clear, easy and varied ways to contribute to our mission. Becoming a Cochrane member should be the beginning of a journey of engagement with us that we hope lasts for many years.

## The problem

Currently, people coming to Cochrane sometimes feel it is hard to identify opportunities to get involved, or have an unsatisfactory experience of trying to engage with our complex and inflexible structure. Many feel excluded because they don't have review production skills. Those that do contribute to our work join a group of very hard working and dedicated collaborators, but sometimes receive little recognition for their hard work and loyalty despite being essential to Cochrane's success and future sustainability.

### Why is this important to Cochrane?

Several of our Core Principles stress the importance of inclusivity and collaboration, building on the enthusiasm of individuals, and enabling wide participation, so a membership scheme will be in line with and help us to be true to these principles. Cochrane is also reliant on people contributing without remuneration, and if we are to continue to retain our current collaborators and recruit talented new ones we need to offer everyone involved with Cochrane a better, more fulfilling experience of engaging with the organisation.

## 1.1. Principles of membership

We proposed that the membership scheme should follow the following guiding principles:

### Opening the doors

We will make it possible for anyone to 'join' Cochrane, so that being part of Cochrane is no longer limited to writing reviews or other tasks requiring specialised skills.

### New pathways for engagement

For people who want to engage with Cochrane and contribute to our work we will provide clear information and pathways for becoming involved, such that anyone can find a task suitable for them and start on a journey to greater contribution to the work of Cochrane.

### Recognising contribution

Membership will provide more opportunities to recognise the valuable contribution of our existing and future collaborators.

### Membership is free

Cochrane membership will be free. In future we may choose to pursue other types of membership that are not free, but the core membership idea that we are outlining here will be free for members to join.

### Membership and governance

Cochrane does not intend to replace its governance model with a Steering Group directly elected by the entire membership. However, the Steering Group is currently undertaking a review of its composition, which will take into consideration any need to revise the current representative model, and it may outline new pathways for members of different kinds to participate in Cochrane's governance and advisory structures.

## 1.2. Glossary of key terms

In this paper we use several terms to describe those who are part of Cochrane. To ensure clarity, we outline here our intended meaning of these terms for the purposes of this paper.

**Supporters:** individuals who wish to support Cochrane's work and be a part of Cochrane, but do not wish to get involved substantively in undertaking tasks

**Contributors:** individuals who are interested in being members of Cochrane and who are undertaking some substantive involvement but have yet to reach the threshold to become a member

**Members:** individuals who are actively contributing to the work of Cochrane in a substantive way and have passed the required threshold to become a member.

**Collaborators:** we use this term to define the current collaborator base of Cochrane. Our current collaborators will be the first wave of members.

## 2. Summary of Athens feedback

We presented a concept paper at the mid-year meeting in Athens, 2015 ([available to read here](#)) that outlined some ideas around how the membership scheme could work. The feedback we received in Athens was clear. Firstly, Cochrane wants a simple membership scheme: that is, people didn't want tiers of membership with points systems linked to contributions. Premium features available either by points accumulation or payment were also not desirable.

The second clear piece of feedback was that people wanted there to be a threshold beneath which people could not refer to themselves as members. This means that to become a Cochrane Member you have to do more than fill in a form, you have to make a substantive contribution to Cochrane. This contribution level should be achievable for anyone interested and will be set according to the tasks a potential member wants to undertake.

A third key area of feedback was that Cochrane should have a scheme that is not overly burdensome and expensive to administer. There was concern that the investment in running a highly complex scheme was not in the interests of the organisation, and so we should be looking to design the scheme in such a way that administration is not burdensome, in particular this will require making pragmatic decisions around what constitutes membership.

## 3. Summary of consultation feedback

We undertook both internal and external stakeholder consultation with regard to the membership scheme. The external stakeholder consultation was undertaken by Technopolis, an external consultancy, who undertook a broad piece of work on external stakeholder engagement aimed at informing the structure and function reviews and the membership scheme development. The internal consultation was undertaken in August 2015 and consisted of a shortened and updated version of the paper that was considered by the CSG in Athens. This internal consultation was circulated amongst the author, translator and consumer communities and was highlighted in the Cochrane Community newsletter.

### 3.1. Internal consultation

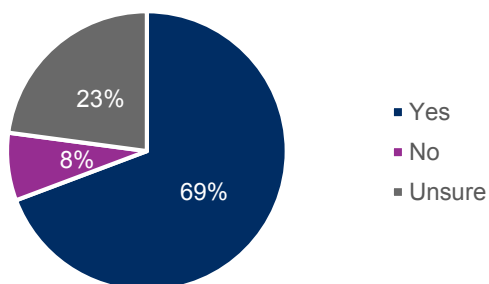
From the internal consultation there was overwhelming support for better engagement and improved mechanisms for getting involved, and there was a clear desire for a simple, egalitarian membership scheme.

Many people highlighted that this unified approach to getting involved will reduce the variability of experience that many people encounter at present when trying to get involved in Cochrane, and so getting involved will be altogether more transparent. There was acknowledgement, though, that there needs to be real change in our structures and procedures if this is to have a real impact. Although a membership scheme introduces wider opportunities to get involved, Cochrane Groups will still be ultimately responsible for managing relationships with members and core processes such as review production.

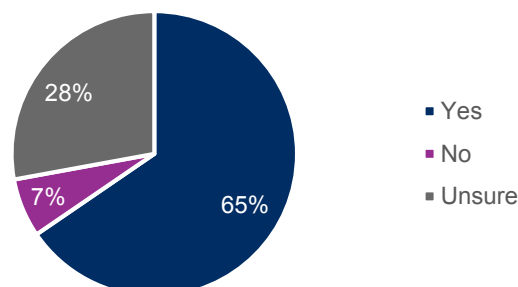
The idea of membership, and in particular the elements of recognition, seem to be more attractive to Cochrane's non-author based community, e.g. translators. These people, who are contributing a lot to Cochrane but receive little formal recognition, think this will improve the current situation and make them feel more integrated and valued within the organisation.

Overall, as shown in the pie charts, internal respondents felt broad support for membership as a way of improving engagement, with around two-thirds of respondents feeling this would be the case, and a very small percentage of respondents felt it would not improve the situation.

Do you think Cochrane membership will make us more open and inclusive?



Do you think people will find it easier to engage with Cochrane once we have membership in place

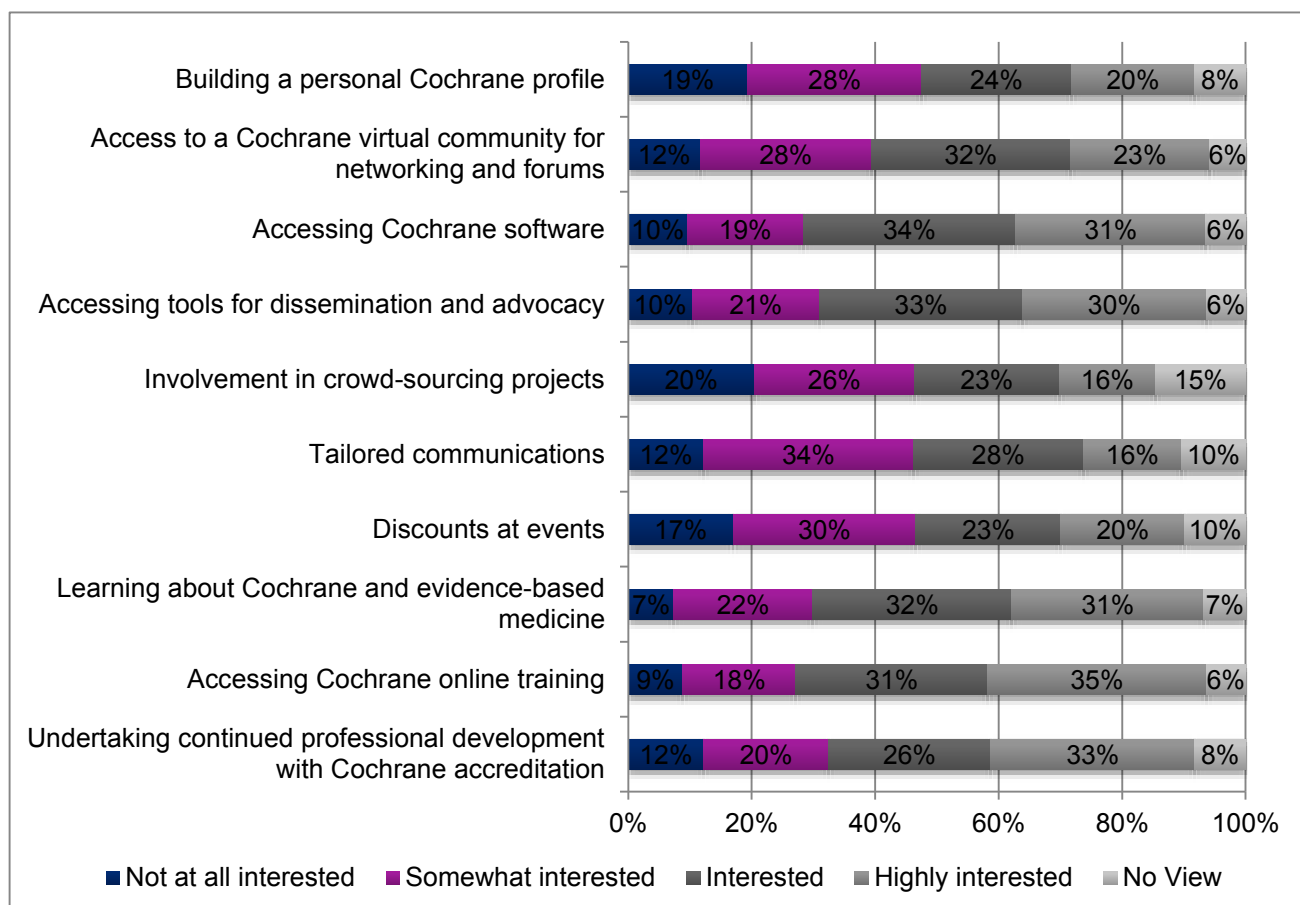


### 3.2. External consultation

The external consultation work undertaken by Technopolis was not exclusively focusing on membership, but it asked a series of questions around the membership scheme and possible benefits to test appetite amongst the external stakeholder community. Overall, three quarters of respondents (77%, n=322) would consider becoming a Cochrane member (as an individual or as an institution) in Cochrane's new membership scheme.

Respondents were broadly supportive of the idea of Cochrane as a membership organisation. They emphasised the need to see how users would benefit from such a scheme and how to make it work in practice. A strong suggestion was to highlight Cochrane's commitment to evidence and independence and communicate those in a clear way.

Responses to some of the direct questions we asked external respondents about different elements of membership are included in the figure below.



*(Please rate the extent to which the following features and benefits of a new membership scheme would be of interest to you. (n=324 – 329))*

## 4. Overview of Cochrane Membership

### 4.1. A whole-system change for engagement

What has come through clearly from our work over the last six months is that we need a major system-wide change in the way we manage those who want to get involved if we are to achieve the goals of 'opening the doors of Cochrane' and establish effective 'new pathways to engagement'. Our current processes make engagement difficult as sometimes individuals are either not responded to, passed around, or they receive a response saying no thank you. Inadvertently this means that we hold people's data in many places throughout the organisation and pass it around, but we do not track what happens to those individuals in any way. As a result we are not helping them to get involved in Cochrane and we are not helping ourselves to build up an overview of all those interested in being involved in Cochrane's work.

To achieve a whole-system change we need to be clear about who we are seeking to engage with and why; and we need to build an infrastructure that can support this. It is critically important to acknowledge that this is not just a technology issue. This will involve a new technological approach to managing people, but it will also involve significant process and culture change in the way we manage both existing collaborators and those who are new to Cochrane. These processes will need to ensure that all interested individuals are captured on the system, welcomed appropriately to Cochrane, and offered various ways to engage and deepen their relationship with Cochrane.

Implementing this engagement infrastructure will represent the first phase of the membership scheme work. A lot of the work to provide better engagement opportunities is already underway throughout Cochrane whether in Project Transform or through the new learning pathways being developed by the Learning and Support Department. What we are considering here is the integration of the new membership scheme into a new system for managing and supporting our collaborators, so that when someone comes to Cochrane and says they want to get involved we have a clear pathway for them to engage and take advantage of these opportunities.

### 4.2. Start simple and develop over time

We will set a threshold for membership that will involve defining each activity and type of contribution, so that the membership criteria are clear. However, initially, at least, there will be no subsequent tiers of membership, it will instead be a simple case of someone is a Cochrane member or not.

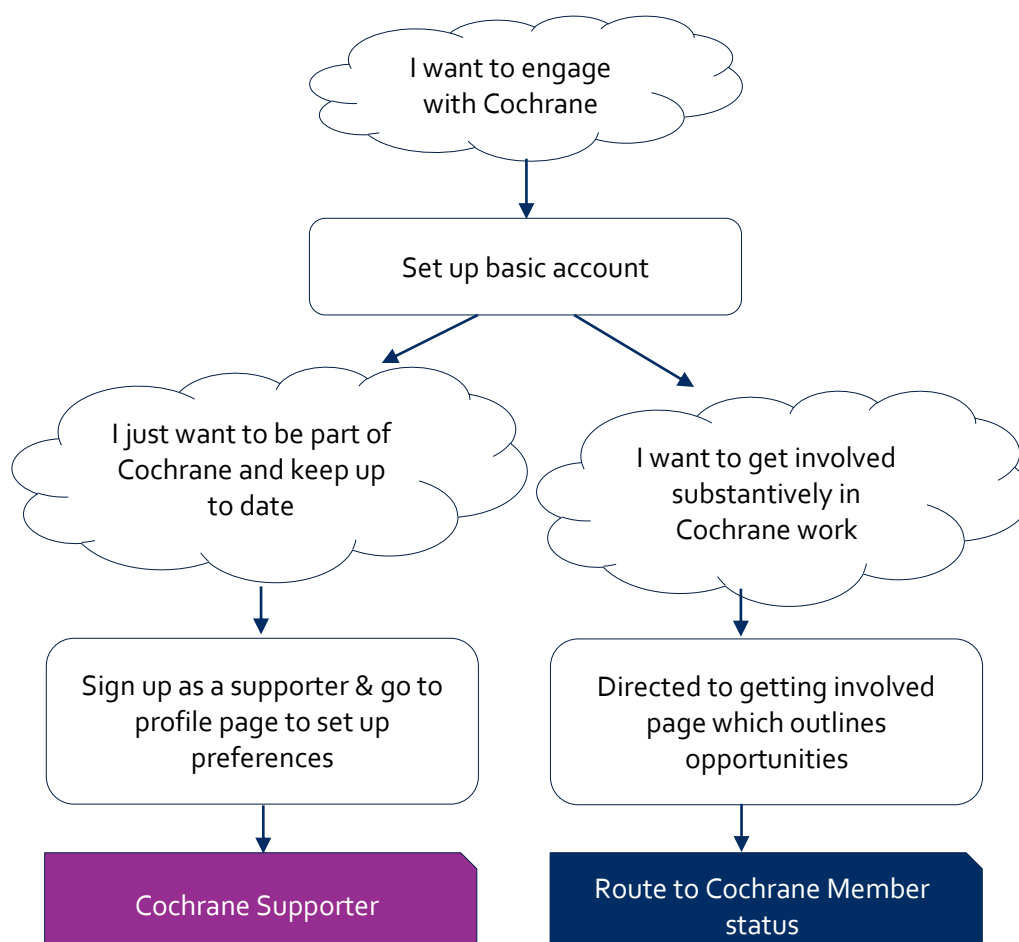
We see this as a first step on the journey to a more comprehensive membership scheme, and we have decided to approach it in this way because we believe that once we have the infrastructure established around our engagement strategy we will be able to use the data gathered to understand better what contribution people are making; and so we can establish rewards and future status recognition accordingly, if desired. We can also adjust the thresholds for membership as we gather more data if we feel that they are set too high or too low. This approach will also make the transition period easier as we can set up some simple rules about who is automatically included in the membership scheme at launch. Existing collaborators will be the first set of Cochrane members.

### 4.3. What if people want to join Cochrane but not make a specific contribution

We will also for the first time be creating a way for people to become part of Cochrane as supporters of our work without having necessarily to make a substantive contribution. These people are often ambassadors for Cochrane in their area of expertise, or advocates for the use of Cochrane evidence, or want to offer their support in another way, but do not wish to take on active roles in review production or other Cochrane

activities. We would propose an additional category of membership for these people called **Cochrane Supporters**. We already have some of these people captured in our system as they are receiving the Cochrane Connect newsletter (which has 3,500 subscribers), but we believe there are many more people who support Cochrane’s work and would like to show that by joining as a supporter.

We would set up the opportunity to be part of Cochrane as two channels, one leading to membership and one leading to becoming a supporter. It is important to note that one could cross the boundaries, say a person was a supporter and then decided to become more involved. They could easily transition from supporter status to contributor/member status.



## 5. Implementation

### 5.1. Engagement system

We know that currently people come to Cochrane keen to get involved but for one reason or another they find themselves in a position where there is nothing for them to do, or they are promised follow up correspondence or communications that never arrive. To fix this we need to change the whole system of engagement and centralise our management of people in one system that is able to aggregate data from many sources, which will provide the tools to manage those people effectively and help them become part of Cochrane and contribute in a sustained, constructive way.

To implement this engagement process we require four core elements.

1. We need an underlying technology infrastructure that can help us to manage the members.



2. We need a unified outward presence for this which would take the form of the Getting Involved section on Cochrane.org.
3. We need the opportunities for people, i.e. tasks to do.
4. We need to establish a pathway-based approach to engagement so that each person who wants to be involved in Cochrane can progress along a pathway to a greater relationship with Cochrane, if they so wish.

These four sections are elaborated further in the following four sections.

#### **5.1.1. Underlying technology infrastructure: A “Customer Relationship Management” (CRM) system**

A CRM is an essential system in many organisations as they seek to organise their data about the people they interact with, whether that is customers, volunteers or members. A CRM is essentially a people database where we can store information on anyone wanting to get involved in Cochrane, including all the interactions we have with them. Importantly, it will allow us to organise members’ data effectively and automate processes to assist in engagement. It is fundamentally different from Archie, which is a document orientated system and is designed to support the needs of the production and editorial processes. The CRM on the other hand organises data around individuals and focuses on relationships. This provides a basis for us to record interest and involvement and ultimately to aggregate data from our various systems so that we have a central record of involvement for each individual, e.g. what training they have undertaken, what review related work they have done (from Archie), what tasks they have done, etc. It will therefore become the primary membership database and a rich resource for Cochrane as we will be able to access this pool of people more effectively as we record better data on how they have contributed to Cochrane and what activities they would be interested in undertaking.

The information about people and roles managed by Archie as part of the review production and editorial process would still need to be managed separately within Archie, and those individuals in Archie would represent an important subset of the overall membership database.

Whilst this will help us build a better infrastructure for managing members it will also benefit the organisation in a variety of other ways. To give just a few examples: Cochrane Groups will benefit as they will no longer have responsibility for maintaining their own system to capture and manage those people wishing to get involved in their area. This will mean that groups with their own list or databases of volunteers, etc., will need to migrate that information over to the CRM, so that everyone is working from the same information source. Groups will need to be well supported by the Central Executive in this administrative transition. In future, individuals will be able to maintain their own information more readily than they could in Archie, providing updated contact information and revising their availability and areas of interest without relying on Cochrane Group staff to make changes. In addition, our Communications and External Affairs Department will also use this much more sophisticated database to help with targeting communications of interest to different audiences. In future, this may enable some fundraising activities as well.

#### **5.1.2. A single portal for engagement**

Cochrane.org will become a welcoming portal for those wanting to get involved. We will build a special section of the website to outline how anyone can become part of Cochrane whether as a contributor or as a supporter. We currently have about 140 different websites, many of which have their own getting involved section, most of which point to a generic form that gets emailed to someone such as a Managing Editor. Under this new system the ‘getting involved’ page of all websites would change and would point to one single page. As a first stage we will improve the cochrane.org website ‘getting involved’ section, then we will roll that out to each individual website and we will work with each group to integrate their data and update their website. The automation in the CRM would help these contributors to identify their areas and activities of interest, and direct them appropriately. Those who require interaction with a Cochrane Group will be directed appropriately, while others will be assisted to complete a profile and guided toward opportunities for them to undertake some

Cochrane work appropriate to their interests --taking advantage of people's enthusiasm immediately. Most of this would not be dependent on human interaction on Cochrane's part, so there would be no additional burden on Cochrane Groups. On the contrary, better filtering of requests for involvement will ensure that Cochrane Groups can focus on responding to those queries that do require personal attention and on individuals who have the skills and enthusiasm to help them with their work.

### **5.1.3. The opportunities for engagement**

Building a good infrastructure is a good start, but unless we have engagement opportunities for those individuals seeking to get involved it is like a beautiful front door with no house behind it. We need to articulate the range of ways that people can actively contribute to Cochrane, including integrating some new tasks for people to do, such as those currently under development through Project Transform. Opportunities will grow over time as we work on establishing new ways in which people can contribute to Cochrane, but in the short term opportunities to be encompassed will include:

#### **Learning pathways**

Whether newcomers are interested in gaining a basic understanding of evidence-based healthcare and systematic reviews, or are ready to take on more advanced training in systematic review methods or editorial responsibilities, they will be able to identify available online learning pathways and face-to-face training opportunities. Records of training achievements will be integrated with the CMS, which should facilitate participation in other tasks below.

#### **Crowdsourcing**

As part of Project Transform, a 'Getting Involved' project is working to create more opportunities for engagement by enabling new contributors to complete simple tasks linked to brief online training and allowing these activities to contribute to an online profile. This builds on the EMBASE Screening Project, which uses crowdsourcing to identify studies eligible for Cochrane's central register of controlled trials. The objectives are to make it easier for people to get involved and to increase the number of Cochrane contributors.

#### **Task Exchange**

Another component of Project Transform is establishing the Task Exchange. This will be a website where contributors can volunteer their skills, or post a task requesting assistance (including volunteer tasks or providing some kind of reward or compensation). The system will match the tasks to the skills and interests of community members. The objectives are to improve efficiency and better utilise the global Cochrane community in the production of our reviews. The system will enable the effective mobilisation of translators, students wishing to assist in reviews, consumer volunteers, author teams needing new members, peer referees, mentors, etc., across all Cochrane Groups, without relying on the time and effort of staff employed by Cochrane Groups to maintain individual lists of potential volunteers.

#### **Engagement with Groups**

Our system should also make it easier for interested newcomers to identify and engage with appropriate Cochrane Groups to facilitate many of our existing engagement roles. Methodologists will be encouraged to link with Methods Groups and opportunities to provide methodological support. Author teams will still be able to engage with Review Groups to propose and conduct new reviews, although the procedures for first engagement may change under the Review of Structure and Function. The Review of Structure and Function will introduce new structures of engagement, and other developments over time will add to this landscape, such as a Cochrane Knowledge Translation Strategy to be developed in 2016.

#### 5.1.4. The pathway to engagement.

We need to map clear pathways for different types of engagement in Cochrane. We have undertaken some of this initial mapping of the pathways for a potential new author and translator. These pathways are important for us to engage effectively with new members as it means that we are able to signpost them to relevant opportunities; whether that is new tasks, training courses or events, or communications they might be interested in. This pathway approach to engagement gives a more meaningful experience to those looking to get involved and develop their roles over time, which should lead to people feeling more valued by Cochrane for their contribution and more willing to contribute in future. Of course, these pathways will need to be flexible to accommodate the many different journeys and preferences of our contributors.

#### 5.1.5. Benefits from this new engagement system

There are many benefits to this system change, but the following represent some key benefits that will help us to improve engagement.

- 1) By having a 'single supporter view' you hold one repository for people enquiring and contributing (in the widened meaning of the new Cochrane engagement) to Cochrane. The nature of their contribution can be held along with their preferences, interests and experience.
- 2) By using technology for people to enquire and highlight their areas of interest and expertise, resources can be saved and stronger supporter experiences can be generated.

For example, currently if someone is interested in authoring they have to navigate the current website and find the applicable Review Group, often there is a personal email to contact, then that individual has to reply - even if that review group isn't currently accepting any new reviews. If that is the case then it's a no thank you and no central capturing of that interest nor onward journeys to support other Cochrane work (such as tasks for a review).

With the use of clear pathways, clear communications and technology, automated responses could be set where there are no current opportunities, encouraging potential contributors to explore other appropriate opportunities (such as additional training, contact with an alternative Group, or engagement with Task Exchange so they can still contribute).

- 3) When opportunities do arise, appropriate contributors can be sought out based on their interests, skills, experience and preferences.
- 4) Data and privacy compliance can be strengthened through a unified system and a new data policy.
- 5) We can build knowledge and awareness of how people support and contribute to Cochrane to inform the development of the membership scheme over time, seek out new supporters/contributors and encourage existing supporters/contributors to widen and deepen their relationship with Cochrane - such as attending training and other events.
- 6) We can easily deploy a tailored and targeted communications strategy (e.g. newsletters that take into account location, interests and previous work with Cochrane). Regular, appropriate communication can help people feel part of the Cochrane community and encourage their ongoing engagement.

## 5.2. Culture and process change

Currently most Groups have their own mailing lists and undertake their own engagement with members through newsletters and other means. Some of these groups will store contact details on Archie, others will have their own spreadsheets. These groups will receive enquiries from people who want to get involved in Cochrane but will often have little to offer them other than adding to mailing lists, or just responding with a message such as there are no opportunities at the moment which curtails further engagement.

Under the new system we would require all contact data to be stored in the central system and we would require communications to be brought in line with an overall Cochrane communications strategy. The latter is particularly important to avoid bombarding people with messages from different Groups; and the former is particularly important as we need to comply with increasingly tightened rules of data protection and privacy of individual's data. The centralised system would have significant benefits for the Groups as it would provide them with better communication tools and would allow them to integrate their communications with overarching Cochrane communications. For instance, Groups could stipulate that they want a localised section of the *Cochrane Connect* newsletter for their region/topic which includes extra content provided by their Group. A similar approach would be possible based on topic interest, etc. A key point about the communication approach is that user preference would be driving communications.

However, to make this shift we need to have a culture change in terms of how people in Cochrane think about 'owning' the data, as we need to work together and think of the individuals getting involved as part of Cochrane; and not just part of their Group. It may be that contributors only want to be involved in activities relating to their country or to a particular topic, which will be possible within the system, but they still need to be incorporated into the overall Cochrane system.

The benefits from this for those getting involved will be significant. Primarily, the goodwill of people who are expressing an interest in working with Cochrane is less likely to be wasted and eroded, as their experience of engagement will be better. For those working in Cochrane Groups an important benefit will be that the requests to get involved will no longer be down to individuals fitting this around all the other demanding tasks they have to fulfil. This will be part of a process and will be captured automatically. People will no longer be left wondering if the email went through or why they didn't receive a response; and Groups will be able to see what potential contributors have already contributed to Cochrane and therefore, how well they will deliver on the tasks that a group needs.

### 5.3. Fitting Membership into this new engagement system

New contributors will be able to engage without becoming members, and in fact they will need to in order to qualify for membership. Contributors/Supporters will sign up and become part of the broad Cochrane community and then over time if they contribute substantively they will qualify for Cochrane Member status.

#### 5.3.1. Setting the threshold

We need to get better data on how people contribute to Cochrane before we set the thresholds for membership, so we will implement the underlying infrastructure to support engagement and then once we have some initial data on contributions we will set the threshold for membership for new contributors. It is likely that the threshold will be adjusted as we learn post-implementation and as we have more data to inform our decisions.

#### 5.3.2. Migrating existing Cochrane collaborators

Migrating existing Cochrane collaborators should not be too difficult given that we are approaching this in a phased approach with a very simple membership scheme as the starting point. We need to define precise rules around the migration of current collaborators on Archie based on what we know they have contributed to date and when. We will initially be focussing on migrating recently active collaborators, e.g. within the last 3 years, and we will use an opt-out system so that users are automatically transitioned into the membership scheme unless they choose not to.

A likely target for year one membership figures will probably be about 10,000 people. We have around four times that number of collaborators on our records, but we expect that the data we hold on many of those individuals is out of date and so they are no longer actively connected with Cochrane. Year two of the membership scheme will then be a year of anticipated growth in membership numbers.

#### 5.3.3. Managing membership

To manage the membership scheme effectively we need an individual who has marketing skills who can be responsible for the membership database and the associated communications strategy for engagement with members. This person will become a member of the Central Executive Team, but could be located anywhere.

#### 5.3.4. Revising Cochrane Community website

A website for members is a natural feature of any membership scheme. We already have an internally focussed website, currently badged as the 'Cochrane Community (beta)' website. A lot of the content on this website is behind an Archie log in. We are already in the process of considering how this website should be revised and so we will incorporate this work with the membership scheme, so that we design this new website in such a way that it supports the journeys of members and gives all supporters/contributors and members the information they need.

### 5.4. Cochrane data policy

It is important that we put a new personal data policy in place as part of this work. We will be holding a lot more personal data as we seek to encourage users to complete profiles and aggregate information on their contribution within Cochrane. This is not a major task, but it is overdue for us to do and needs to be professionally undertaken, so that we can be confident that we are not exposing ourselves to risk with regard to adhering to legislation in this complex area.

## 6. Timelines and dependencies

### 6.1. Timelines

Phase one of this work, which will establish the necessary CRM engagement infrastructure and integrate with the Transform, Archie, and Learning platforms, will take around nine months to complete, so we should be able to establish this by Q3 2016.

**Step one: Requirements and technology selection 8-12 weeks:** The membership scheme needs to integrate with a wide range of other projects, so it is imperative that we put sufficient time and resource into mapping the various requirements to ensure smooth implementation of the technology. A 8-12 week time frame would be normal.

In parallel to this requirements mapping phase we would select the appropriate CRM technology (4-8 weeks).

**Step two: Technology implementation 6-8 weeks:** Following this there would be an implementation of technology phase (including data migration) of about 6-8 weeks.

**Step three: Test and roll out:** The testing and roll out stage should take around 6 to 12 weeks.

We would be planning to have our main launch at the Colloquium in Seoul by which stage all of the current collaborators would be migrated onto the system as members and we would be able to accept new members signing up.



## 6.2. Key dependencies

### 6.2.1. Project Transform

We are dependent on developments in Project Transform as well to offer some of the opportunities to contribute. The platform will be launched by mid-2016, but we will need to assess nearer the time how ready that is for the potential influx created by this membership launch.

### 6.2.2. Learning platforms

The Cochrane Learning and Support Department is working on scoping and selecting a new platform to support online learning. The parameters of this system will impact on the way that data is shared with the CMS about training achievements. Planning for this project will be done in communication with other stakeholders in the membership project to ensure a highly functional and compatible system is selected.

### 6.2.3. Cochrane.org / Cochrane Community website

Managing our website user journeys is a complicated business that has to meet many needs. We will need to employ a specialist user experience website agency to work with us construct how the Get Involved sections and the Cochrane Community key pages and website architecture will be delivered. We will do this in the same way that we did to construct Cochrane.org. Creating these designs and wireframes with the agency will be a six-week process and it will then need to be built by our web developers. In parallel we will create the content for the website and Get Involved section. The design and content will be updated and amended based on user feedback, analytics and testing. This work will need to be done in parallel with the CRM engagement project outlined above.

### 6.2.4. IKMD resources

There is inevitably going to be some requirement for development in Archie, but until the requirements of the system are known we cannot quantify this work. We will need to work closely with IKMD to ensure that this integrates with IKMD priorities.

# Appendix 1

## Working Group on Steering Group Governance Reform

### Terms of reference

The Cochrane Steering Group (CSG) has established a working group to review the membership of the CSG, with a view to establishing a new structure and membership in 2016.

#### **Working Group membership:**

Denise Thomson (Chair), Lisa Bero, Rachel Churchill, Jeremy Grimshaw, Joerg Meerpohl, Holger Schünemann, Anne Tobias, Mark Wilson, Miranda Cumpston.

#### **Task:**

To identify a new membership model for the CSG.

### Considerations for the new CSG membership model

#### **Options ruled out:**

In establishing this group, the CSG has decided against the following two options:

- The establishment of an External Advisory Board separate to the CSG.
- Retaining the existing representative model for electing internal CSG members (see Appendix 2).

#### **Issues to be considered:**

- The new membership model should include a mix of members both internal and to Cochrane
- The types of people/perspectives/skill sets that will be needed on the CSG (including filling identified gaps in the existing membership model, and what we mean by 'external' perspective)
  - For 'internal' members
  - For 'external' members
- A new model for recruiting, electing or appointing CSG members, including documenting the rationale for changing the current representative electoral model (see Appendix 2).
- Alternative approaches for ensuring effective communication between the CSG and Cochrane Groups and members, outside the framework of direct CSG representation.

- Models of support/communication for CSG members not supported by an Exec or other body of Cochrane constituents.
- How to support and maintain the operational health of the CSG
- Ensuring that the new model complies with applicable UK charities law.
- The financial implications of a new model, including changes to the number and composition of members, and whether financial compensation is required for members, particularly those external to Cochrane
- As an interim step, whether a small number of individuals should be co-opted to the Steering Group to fill identified skills gaps. These members would be non-voting.
- Technical details to be determined include:
  - The number of members
  - Terms of office
  - Whether one or two Co-Chairs is preferable
  - Whether specific standing subcommittees on key issues are required (e.g. membership, governance), complemented by project-specific work
  - Whether a new name for the CSG is needed.

## Timeframe

June - September 2015:

- Election of Co-Chair: Call for nominations and appointment of a Co-Chair to fill the position currently held by Lisa Bero (term comes to an end at the Vienna Colloquium. Lisa is eligible to stand for another term if she wishes).
- Other CSG elections: All other CSG elections will be held until after the Seoul Colloquium. Only one member is due to step down at the Vienna Colloquium: Ming Ming Zhang will be invited to extend her term on the Steering Group as a non-voting member as an extraordinary measure until the Seoul Colloquium.

Vienna Colloquium (October 2015):

- CSG meeting: Working Group to present an interim report, including a shortlist of external people to be co-opted onto the CSG as a transition measure to the new model.
- AGM: Ratification of the appointment of the new Co-Chair, the extension of term for Ming Ming Zhang, and the suspension of elections in 2016 until after the Seoul Colloquium.

Post-Vienna:

- Proposal development and consultation: the format for this has not yet been agreed, but engagement with the Cochrane community will be essential to the effectiveness of any new model to be proposed.



London Mid-Year Meetings (April 2016):

- CSG meeting: Working Group to present a final report and proposal to the CSG. CSG to make a final decision about the new membership model.

Seoul Colloquium (October 2016):

- AGM: Ratify the proposed changes to the SG membership.

October-December 2016:

- Any elections to be held and new membership established.

## Sources of advice

Appropriate and open communication about the reform process with Cochrane membership will be essential. The Working Group should work with Cochrane's Head of Communications and External Affairs to ensure this is done effectively.

The Working Group will consider the good practice among Boards of similar organisations (to be informed by consultant Anne Tobias).

Alison Talbot of Blake Morgan is available to consult on obligations under UK law.

## Appendix 2

# Rationale for restructuring the Cochrane Steering Group

This rationale is presented to ensure clear communication and agreement on the reasons for the CSG undertaking a review of its membership, and the principles that should be addressed in developing a new membership model. This project is in its early stages, and no specific alternative membership models have been proposed for consultation with Cochrane members. We would like to ensure that Cochrane members support the goals outlined in this rationale before proceeding to consider specific models. Please contact any of the members of the Working Group (see Appendix 1) or your own Steering Group representative if you would like to discuss these goals further. There will be further opportunities for consultation following the Vienna Colloquium, and a specific proposal will be developed for the Steering Group to consider at the Mid-Year Meetings in 2016.

The Steering Group has identified four key reasons why the current CSG structure should be reassessed and reconfigured, in order to provide more sustainable governance for Cochrane over time, whilst also improving input from Cochrane's members.

### 1. Ensuring the CSG continues to reflect Cochrane and our environment

Since Cochrane's governance model was established 21 years ago, the organisation has grown considerably in size and complexity. The external environment is also very different today, including active competition in the field of evidence-based health care; open access publishing; technological innovations related to the dissemination and use of data and information; the evolution of funder requirements; and more. Cochrane's governance structure now needs to be more outward-facing and to become responsive to essential challenges and opportunities, while continuing to ensure that all internal voices are heard. We can take advantage of best practice among comparable organisations to ensure that our governance model is as sound and strong as it can be for the good of our organisation and our mission.

### 2. Reflecting the CSG's role in making decisions on behalf of Cochrane as a whole

Currently, CSG members are elected to enable the perspectives of different constituencies to be considered. However, the CSG is the governing body for Cochrane as a whole, and therefore its decisions must be in the interests of the organisation as a whole. This can place CSG members in a position of tension between the expectations of their constituency and their understanding of the needs of the organisation. This tension could arise in decision-making or in the implementation of CSG decisions. Better articulating the role of CSG members, and introducing a new membership structure that is not entirely based on constituent representation, would improve transparency and balance. Input from a diversity of perspectives is important to the CSG, alongside contributions from other existing structures such as Executives, contributor networks, and other communication channels, whilst avoiding conflicting obligations or undue tension for CSG members.

### 3. Opening membership to include external perspectives and skills

In addition to its current strengths, the CSG requires strategic input from individuals who can bring an external perspective to our internal context and our changing environment, for

example, bringing expertise from the broader publishing or evidence-based health care fields. Furthermore, our governance model should aim to identify individuals with expertise in board governance, or skills such as finance or legal knowledge. While such expertise can be sought through external consultation, and training in specific skills can be provided to CSG members, the CSG unanimously agrees that their strategic decision-making would benefit from integral and ongoing input from external perspectives. This will add value to our governance by bringing in the additional experience and expertise, and is also consistent with best practice among organisations comparable to ours.

#### **4. Establishing transparent and appropriate franchise for all members**

The current CSG structure does not necessarily reflect Cochrane's current structure and scale. For example, CSG representation currently encompasses:

- higher-level representation: e.g. key CRG roles, where one or more representatives are elected from among less than 100 defined individuals.
- lower-level representation: e.g. authors, with one representative for many thousands.
- unclear representation: e.g. Centres, Branches, Fields, whose membership, voting entitlements and eligibility to stand for election are not clearly or consistently defined.
- no representation: e.g. editors at large, translators.
- duplicate representation: because voting entitlements are derived from Group roles, individuals with multiple roles can stand and vote in multiple categories (e.g. as an author and Methods Group member, or as a TSC and Field member).

The structures and relationships through which members interact with their representatives differ across these groups. Any alternative CSG structure should re-articulate the categories of representation, the qualities sought, membership of the electorate, and eligibility to stand. Importantly, any revised model should also articulate clear frameworks for effective engagement with the CSG to ensure that all Cochrane's members have a voice that is heard, and open channels of communication, regardless of the CSG membership. The new model should not only replace the current frameworks, but should improve on them. This should remain a critical component of Cochrane's culture.

# Entity Executive Steering Group Report

## 1. PRELIMINARY INFORMATION

- **Entity Executive:** TSCs' Executive
- **Meeting:** Colloquium, Vienna, October 2015
- **Report period:** April 2015-September 2015
- **Members of the Executive for this period:**
  - Liz Stovold (convenor & CSG rep)
  - Rene Spijker (co-convenor)
  - Anna Noel-Storr
  - Doug Salzwedel
  - Deirdre Beecher
  - Samantha Faulkner
  - Sarah Dawson
  - Colleen Ovelman
- **Report prepared by:** Liz Stovold on behalf of the Executive
- **Report prepared on:** 4<sup>th</sup> September 2015
- **Access:** open
- **Purpose of report:**
  - Scheduled update
  - Low urgency

## 2. WORKPLAN UPDATE

### i) Descriptive summary:

Our work over this period includes:

- Co-ordination of TSC representatives on Cochrane committees & other projects of interest. Maintaining up-to-date committee members list.
- Working with IRMG to ensure there is adequate TSC input to the update of Chapter 6 in the handbook : searching for studies. In consultation with IRMG convenors we put a call out and recruited two new authors to join the author team for this chapter.
- Two members of the Exec are also TSC Support Team members (DS & SF)
- Two member of the Exec (LS & ANS) are on the Linked Data editorial delivery team, providing TSC input into the project, and helping to test the PICO annotator tool.
- The HarmoniSR project. LS & ANS were successful in securing some funding through the Cochrane discretionary fund. Working with TSC support team, Ruth Foxlee & Gordon Dooley.
- Project Transform: a member of the Exec (ANS) is on the team.
- Producing a newsletter for the TSC community. (July 2015 & September 2015). Being co-ordinated by CO.
- Explored the possibility of a job title change. Survey sent out to TSC community in July to vote on most appropriate name. Paper for CSG decision in progress.

## OPEN ACCESS

- Commented on proposed job description for Centralised Search Service Project Officer. ANS was on selection panel.
- Arranged a meeting at Colloquium to discuss searching regulatory information sources (RS)
- Planning & organisation of the annual TSC meeting to be held at the Colloquium.
- Liaise with Covidence team re: input from TSC community (DS)
- Liaise with Ruth Foxlee at the CEU on TSC issues as required.
- Liaise with convenors of IRMG as required.
- Liaise with TSC Support team as required.

### ii) Full breakdown of expenditure:

Activity	Amount allocated
Supporting face to face attendance at Exec mid-year meetings and Colloquia (travel and hotel)	10,000

### iii) Meetings, teleconferences and other communication:

- Face-to-face meetings held in Athens, 03-07 May 2015
- Conference call: 7<sup>th</sup> July 2015
- Conference call: 15<sup>th</sup> September 2015
- Email discussion and ad hoc Skype calls throughout the reporting period

## 3. OBJECTIVE PLANNING

### i) For the next reporting period and beyond:

We will continue to provide consultation, advice and feedback from the Exec and wider TSC community as required, and continue to work with relevant projects/groups, in particular; Project Transform, Linked Data, CRS Web, the IRMG and the TSC Support Team.

## 4. FUNDING AND/OR POLICY DECISION REQUESTS

None

## 5. ANNEXES TO THIS REPORT

None

**CONSUMER EXECUTIVE**

Since the mid-year meeting and report the CE have done the following –

- Reviewed and revised the CE welcome/orientation information
- Produced an new website with Cochrane branding and current info
- Had consultations and started process with training team to develop new training resources for consumers
- Two newsletters have been sent to CCNet members
- Continued to work on Structure and Function Review
- Contributed to the development of other projects including the Membership Scheme
- Planned a significant range of activities at Vienna

Our thanks to Richard Morley – he has kept us on track and moving forward.

Mingming Zhang and Anne Lyddiatt on behalf of the CE