

**Minutes of teleconference of the
Cochrane Collaboration Steering Group (CCSG)
on 11 June 2013**

(Minutes approved on 30 July 2013)

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

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor), Jini Hetherington (Company Secretary, minutes), Lorna McAlley (PA to the CEO, minutes).

1. Welcomes, apologies, declarations of interest, and approval of the agenda

Jeremy welcomed everyone to the teleconference. Mingming Zhang had sent apologies and provided comments to Jeremy, which he would feed into the agenda. No declarations of interest were identified and the agenda was approved.

2. Approval of minutes of CCSG meeting, Oxford, March 2013

Two minor corrections were requested, from Michelle and Rachel, in relation to the Entity Executives' reports (Item 11). These will be sent to Jini to amend the minutes accordingly. The minutes were then approved, subject to these clarifications being made.

Action: Rachel and Michelle to send their amendments to Jini.

Action: Jini to circulate the amended and approved minutes to all entities, archive them in Archie and make them available on Cochrane.org.

3. Co-Chairs' report

Jonathan reported on five activities:

- The 15th Anniversary Indaba of the South African Cochrane Centre in Cape Town, which the Co-Chairs, Editor in Chief and CEO attended in May. Jonathan described the event as inspirational, demonstrating the high levels of energy and strong support for Cochrane activities on the continent;
- The CEO performance review, which the Co-Chairs conducted with Mark whilst in Africa. The resulting document has been given to Mark and circulated to the CCSG for an in camera discussion at the end of this teleconference;
- The Co-Chairs' contribution to the CRG Review paper (Item 7);
- The Co-Chairs' contribution to the Game Changers paper (Item 8);
- The Cochrane-Wiley Management Team meeting in New Jersey, held at the beginning of June. Jeremy reported back on this three-day meeting that those representing the Collaboration had strongly expressed the need to develop a substantial open access initiative over the next three years, and that

this would require the development of new lines of activity and derivative products. Jeremy noted Wiley's full and open commitment to engaging in this initiative, and recognition that the challenge now is how to achieve this whilst maintaining the sustainability of the Collaboration. On the third day a technical meeting was held, in which the future road map was discussed.

After these meetings Jeremy and Mark attended the opening of the Caribbean Branch of the US Cochrane Center, in Jamaica. Jeremy reported that the opening was very strongly supported, noting the inspirational feel and enthusiasm of those involved.

4. CEO's report

Mark apologized for not yet providing a full new draft of the first iteration of the *Strategy to 2020* paper. Lucie and Mark had been working on this heavily in the previous weeks; however, it was not yet ready for circulation. Mark outlined his intended timelines for distribution and feedback, which would be confirmed at a special teleconference of the CCSG to consider the new draft *Strategy to 2020* before the end of June. Mark then spoke to the draft figures for the financial year 2012-2013, which were provisional only as they are still subject to audit. He talked the CCSG through the figures, identifying that 2012-13 income was higher and expenditure lower than that forecast in February. The operational surplus for the year was likely to be even larger than earlier projections, which would leave the Collaboration with very healthy reserves at the beginning of the 2013-14 financial year of over £4 million.

Mark echoed Jeremy's comments on the recent productive meeting with Wiley in New Jersey, agreeing that it had formalised Wiley's commitment to an open access future and that the objective now would be defining exactly what that process is and the speedy development of derivative products and services to replace some of the anticipated diminished income, as part of *The Cochrane Library* becomes open access.

Finally, Mark described the reasons for the proposed changes to the management of the Cochrane Discretionary Fund. The recommendations were:

1. That the CCSG approves increasing the annual budget for this Fund from £15,000 to £20,000.
2. That the CCSG accepts that applications to the Cochrane Discretionary Fund be assessed by the CEO and Editor in Chief, and referred to the Steering Group for decision only in exceptional circumstances.

Jeremy explained that the Discretionary Fund was a small fund of approximately £15,000 that any entity within the Collaboration could apply to (with a maximum application level of £5,000) and that there are criteria against which these applications are judged. Previously, each application has been circulated to all Steering Group members for their individual comments. Jeremy invited the Steering Group to comment on the recommendations. The issue was discussed at length. Steering Group members felt a move to centralizing this process was appropriate, and that Fund awards should be made in line with the business and strategic needs of the Collaboration. However, they also concluded that the Discretionary Fund criteria should be reassessed, particularly to differentiate the Fund from the small discretionary component of the overall budget of CEO and Editor in Chief; and to ensure the Fund was available primarily for groups that were not part of the Central Executive Team.

The CCSG approved the expansion of the 2013-14 Discretionary Fund to £20,000; and that an award to support the holding of a Cochrane Technology meeting before Quebec be moved to general Collaboration business funding. It was also agreed that Mark should prepare a paper for discussion at the CCSG meeting during the Quebec Colloquium on the future criteria and process for managing the Discretionary Fund. In the meantime, Mark and David would manage Fund applications, bringing to the CCSG those they judged appropriate.

Action: Mark to send the draft *Strategy to 2020* paper to the CCSG by 19 June.

Action: Mark to produce a paper revisiting the criteria and process for applications to the Discretionary Fund and clarifying which activities should be applicable to the Discretionary Fund, and the appropriate size of these funds, for discussion during the Quebec Colloquium.

5. Editor in Chief's report

David gave a brief overview of his report, noting that the CEU had been concentrating particularly on quality assurance since the mid-year meetings in Oxford in March 2013, during which this issue had featured prominently.

David gave an overview of the funding request detailed in his report, identifying the resources needed for the CEU to deliver the quality assurance project over the next 12 months. The Steering Group considered the funding request and debated it at length. There was general support for this additional initiative but recognition that this CEU project should not detract from the continuing obligation of CRGs to focus on quality assurance, and to ensure that any CEU quality screening process be sustainable in the longer term. The Steering Group unanimously approved the proposal to support a one-year initial investment in the quality screening initiative, on the basis that a review of the project would occur before any longer term investments are committed.

Actions: David to proceed with advertising the twelve-month full-time Editor position as described in the recommendation of his report; and to establish a review process for the quality assurance project before the end of its first year.

6. Cochrane Training

Steve spoke to this paper, which proposed an increase to the Cochrane Training budget in order to maintain the current capacity of the three Training Co-ordinators to provide support to ongoing projects, and the development of a new Training and Support strategy over the next year. He explained that Miranda Cumpston, prior to maternity leave, had provided three days per week support and would be returning in September 2013 on reduced hours, working two days per week. During Miranda's leave, Marialena Trivella and Caroline Struthers had been contracted to provide a combined total of four days' support per week. Steve explained that, to build most efficiently on the progress made in Cochrane Training over the last three years, he and David were recommending that Marialena's and Caroline's contracts be extended for a further 12 months to work on existing projects and develop the new strategy.

Jonathan asked when the existing Cochrane Training strategy was developed and whether any formal evaluation of the strategy had occurred or was planned. Steve explained that the Training Strategy had been established in 2010, arising from a wide-ranging needs analysis of the entities involved in producing reviews. This assessment had resulted in the development of some permanent projects such as the ME Support team and the online Training modules. A formal evaluation of the impact of training on review quality has not yet taken place, nor has a user analysis of resources, although some statistics are available on cochrane.org. Concerns were raised over whether the additional expenditure on training could be justified, given the lack of evaluation to date, and it was suggested that some of the requested budget could be spent on a formal evaluation.

Steve responded to this suggestion, proposing that the extension of Caroline's and Marialena's contracts for 12 months be confirmed on the understanding that a formal review of the Training team's structure, leadership, composition and added value would occur before any further funding was requested. David added that a formal evaluation had not previously been requested but that he was very willing to ensure that one is conducted in the next six months. Mark noted that the doubling of training staff capacity for the funds requested represented good value. Several CCSG members echoed this opinion, as well as the importance of conducting an evaluation and establishing a long-term strategy for Cochrane Training to support the Collaboration's new strategy. The majority of the Steering Group supported the recommendation and it was approved.

Action: Steve and the HR Manager to arrange the extension of Caroline Struthers' and Marialena Trivella's contracts.

Action: David to co-ordinate an evaluation of the Cochrane Training programme within the next six months.

7. CRG Review

Jonathan provided an overview of the report submitted to the CCSG, which had been produced in response to a proposal which arose out of the Co-ordinating Editors' Board and approved in principle by the CCSG in its previous meeting in Oxford, pending a formal, written proposal. He stressed that what was being requested was the first step in the process, that a review of the structure and function of CRGs was appropriate, effectively formalizing what had been proposed in Oxford, but follow-up papers detailing the process would be required. There was general agreement by the CCSG members that a review was warranted; and following detailed comments on the paper by Rachel and Marina there was then a general discussion over the scope and breadth of the review process, the need to involve other entities, an external advisory group in which funders are represented, and the best timing and approach for the review, given that the existing structure and practice involve many members of the Collaboration. The adoption of change management principles was also suggested. The CCSG members agreed that the CRG Review had to be considered in conjunction with the *Strategy to 2020* and any final decisions should be based on strategic use of the Collaboration's financial reserves.

Jeremy thanked the Steering Group for their comments and guidance in terms of how to frame the process and whom to involve. He then asked the Steering Group whether they approved the recommendation to conduct a review on the structure and function of CRGs, with the understanding that the process needs to be

refined and planned in much more detail; David would move forward by preparing a further iteration of the paper which would provide additional operational details and a plan of action. The Steering Group unanimously approved the recommendation.

Action: David to initiate receiving input from internal/external sources for the CRG Review project; and to work on preparing the second iteration of the CRG Review paper for further consideration by the CCSG.

8. 'Game Changers'

Jonathan outlined the thinking behind this paper to begin considering possible 'game-changing' investments that could be made from the Collaboration's financial reserves in order to make a significant change in the organisation's future activities and sustainability. He stressed that its contents should be considered hand in hand with the broader *Strategy to 2020* and CRG Review papers. He emphasized that the paper's recommendation is to *begin* this process, and that the paper does not outline all potential projects that could be funded; it only provides initial ideas.

The Steering Group provided comments on the paper noting that within the Criteria section the use of the word 'innovative' (Criteria point 4) could be misinterpreted and that definition of the term in this context was required. In regard to the process, CCSG members concluded that it was over-ambitious to expect to receive proposals for these large-scale projects by September 2013, and it would be preferable for suggestions to be gathered after the final *Strategy to 2020* had been agreed in Quebec. It was therefore agreed that the timeframe for consultation and suggestions be extended to the 2014 mid-year meetings in Panama, but should one or two proposals be developed by Quebec, they could be considered for funding at that time.

With these caveats, the Steering Group approved the recommendation unanimously.

**Action: Mark to redraft the paper with input from the Co-Chairs for consideration by Entity Executives.
Mark and Lucie to develop a project board with timelines based upon the 2014 mid-year meeting in Panama.**

9. Funding Arbiter vacancy

This item was not discussed as it had been covered in the paper for Item 4 (CEO's report).

10. Any Other Business

It was requested that the Central Executive Team ensures papers and minutes for CCSG meetings are circulated in a timely manner.

(Mark, David, Jini, Lucie and Lorna left the teleconference while the CCSG held a private discussion of the CEO's performance review.)

11. CEO performance appraisal

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The CCSG considered a summary of the performance appraisal provided by the Co-Chairs after completion of the six-month probationary period. There was unanimous support that Mark's employment be continued, and thanks be expressed to him for his very strong and energetic contribution to the Collaboration. His one-year appraisal would include a 360 degree review with the opportunity for greater input from the CCSG.

Actions: **Jeremy to communicate to Mark that his continued employment as CEO was ratified; that the six-month appraisal be filed in his personnel file; and that the HR policies which are in the process of development include a 360 degree review of the CEO inclusive of CCSG input.**

**Agenda for teleconference of the
Cochrane Collaboration Steering Group
on Tuesday 11 June 2013**

Toll-free dial-in numbers:

Australia: 1 800 256 758 (10pm)
Canada (Alberta): 1 866 220 6419 (6am)
Canada (New Brunswick): 1 866 220 6419 (9am)
Canada (Ontario): 1 866 220 6419 (8am)
China: 4001 200 559 (8pm)
Germany: 0800 101 2079 (2pm)
Italy: 800 124 795 (2pm)
UK: 0808 109 5832 (1pm)

Participant access code: 2953709, followed by #

Please note: the background papers can be accessed using the ‘Bookmarks’ embedded in the PDF document.

1. Welcomes, apologies, declarations of interest, and approval of the agenda.
2. Approval of minutes of CCSG meeting, Oxford, March 2013 [RESTRICTED ACCESS].
3. Co-Chairs’ report.
4. CEO’s report [OPEN ACCESS].
5. Editor in Chief’s report [OPEN ACCESS].
 - 5.1 Funding request [RESTRICTED ACCESS].
6. Cochrane Training [RESTRICTED ACCESS].
7. CRG review [RESTRICTED ACCESS].
8. ‘Game changers’ [OPEN ACCESS].
9. Funding Arbiter vacancy.
10. Any other business.

Chief Executive Officer's report to the CCSG

Prepared by: Mark Wilson

Date: 1st June 2013

Purpose: To provide the Steering Group (CCSG) with a report on recent developments since the mid-year meetings in Oxford in March 2013.

Urgency: Low

Access: Open

Introduction

The two months since the mid-year meetings in Oxford in late March have continued to be extremely busy due to a very hectic period of travel to meet members of the Collaboration as well as explain and consult on the strategic planning and central reorganisation decisions made there.

Over the last two months I attended the African Indaba organised by the South African Cochrane Centre in Cape Town; the annual Iberoamerican Network meeting held in Monterrey, Mexico; the Campbell Collaboration Colloquium in Chicago, USA; the opening of the new Caribbean branch of the US Cochrane Center in Jamaica; as well as visiting the Canadian, Nordic and German Cochrane Centres; and the headquarters of the Pan-American Health Organization (PAHO) in Washington, D.C., and the Collaboration's publisher, John Wiley & Sons, in New Jersey, USA. All of these visits were extremely useful, and it was particularly encouraging and energising to meet so many young, passionately engaged and highly capable Cochrane contributors in Africa; North, Central and South America; and the Caribbean.

In addition, there has been a wide range of follow-up tasks begun after the major initiatives approved in Oxford, around the new *Strategy to 2020*; the reorganisation and expansion of the central executive team; important progress on the Collaboration's new publishing arrangements and the 'Global Initiative' to build Global Capacity in Systematic Reviews; and further work on the development of the new Translation strategy and business plan. Many other items of work are not highlighted in this report, which focuses only on major initiatives over the last three months.

Strategy to 2020

The strategic session in the mid-year meetings in Oxford endorsed the main recommendations of the strategic framework proposed in the paper submitted in March and the discussions and the outputs from the five working groups which met during the session were energetic, creative and reflected high levels of agreement. The major conclusions drawn from the session were communicated to the Collaboration and the detailed comments and outputs from the working groups have been used to develop a first draft of the Vision, Mission, five Strategic Goals and major Objectives of the Strategy 2020 which will be shared with the Steering Group then communicated to the Collaboration for wide consultation and further revision. The intention is to finalise a draft framework for the Collaboration's Strategy to 2020 for approval at the Annual General Meeting in Quebec in September.

Central Executive Team Reorganisation

In its meeting in Oxford in March the Steering Group approved the proposed restructuring of the central executive team (incorporating the COU, CEU, IMS and Web Development units - see the forthcoming Steering Group Minutes for details). This proposed new structure was then communicated to the Collaboration and implementation of the reorganisation has begun.

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- New job descriptions for the posts of Head of Communications & External Affairs, Head of Informatics & Knowledge Management, and Head of Finance & Core Services were drafted and the posts advertised internationally in May. It is anticipated that the first round of interviews for shortlisted candidates will take place in early July, with a second round – if required – in late July-early August. It is hoped that successful candidates will be able to attend the Collaboration Colloquium in Quebec in September, although they may not be in post until the last quarter of 2013.
- Job descriptions for the other new positions in the new structure are also near completion. These positions will then be offered to existing members of the central executive team, and once this process is finished confirmation of the new structure, the responsibilities of each position and the individuals serving in each post will be formally communicated to the Collaboration.
- A formal recruitment process for the Human Resources Manager is nearly complete, with interviews planned for the middle of June.
- I travelled to both Copenhagen and Freiburg in May where agreement was reached with Peter Gøtzsche, Director of the Nordic Cochrane Centre, and Gerd Antes, Director of the German Cochrane Centre, on the main elements of the transfer of the IMS and Web Development teams respectively to the Collaboration's central executive team structure. Final details on the precise logistics will be worked out in the coming months together with the Rigshospitalet, Copenhagen and the Universitaetsklinikum Freiburg.

New Publishing Contract

The new joint Cochrane-Wiley Management Team responsible for ensuring the publishing contract meets its objectives made very important progress over the last quarter. A meeting held at Wiley's headquarters in Hoboken, New Jersey, in early June agreed an active open access strategy which will involve the aggressive development in the coming years of improved marketable features of a 'Cochrane Library Plus' and new derivative products and services. A 'Roadmap' incorporating Cochrane's new content strategy agreed in Paris last year and new technology projects was finalised and this will be managed closely to ensure that its targets are met on time. 'Publish When Ready' was launched in early June after enormous work over the last quarter by members of the CEU and IMS teams as well as Wiley colleagues.

'Global Initiative'

Cochrane's leadership of the 'Global Initiative' to build Global Capacity in Systematic Reviews continued with the Alliance for Health Systems and Policy Research, EPPI-Centre, 3ie, the Campbell Collaboration and other organisations commissioning a mapping of current global evidence synthesis capacity which was presented (in its first draft) at a meeting in Chicago in May during the Campbell Collaboration Colloquium. The mapping exercise will be completed in the coming month and will inform a 'case for support' which will be developed for an 'Evidence Summit' that will be held on 21st September during the Collaboration's Quebec Colloquium.

Other Issues

- I have written to the UK Charity Commission to request permission from the Charity Commission to amend the Collaboration's Memorandum and Articles of Association in order to allow the organisation to remunerate Co-Chairs or their institutions, as appropriate, in future. Two acknowledgements have been received but no formal confirmation of the Commission's decision communicated as yet. If permission is given, the draft amendments will be submitted to the membership at the Annual General Meeting in Quebec.
- Following the approval in principal by the Steering Group of the draft Translation Strategy I began work with Xavier Bonfill, Philippe Ravaud and Juliane Ried on development of a more detailed plan of action. A Working Group has now been established for this next phase of the project; as well as an Advisory Group bringing together people from within the Collaboration and external translation experts. A major working meeting is planned in Paris in early July with these experts after which the Advisory Group will be consulted on draft options and plans. It is expected that a complete Business Plan will not be ready for the Quebec Colloquium but will be advanced enough to consult with the wider Collaboration as well as the Steering Group.

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- Preparations are continuing for a ‘Funders meeting’ at the Quebec Colloquium which will bring together the Collaboration’s major infrastructural funding organisations as well as other more focused existing and potential funders.
- The Collaboration’s central executive team is also taking responsibility for a new initiative to develop the organisation’s capacity, presence and structure in the Middle East region. A meeting at the Quebec Colloquium is intended to bring together key figures from the region in order to discuss and agree a future strategy.
- As no replacement for Sophie Hill as Funding Arbiter was found from the Steering Group, after consultation with the Co-Chairs a potential candidate from outside the SG was approached for this position. It is hoped that an appointment will be recommended soon. No further Steering Group member feedback on the draft commercial sponsorship policy was received at the end of April but I will continue to work on this with David Tovey and the new Funding Arbiter with a view to a decision being made in Quebec.
- I began working half-a-day a week on Cochrane Innovations business. A branding and marketing consultant was commissioned to produce marketing material for Cochrane Rapid Reviews; negotiations continue with Wiley on the Cochrane Learning contract; and lawyers have been briefed and work started on a revision of Cochrane Innovations’ Articles of Association. Both Denise Thomson and I have been formally registered as Directors of Cochrane Innovations.
- Preparations for the Collaboration’s 20th Anniversary events in Quebec gathered pace, with the response to the series of videos launched every two weeks continuing to be very positive, and publication of Cochrane-related articles in the BMC’s ‘Systematic Reviews’ journal. Meanwhile, the Memorandum of Understanding was finalised between the Collaboration and the South Asia Cochrane Centre for the Colloquium in Hyderabad in 2014.
- The Editor in Chief’s report highlights that the migration of CRG registers to the Cochrane Register of Studies (CRS) will be finally completed in the coming weeks. This is a significant achievement and thanks are due to all groups but particularly to the CRS support team – whose work, patience and resilience were outstanding.
- The ‘Linked Data’ Project Board submitted its report to the CEO and Editor in Chief on this critical issue in May and the report will be submitted to the Steering Group for consideration at its next meeting.

Cochrane Collaboration Discretionary Fund

After consultations with the Co-Chairs it is proposed to the Steering Group that, in future, applications to the Discretionary Fund should be assessed by the CEO and the Editor in Chief; and either approved, rejected or referred to the Steering Group (where there is disagreement or specific guidance is required). In the meantime, the following Discretionary Fund applications were submitted and decisions made:

Cochrane Collaboration Discretionary Fund: 2013-14 Applications				
Date	Amount	Entity	Application requested for	
April 2013	£4940	Prognosis Methods Group	Three exemplar prognosis reviews	Y
April 2013	[£4494]	PaPaS Group	Improving the quality of systematic review production	N
May 2013	£4380	Archie Development Advisory Committee	Co-Convenors’ participation in CochraneTech Symposium and ADAC members’ meeting, Quebec	Y
May 2013	[approx. £16,403]	Equity Methods Group	Caribbean Branch of the US Cochrane Center: planning meeting and symposium/ workshop in Kingston, Jamaica	N
June 2013	£4470	Australasian Cochrane Centre	Review Exchange, an online social network for sharing review tasks	Y
June 2013	£5000	Web Team	CochraneTech Symposium, Quebec	Y
Total:	£18,790	(Note: This exceeds the £15,000 approved budget for 2013/14 by £3790.		

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Recommendations:

1. That the CCSG approves increasing the annual budget for this Fund from £15,000 to £20,000.
2. That the CCSG accepts that applications to the Cochrane Discretionary Fund be assessed by the CEO and Editor in Chief, and referred to the Steering Group only in exceptional circumstances.

Resource implications: A recommended increase of £5000 per annum to the overall limit of the Discretionary Fund.

Decisions required of the Steering Group:

Most of this report is for information, apart from the decisions required for the recommendations above.

CEU report for Steering Group, June 2013

Prepared by: David Tovey and CEU team members

Date: 3rd June 2013

Contents

1. Report on activities ([paper](#))
2. Development of a new quality assurance process for Cochrane Reviews ([paper](#))

Appendix

1. CEU report on the evaluation of reviews from Issue 4, 2013([paper](#))

1. Report on activities

As detailed in the previous report to the Steering Group, the CEU team is currently running above capacity. In the section below, I report on some of the major work programmes, but it is important to note that these represent only a fraction of the activities of the team, amongst numerous requests from readers, review authors and editorial teams for support in resolving complaints or concerns.

Publishing and editorial

(led by Harriet MacLehose, working with John Hilton and Noémie Aubert Bonn (intern))

Publish when ready (PWR) (i.e. moving to a continuous publication cycle) GREEN

This project is in the process of being "rolled-out" in June 2013, and indeed the first review has now been published. It has been complex and challenging but represents excellent joint working between a range of stakeholders, including Wiley technology teams, the IMS and web teams, Lucie Binder and representatives from the ME and ME Support communities. Harriet MacLehose has been actively involved in the project, and in particular in liaising between Wiley and the IMS team around the key issues of communication and CRG training. This has been extremely time consuming but will be pivotal to achieving a successful launch.

The experience of working on the PWR project is valuable because it indicates the importance of ensuring the time and commitment that will be necessary on all sides, including the CEU team, in ensuring the successful delivery of the Cochrane 2.0 development project.

ME Support GREEN

This project continues to make good progress. The team took the opportunity provided by the mid-year meeting and held a successful face-to-face meeting in London. Initial support for the project will end in October 2013, and the team is therefore preparing an application for continued funding.

Publishing Management Team N/A

Harriet MacLehose and David Tovey are members of this team, and will continue to be involved in activities that include strategy development, contract governance and moves towards extended open access.

Editorials and Special Collections GREEN

We set out to publish at least 12 additional editorials to mark the Collaboration's 20th Anniversary, however the response from potential editorialists has been greater than we anticipated. As of 17th May we have published nine editorials in 2013, and updated or created three Special Collections. This work has been co-ordinated principally by John Hilton.

CEU Bulletins

We have published issues of the CEU Bulletin in Jan, Feb, April and May 2013. For the most recent issue we have used the format developed by the Cochrane web team (<http://www.editorial-unit.cochrane.org/ceu-bulletin-may-2013>)

Publishing and Editorial Policy manual

The development of a new Publishing and Editorial Policy Manual, led by Harriet MacLehose with the help of Noémie Aubert Bonn, has been proceeding satisfactorily. Editors at the CEU have helped draft, revise, and update publishing and editorial policies, some of which were newly introduced to the Cochrane Collaboration. Harriet and Noémie are now starting to place revised sections of the manual online and hope to be able to launch a draft of the manual by the end of June 2013, when Noémie returns to Canada.

Cochrane Register of Studies (CRS)**GREEN**

This project is led by Ruth Foxlee within the CEU, in conjunction with colleagues from Metaxis and the CRS support team (Doug Salzwedel, Anna Noel-Storr, Ann Littlewood and Fergus Tai).

We hope to have all CRGs live within the CRS by the time of the CCSG teleconference. Once all groups have gone live, Metaxis can complete the final piece of programming work on the CRS standalone version and create the web version.

The next task will be to ensure that the CRS is fully exploited in terms of its use within the Collaboration to facilitate review production, and also to improve and develop our current and future services to readers. I anticipate that this will require Ruth Foxlee's continuing contribution at a minimum of 0.5 FTE for the foreseeable future.

Derivative Products**Dr Cochrane and Cochrane Clinical Answers****GREEN**

These projects continue to progress satisfactorily. Orla Ní Ógáin has been working closely with Karen Pettersen (Wiley) and both are currently working at full capacity (full time).

We are in the process of recruiting a Clinical editor to replace Orla's work on these projects, and have an interview date of 7th June 2013.

Review methods and quality**Quality assurance project and review screening****N/A**

This project is led by Toby Lasserson. Since the midyear meetings the focus has been on developing and delivering a pilot review screening process. A report from this work is included in the Appendix of this paper, and this forms the basis for the paper presented on developing a new quality assurance process.

In addition to his considerable contribution to this process, Toby has worked to resolve some complex editorial challenges in relation to conflict of interest and contributorship. He also co-ordinated the CEU feedback to a review group in respect of a highly complex review incorporating a network meta-analysis.

MECIR**GREEN**

Reporting standards for reviews have now been finalised and they formed the basis of the screening used in the pilot run in April. Toby has now assembled an auditing tool that is going to be piloted by

review groups in the run-up to the Colloquium in 2013. Jackie Chandler and Marialena Trivella are compiling a pamphlet-style version of the different sets of standards. Additional work on defining common errors and good practice is underway that, in part, draws on the findings of the evaluation of reviews published in April.

Handbook revisions

AMBER

The CEU has been given the responsibility for revising three chapters of the Cochrane Handbook for the next release (version 5.2) and also for the next major update (version 6.0). The main priority for version 5.2 is to integrate the MECIR standards for conduct and reporting into the relevant chapters.

Methods

Methods Application and Review Standards Working Group: In light of organisational restructuring and clarification under the direction of our new CEO, Mark Wilson, it has seemed opportune to reflect on the purpose and function of the MARS WG as the key interface on methodological policy and quality standards between methods development and application. The MARS WG has recently revised their remit to reflect a shift from 'working group' to 'advisory committee' and will seek to have the name changed to Methods Application and Review Standards Advisory Committee ratified by the CCSG.

Handbook communication plan: The current version of the *Handbook* 5.1 will be superseded by a minor revision in version 5.2 prior to a substantial revision planned for version 6, which will be synchronised with the release of RevMan 6 in late 2014. Version 5.2 will be released in the summer of this year with the MECIR conduct and reporting standards, integrated into the relevant chapters in Part 2 of the *Handbook*. Further communications about plans for version 6 will be reported in future CEU Bulletins.

MECIR project: This project continues its work with the development of reporting standards for protocols and is in the process of developing guidance for considerations for updates. These will be available before Quebec to allow a period of consultation.

Methods symposium: A one-day symposium entitled "**Data, Outcomes, Uncertainty and Graphs: Advances and Limitations in Trials, Meta-Analysis, and Novelty**" is planned for the 24th September 2013 in Quebec covering access to data, meta epidemiological, network meta-analysis, reporting, bias and other statistical issues. This symposium will also mark 20 years of Doug Altman being a convenor of the Cochrane Statistical Methods Group.

Methods training 2014: The NRSWG has agreed to coordinate the Cochrane 2-day Training Event next year (2014) probably in October/November after the 2014 Colloquium in Hyderabad.

The topic will be NRS in systematic reviews. The event will include training on an 'extended' Risk of bias tool, to cover NRS - a project to achieve this extended tool, funded by the MIF, is currently underway.

Oversight of CRGs**N/A**

The CEU continues to hold sign-off responsibility for two review groups. The consequence is that all protocols and reviews accepted for publication by these groups are screened by the CEU team.

Readability project**GREEN**

We held the first teleconference aimed at identifying a shared understanding of the issues related to readability, and some solutions that can be implemented. Harriet MacLehose and Toby Lasserson have agreed to write the first draft of this paper for wider consultation.

CRG monitoring round 2013**GREEN**

All monitoring forms have now been received from CRGs. I would like to record my thanks to all those responsible for completing these forms in a timely manner. Claire Allen and Maria Burgess are currently compiling the information from the returns and we are intending to provide feedback and an overall report to CRGs before the end of July.

In addition to the data included in the forms, we will also be making use of information provided by our publishers, and gleaned from Archie, to provide the CRGs with feedback that is as comprehensive as possible, which we hope will be useful to review group teams in reflecting on their achievements.

Training**GREEN**

Steve MacDonald and the interim training co-ordinators have been working to develop materials for authors and editors of Cochrane Reviews. The online modules have now been published online, and are available via the Cochrane Training website. (<http://training.cochrane.org/authors/intervention-reviews/olms/home>). Other activities include revamping the way the trainers' materials are made available on the website, translating these materials into Spanish and Korean, and uploading video slide casts from the annual DTA workshop. These activities were featured in the recent Training Newsletter (<http://training.cochrane.org/newsletter>).

Conclusion

This activity report reflects a substantial body of work on a range of work programmes. Looking ahead, I envisage that the quality assurance project will be the "stand-out" project in 2013, both in impact and workload terms, and will represent a major and vital piece of work. In an appendix to this report (restricted access) I outline the resource requirements that I consider we will need to ensure that the project is a success, but does not de-rail other vital projects such as the Publishing and Editorial Policy manual, the Cochrane 2.0 web developments, the derivative products and the important work of the publishing contract management team.

2. Development of a new quality assurance process for Cochrane Reviews

Background

Cochrane Reviews are intended to inform decision making in health systems. It therefore is axiomatic that quality is central to the Collaboration's mission and its reputation. The Editor in Chief position was introduced to tackle a perceived problem of inconsistent quality across the 52 Cochrane Review Groups. There have been a number of developments aimed at improving quality, many pre-dating the appointment of the Editor in Chief position, involving concerted efforts by entity executives, committees, CRGs, the CEU and authors. Recent achievements include the development of explicit methods standards for reviews of interventions as well as the adoption of new methods for reviews. There have also been audits of editorial processes and of abstracts of reviews. Other products aimed at improving the efficiency and consistency of review development include: the Cochrane Handbook for Systematic Reviews of Interventions, the Editorial Resource Committee (ERC) checklists, enhancements to Review Manager, and the development of workflows within Archie.

Despite all this activity, it is clear that some reviews submitted for publication do not meet agreed standards. A recent pilot screening exercise identified a range of common problems that, together, represent important challenges to the reputation of the Collaboration.

In this document, I describe some of the most common problems, and propose a project aimed at developing a shared understanding of the problem, identifying some potential solutions and also a process for developing a quality assurance strategy that is fit for purpose, to be implemented within 12 months.

We also need to consider other issues that are related indirectly but that have a bearing on review production:

- The time taken to produce Cochrane Reviews is too long, and so any additional measures need to be implemented in a way that does not exacerbate this problem.
- The Collaboration needs to attract and retain high quality teams and individuals to conduct the reviews, and to continue to attract new talented researchers to refresh the community and promote sustainability.
- CRGs face challenges over competing demands on their scarce resources – including the tensions between producing new reviews and maintaining the current ones, and the possible trade-off between quantity and quality.
- CRGs act as both support team and final arbiter of quality: a mix that has created problems of unclear responsibility with regard to the quality of reviews. There seems to be a gathering collection of voices calling for formal separation of these functions.

This project is being undertaken during a period of time when, should the Steering Group approve it, there will be a parallel project looking at CRG structure and process. In this situation, it is important that the two projects are managed carefully to reduce duplication and inefficiencies.

However, it is essential that this project includes a detailed analysis of the causes of review problems in order to ensure that the solutions are targeted, proportionate and effective.

What problems are we trying to solve?

In a related [document](#), we report the findings of a recent screening process undertaken by the CEU team on reviews published in April 2013. Issues that have previously been identified, for example many of those noted during the two audits of abstracts, continue to be a problem. However, the report also shows that there are patterns to the issues, which provides guidance about how efforts can be applied in a focused way to resolve them.

The most common serious problems we have identified are as follows:

- **Sub-optimal reporting in Abstracts**
Unclear background sections, partial PICO information, no risk of bias or quality of evidence reporting in the results sections, inadequate reporting of primary outcomes and harms even where ‘Summary of findings’ tables exist.
- **Inadequate protocol development/ methods**
Inadequate search, unclear question and rationale, unclear PICO construction.
- **Conflict of interest** not managed at an early stage in the review process.
- **Concordance**
This relates to a mis-match between the strength and nature of the results presented in the reviews and the conclusions drawn by the review authors.
- **Consistency**
It is essential that the messages and reporting across different sections of the reviews are consistent (e.g. Implications for practice, SoF tables, Abstracts, Plain language summaries, Risk of bias tables etc).
- **Inappropriate recommendations**
The Cochrane Handbook for Systematic Reviews of Interventions clearly states that recommendations should not be made in systematic reviews. Providing an appropriate interpretation of the evidence of the benefits or harms of a particular intervention is both appropriate and desirable, but this should not stray into didactic clinical advice, which is also influenced by factors other than the evidence and outside the remit of the review (e.g. cultural values, patient preferences etc). In the recent pilot exercise we noted that recommendations were made even when there were no included studies or the evidence base was weak, which was evidently inappropriate.
- **Reporting of statistically non-significant findings**
There are a range of issues and examples of imprecise reporting here, but the commonest, still, is the inappropriate implication of no effect from imprecise and uncertain results.
- **Poor quality ‘Summary of findings’ tables**
Common errors here include absence of explanations for downgrading decisions, and grading decisions that only addressed the risk of bias of the trials while failing to consider the other indicators (i.e. imprecision, indirectness, inconsistency, reporting bias).
- **Copy editing**
Continuing deficiencies of copy editing, and apparent non compliance with agreed policies that mandate either the use of Copy Edit Support (the central copy editing service) or an

accredited alternative.

Whilst the severity of these issues varies across reviews, and there were multiple examples of excellent practice across many CRGs, it is clear that the frequency with which these problems occur suggests that a revised quality assurance process is needed.

Proposals and options

This paper represents a proposal to develop a quality assurance process within the next 12 months that is achievable, proportionate, and efficient and, most importantly, effective. The process will explore the processes, roles and structure, resources, policies and practice and leadership within review groups.

Our intention is to work in concert with CRG teams and review authors, to make optimal use of technology, and to develop a process that works at different stages throughout the life-cycle of the review. This should reduce the inefficiencies, delays, distress and inconvenience caused by problems – that could have been addressed earlier – being identified very late in the process. We also need to understand how good practice can be shared more effectively between groups.

The project comprises activities that we will undertake immediately to address known concerns, and also a more exploratory process aimed at understanding the causes of problems and identifying and exploring appropriate solutions.

Immediate actions:

1. Pre-publication screening

The requirement for the CEU team to perform pre-publication screening of reviews was first raised at the Oxford mid-year meetings and received support from the Co-Eds' community.

The experience of screening the new reviews published in Issue 4 clarified that this represents an important step, but that it would be an inadequate response if implemented in isolation. The screening process will concentrate on identifying the issues identified in the preceding section of this paper.

During the screening process, reviews that appear not to be of a sufficient quality will be held back from publication pending further evaluation. When reviews marked for publication are considered to be of insufficient quality to merit publication, we will explore with the appropriate editorial groups what were the reasons for this, and what actions are required to ensure that there is no recurrence.

We will also communicate to CRGs those issues identified that we do not believe should prevent publication, however, given the resource requirements this will of necessity be brief and presented within a template.

2. Create, communicate and maintain lists of common errors and examples of good practice

The CEU has already identified examples of common errors and included these in a widely distributed report of the Issue 4 screening process, included within the May issue of the [CEU](#)

[Bulletin](#). This will be further updated as appropriate and we will continue to distribute the findings on a regular basis.

3. Mandate the use of workflows by Cochrane Review Groups

The Collaboration has developed "workflow" processes within Archie. However, it is known that the workflows system is used inconsistently in some CRGs. Ensuring the use of workflows will ensure that key elements of the editorial process are completed, and also, where problems with a review are identified, provide useful data to understand the editorial processes.

Therefore, we propose mandatory use of the workflows system for publication of new reviews. We will work with the Managing Editors Executive group to explore what reasonable expectations should be in place for updated reviews, and also the minimum data set within the workflows system for both new and updated reviews.

4. Prepare the ground for a more formal relationship between Cochrane Review Groups and the Collaboration

The Collaboration currently represents an informal "franchise". We are proposing, as one of the recommendations of this paper, to consider whether, or how, to formalize the relationship between the CRGs and the Co-ordinating Editors who lead them, and the Collaboration as represented by the Editor in Chief. This would require contracts to be drawn up that reflect the expectations of both parties, and provide the mechanism for ensuring accountability. We would, additionally, consider implementing a fixed term for Co-ordinating Editor contracts, with an explicit renewal and appointments process. The contract would identify the means by which the CRG can manage quality in the context of overlap portfolio management, including the following:

- Mechanisms to separate the support and evaluative functions of CRG editorial teams for individual reviews.
- Sign-off processes at key stages in the life-cycle of the review.

5. Mandate that the technical ("contact") and copy editors for each new review are named within Archie

There is evidence that previous guidance that mandated either the use of Copy Edit Support or an accredited copy editor is not being applied consistently. Mandating the naming of the contact and content editors within Archie (either for publication, or not, to be determined), would provide another incentive to ensure good practice, and also a useful audit tool. We will work with the Managing Editors Executive and other bodies to ensure that this is as easy as possible to implement within current processes.

Exploratory actions:

The following represents a non-exhaustive menu of potential activities that will be explored, consulted upon and scoped out, prior to any implementation. Part of the proposal will be to identify which, if any, of these are duplicative, or superfluous, and how the various activities can fit together into the review workstream. The aim is to ensure that there are quality checks and balances throughout the life-cycle of the review.

1. Mandate the use of selected checklists

The ERC checklists have been in place now for over 12 months. An evaluation published in February 2012 provided evidence that the checklists produced by the ERC were appreciated and used. Indeed every respondent of the questionnaire favoured the continuation of the project. However, there were some concerns expressed in relation to length and the time to prepare the checklists. It is also fair to say that the objective of the checklists is to facilitate the editorial process from the standpoint of the CRG staff and to increase its efficiency, rather than to provide quality assurance. In addition, we do not know which checklists were considered to be the most useful, or whether making individual checklists or elements of some checklists mandatory would be acceptable to CRGs en masse, given negative comments made by some respondents.

I believe that the checklist approach has potential, however, so I am proposing a re-evaluation and consultation exercise aimed at identifying whether the existing pre-submission checklist for review author teams and a pre-sign off checklist for CRG staff, or a shortened version of the above would be appropriate, and could be mandated.

2. Develop an audit strategy for appraising reviews at pre-determined stages of the editorial process

This proposal would entail organising regular audits of specific mandatory conduct and reporting elements of Cochrane Reviews, to ensure compliance with the agreed standards. The results would be reported to the relevant stakeholders.

3. Screening of protocols

The Issue 4, 2013 screening process identified issues that should have been addressed, or identified as warning signs in the published protocols of many of the reviews where quality concerns were subsequently identified. Screening protocols is not feasible within the resources requested for this current project; however, we will investigate further whether this would be an appropriate activity.

Recommendations

I recommend that the CEU lead a two-pronged process aimed at assuring the quality of Cochrane Reviews. Immediate actions will include pre-publication screening, publishing and updating examples of common errors and best practice, mandatory use of workflows, and named copy editors. There will also be consultative and inclusive process aimed at developing a more holistic quality-assurance process incorporating some, or all, of the above options, with the aim of implementing the agreed combined programme within 12 months of the beginning of the project.

Once the project has been completed, we will prepare a paper for the Steering Group outlining options for further quality assurance with detailed resource implications.

Appendix 1

CEU report on the evaluation of reviews from Issue 4, 2013

What we did

Based on feedback from the mid-year meetings in Oxford, the CEU undertook an evaluation of 15 reviews published in issue 4 of *The Cochrane Library*. Each review was appraised by two editors. The MECIR reporting and conduct standards were circulated to each appraiser. They were asked to read the reviews and to consider quality in relation to the standards. They were also asked to consider other issues not covered by MECIR, such as clarity of writing, standard of copy editing and appropriate classification of drugs (if relevant).

The aim of the evaluation was to identify the parts of the review where quality poses most challenges. These reviews took an average of 90 minutes each to evaluate.

What we found

The main findings of the evaluation are summarised as follows:

1. The most critical issues identified map onto the following MECIR reporting standards:
 - a. R12 (Abstract - reporting of findings in relation to primary outcomes)
 - i. Primary outcomes were not always reported in the abstract. This occasionally came at the cost of emphasizing positive secondary outcomes.
 - ii. Harms were often not well described, even when they were evaluated and reported in other parts of the review.
 - b. R16 (Abstract - conclusions)
 - i. Inconsistencies were identified between conclusions reported in the abstract and those in the main text.
 - c. R18 (Global - consistency of interpretation)
 - i. The above issue also extended to inconsistencies between the quality of evidence as presented and described in 'Summary of findings' tables, and the way it is conveyed in other parts of the review.
 - d. R100 (Discussion section - consideration of limitations at the study, outcome and review level)
 - i. These sections of reviews were sometimes under-developed, although we also identified a number of good examples of how this could be approached, which illustrated that there are a number of decision points in the review process (for examples whether to aggregate data or classify outcomes or interventions). These are often overlooked, yet are worth reflecting on in relation to how the review process may have introduced biases.
 - e. R101 (Conclusions - provide general conclusions and do not make recommendations)
 - i. Some empty reviews veer too close to making inappropriate recommendations, or extrapolate unreasonably from other sources of evidence.
2. The standard of copy editing continues to be inconsistent, despite recent moves to establish a clear policy mandating the use of Copy Edit Support or accredited copy-editors.
3. A number of common errors in the reporting of reviews were identified alongside equivalent points of good practice.

4. A screening process post sign-off can identify critical issues in a document, but not necessarily target and resolve substantial issues around process, specifically around how conflicts of interests are managed, coherence of the review question, choice of outcomes and problems with search methods.

On the basis of our assessment we believe that there are areas that a short quality assurance process at the end of the editorial process could identify and address. These include how conclusions are derived, reported and summarised across different parts of the review. The most common problems identified from our evaluation of reviews relate to the interpretation of evidence and the tailoring of key messages across different parts of text in a review. We think that providing examples that avoid critical and common errors are an important means of improving key sections of reviews.

The errors and points of good practice below illustrate the most common issues identified from the evaluation of reviews.

Section of review	Common error	Good practice
Global (across all sections of reviews)	Title unclear or misleading.	
	Empty reviews: too much prominence given to findings from ineligible studies, or extrapolation of positive results from other reviews.	
	Inconsistent messages across conclusions, PLS, Discussion and implications for practice and research.	Leveraging information from SoF tables and inserting it in Abstracts, PLS, Effects of interventions, Discussion (especially Quality of evidence).
Abstract	Primary outcomes and harms under-reported, often with emphasis on positive secondary endpoints.	
	No or little leverage of SoF table information in Results or Conclusions leading to inconsistent interpretation.	Describing quality of evidence as high/moderate/low/very low, including absolute effects included in SoF tables.
	Repetition between Results and Conclusions. Conclusions written in the past tense may be at risk of this.	Results discuss findings from synthesis of studies, conclusions discuss implications of results.
Background	Rationale for the review unclear or absent. Presence of trials alone does not seem sufficient a rationale in isolation.	Conflicting results or controversies surrounding the design of existing studies.
Search Methods	Inadequate or unclear search.	

<i>Assessment of risk of bias in included studies</i>	Poor differentiation between different risks of bias for different outcomes (performance/detection bias and attrition).	
<i>'Summary of Findings' tables</i>	<p>No indication of SoF table outcomes or methods.</p> <p>SoF grading that is unexplained, or that appears to be limited to risk of bias, or is otherwise poorly judged.</p> <p>Inappropriate wording that links quality of evidence to statistical significance e.g. "moderate quality evidence of no statistical significance".</p>	Brief list and summary of methods given in Methods sections or indication under Outcome measures.
<i>Subgroup/sensitivity analysis</i>		Specification of the outcomes subject to secondary analysis.
<i>Effects of interventions</i>	Ambiguous direction of effect.	
	Lack of statistical significance mistaken for lack of an effect.	Emphasis on direction, magnitude and precision of effect over P values.
<i>Discussion: Summary of main results</i>	Information repeated from results section (including numerical results).	<p>Broad descriptive summary. Rather than giving same results, brief narration of headline findings – <i>'Evidence from 13 studies in 876 people showed that intervention given for between 8 and 16 weeks reduced symptoms, physiological markers of disease, and hospital admission. The impact on quality of life was less certain and we found convincing evidence of an increased risk of harms associated with increased treatment.'</i></p> <p>This sets the context for the rest of the discussion section.</p>
<i>Discussion: Quality of the evidence</i>	Restriction to and repetition of statements made in RoB section. Not enough emphasis on other factors that might impact on quality of evidence (QoE). Very little usage of QoE ratings from SoF tables or GRADE process.	Emphasis on <i>impacts</i> of RoB on findings; exploration of other possible impacts on QoE (i.e. imprecision, inconsistency, indirectness and reporting bias); reference to GRADE or SoF tables where applicable.

<i>Discussion: Potential biases in the review process</i>		<p>In some reviews authors have reflected on how they have categorised complex or behavioural interventions, reviews selected between different measurements of outcome, or made assumptions about outcome surrogacy.</p> <p>Marginal decisions around using and aggregating data might be considered here as well.</p>
	<p>Confusion between limitations of studies found and limitations of systematic review process.</p>	<p>Clear distinction between study limitations (completeness and applicability of evidence, QoE) and reflection on review level limitations (reporting bias and other decisions).</p>
<i>Implications for practice</i>	<p>Recommendations for practice. Intervention should be given as . . .</p>	<p><i>Evidence supports the widespread use of . . . /indicates that intervention is a useful therapeutic option in the management of . . .</i></p> <p><i>The findings of our review demonstrate that Rx reduces X . . . /challenge the current practice of . . .</i></p> <p><i>Use of intervention given only limited support based on evidence from our review . . .</i></p>
	<p>Extrapolating positive or negative effects from other conditions (unverifiable).</p> <p>Addition of evidence from outside the scope of the review, particularly in the context of a recommendation to treat.</p>	
<i>Implications for research</i>	<p>More research is needed without any description of the nature or scope of such research using the PICO framework.</p>	<p>Translating key limitations (design, recruitment, setting) into priorities for research.</p>

PROPOSAL FOR THE STRATEGIC USE OF COCHRANE RESERVES FOR MAJOR INNOVATIONS: “GAME-CHANGERS”

Document prepared by: Jonathan Craig and Jeremy Grimshaw, Co-Chairs of The Cochrane Collaboration Steering Group.

Submitted to Steering Group: 11th June 2013.

Purpose: For decision about establishing a major innovations fund using Strategic reserves.

Urgency: High – a response/decision is desirable today.

Access: Open.

Background

Over the past 10 years the Collaboration has had a stable income stream through royalty payments from Wiley-Blackwell. Because income has exceeded projections, under-spending against budgeted items, and a risk-averse approach to spending given an uncertain, single income stream, the Collaboration has built up substantial reserves of around £4m.

The Collaboration is a non-profit organization and we recognize that we have substantial challenges if our global vision is to be fulfilled. Some of these challenges will require substantial investment of resources. Given that our projected budget is balanced, that central funds are allocated to core infrastructure, and our projected income stream is stable, we are unable to fund items that require recurrent expenditure.

At the March 2013 meeting of the CCSG, the Co-Chairs initiated a discussion within the CCSG requesting in-principle support for the use of reserves for major innovations or ‘game-changers’. These ‘game-changers’ are large-scale projects that will materially improve how the Collaboration functions, addressing one or more key challenges.

This paper provides a rationale for this proposal, a list of proposed topics, a proposed timeline and process for consultation, and an indicative budget for the process and projects.

Criteria for selection (rationale in brackets)

Proposals for game changers should demonstrate potential to improve the overall functioning and/or sustainability of The Collaboration and/or author or user experience of our work. In addition, they should ideally be:

1. *One-off* (Our budget is currently balanced, and so we are unable to support projects which have an ongoing requirement for funding unless a project can demonstrate significant opportunity for generating sustained alternative funding).

2. *Large-scale* (We have other mechanisms for small funding requests such as the discretionary fund; we have a potentially moderate-large resource to spend and many potential projects that require this level of investment; we want to minimize administrative support costs).
3. *Potential for additional or leveraged funding from other sources.*
4. *Innovative* (We currently expend a considerable sum on core infrastructure and activities, including methods development. The intent is not to extend our funding of existing funding but develop new infrastructure or activities which would not otherwise occur).
5. *Infrastructure and/or activity enhancement* (The aim of using our reserves strategically is to that the Collaboration has an expanded capacity and/or ability to fulfill our vision and mission).

Potential projects

We propose to engage members of The Cochrane Collaboration through entity execs to help refine and prioritise potential projects. Below we summarise current ideas that have surfaced through discussions within the Collaboration.

1. *Translations*
To be an organization with a global impact we require a mechanism to support large-scale translations of our reviews and product (see translation strategy).
2. *Automated approaches to conducting or updating Cochrane reviews*
The current approach to conducting new or updated reviews is very time and resource intensive. Recently there have been many methods developed to automate this approach, which are in development phase.
3. *Training*
The Collaboration is a knowledge organization with a complex product and developed by a diverse range of people, and this challenge will only increase in magnitude. Some progress has been made but our capacity to impact globally will be determined by our capacity to engage participants globally.
4. *Leadership development*
The Collaboration is now 20 years old and leadership renewal is required. There is currently no effective method whereby potential leaders in the Collaboration are identified, mentored and trained.
5. *New groups to enhance global impact*
The vision of the Collaboration is for global impact but do not have a global presence, with substantial 'gaps' in Africa, the Middle East and Eastern Europe. We are also considering whether the current structure of our review groups are fit for purpose and a re-alignment may require funding.
6. *Other*
We recognize that there may be other large-scale projects worthy of funding, and during the process of consultation want to make explicit that there is room for additional projects to be considered.

Proposed process

1. In principle approval by the CCSG (June 2013 CCSG meeting).
2. Response to feedback and circulation of the edited document to execs for consultation (July 2013).

3. CCSG decision regarding proposals for detailed development (August 2013).
4. Development of detailed proposals (at least one) for consideration and decision by the CCSG (September 2013).

Proposed budget

£2m total budget, with expectation that individual projects would require substantial resources expended over 1-3 years depending upon the project, with up to five projects considered for funding.

Recommendation:

That the CCSG provide in principle support for the formation of a major innovations fund, and with an indicative budget of £2m, and following the processes outlined above.