

Steering Group Bulletin

NOVEMBER 2011

No. 13

Reporting the latest news from the Collaboration's Board of Trustees

YOUR STEERING GROUP (CCSG):

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INTRODUCTION FROM THE CO-CHAIRS

JONATHAN CRAIG and JEREMY GRIMSHAW



Welcome to this edition of the Bulletin, summarising the latest news from the Collaboration's Steering Group. It was fantastic to see so many of you at the recent Colloquium in Madrid, which was attended by more than a thousand people



– active Cochrane contributors and those new to the Collaboration. Organising a Colloquium is an enormous, logistically complex task, and we are very grateful to the Iberoamerican Cochrane Centre for hosting this year's wonderful event. It was an incredibly busy week for everyone, but

with many opportunities to sample Madrid's hospitality and culture. Our sincere thanks to the organising team at the Iberoamerican Cochrane Centre, led by Xavier Bonfill and Ivan Solà.

We'd also like to thank those Steering Group members who stepped down at the Madrid Colloquium for their exceptional contributions during their terms: Donna Gillies, Author representative and Treasurer; Sonja Henderson, Managing Editor representative; Roger Soll, Co-ordinating Editor representative; Katrina Williams, Fields representative; and Hans van der Wouden, Review Group representative and convenor of the Monitoring and Registration Committee. Replacing them we welcome Sally Bell-Syer, Rachel Churchill, Mona Nasser and Denise Thomson. Mary Ellen Schaafsma becomes Treasurer.

Coinciding with the Madrid Colloquium we welcomed the publication of the [2010/11 Annual Report](#), which >

> summarises the Collaboration's achievements over the past year. This report highlights the incredible amount of work that has been done by our contributors and the many organisational changes that have been made in response to the 2008-9 Strategic Review of the Collaboration. The Steering Group's workplan for the year ahead is focussed on consolidating these changes and ensuring that the centrally funded management infrastructure is sufficient to meet the growing demands placed on the Collaboration's contributors. You can read more about this on [page 2](#).

We are now beginning our preparations for the 2012 mid-year meetings of the Collaboration's management committees in Paris, in April. The Cochrane Editorial Unit has been charged with organising the annual strategic session, to be held in Paris, on the subject of 'Cochrane Content'. The long-term sustainability of the Collaboration depends most crucially on its ability to create content that is relevant to decision-making in clinical care and health policy. It is essential that we continue to develop the quality, range, relevance, timeliness, and accessibility of our content, informed by the views of our funders and users. The strategic session will be designed to help us achieve this aim and will be informed by a range of internal and external stakeholders. You will hear more about this session in the coming months.

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Images from the Madrid Colloquium

GLOSSARY FOR THIS EDITION

- **CEU:** Cochrane Editorial Unit
- **COU:** Cochrane Operations Unit
- **Co-Chairs:** Co-Chairs of the Steering Group, Jeremy Grimshaw and Jonathan Craig
- **MaRC:** [Monitoring and Registration Committee](#)
- **Strategic Review:** [2008-9 Strategic Review of The Cochrane Collaboration](#)
- **Wiley:** John Wiley and Sons, Ltd, publishers of *The Cochrane Library*

WORKPLAN 2011-12

On behalf of the Collaboration as a whole, the Steering Group has the following plans for 2011-12:

1. We will continue to prioritise our support for the Editor in Chief and the Cochrane Editorial Unit as they seek to improve the quality, relevance, usability, and impact of *The Cochrane Library*.
2. We will realign the functions of the Cochrane Operations Unit (Secretariat) to support individuals and groups within the Collaboration better.
3. We will enhance our monitoring and management functions, particularly of individuals, groups and platforms which receive core Collaboration funding and/ or use the Cochrane brand, primarily through the Editorial and Operations Units, working with relevant group executives.
4. We will enhance activities aimed at supporting new contributors and sustain the skills and commitment of current contributors through the implementation of the *Cochrane Training* initiative.

5. We will strategically support the extension of *Cochrane Methods*, ensuring that any methodological developments can be implemented and will enhance the quality of *The Cochrane Library*.

6. We will seek to develop alternative funding sources.

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

8. We will enhance global participation and relevance of The Cochrane Collaboration and *Library* through the formation of a *Cochrane Academy*.

9. We will improve the dissemination and uptake of our reviews, and enhance our brand, through the implementation of a marketing and communications strategy.

10. We will appoint a publishing partner for The Cochrane Library for 2014 onwards that maximises the benefit to the Collaboration.

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

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

ORGANISATIONAL INFRASTRUCTURE

REVIEWING THE CENTRALLY FUNDED MANAGEMENT INFRASTRUCTURE

As the Collaboration grows, both in terms of number of contributors and success, the workloads of our groups increase. The Steering Group is currently looking at how the Collaboration's centrally funded management infrastructure can be enhanced to continue to meet groups' needs. As a first step, the functions of the CEU and the Secretariat have been clarified. The Secretariat has been re-named the 'Cochrane Operations Unit' (COU), which matches the name of the Cochrane Editorial Unit (CEU), and better denotes the diversity of its high-level executive functioning.

Any function relevant to *The Cochrane Library* (the product) falls within the remit of the CEU, led by the Editor in Chief of *The Cochrane Library*, David Tovey. This covers both direct functions such as review production and editorial processes carried out by groups and authors, but also functions such >

> as training, methods and ICT, which underpin the *Library*.

Similarly, any function which underpins the work of the Collaboration (the people), separate from the *Library*, falls within the remit of the COU, led by the Chief Executive Officer, Nick Royle. This includes financial, administrative and legal management, oversight of marketing and communications, partnership building, and consumer support. As part of its remit, the COU will maintain a Secretariat function to the Collaboration.

Over the course of the next year or so we intend for the Units to take on shared responsibility for monitoring groups' performance and overseeing their registration, with the aim of clarifying and reinforcing their accountability to the organisation as a whole. Once this has been completed, the MaRC will be phased out. The intention is to improve the measurement of groups against self-targets, by involving the entity executives more closely in the monitoring process.

Supported by an external advisor, the Steering Group will next be considering how the structure and staffing of the Units can be enhanced in support of their functions. As we move forward, the COU and CEU will continue to work together to ensure that the strategic aims of the Collaboration are delivered, for the benefit of groups and individuals within the Collaboration, and its stakeholders and funders.

INCREASING THE NUMBER OF STEERING GROUP MEETINGS

In an effort to increase the Steering Group's efficiency and effectiveness, we have reduced the number of members from seventeen to thirteen as members' terms have come to an end. This has meant, however, that the workload of the current members has increased.



As a result, we have agreed to disband the Operations and Finance Committee (OFC) and replace it with teleconferences of the full Steering Group. We will continue to meet face-to-face twice a year and will meet by teleconference four times a year. This new arrangement has the benefit of ensuring all of the Collaboration's constituencies are represented at all Steering Group meetings.

DIVERSIFYING FUNDING: ESTABLISHING SATELLITES



The Collaboration is funded by a variety of public funds and publishing revenue in different jurisdictions. This funding model has not substantially changed over the last fifteen years and has proved remarkably robust. In fact, the Collaboration has managed to increase its funding from public and publishing sources over the last five years, despite the global economic downturn.

The increased workload associated with the success of the Collaboration will likely require additional resources, but there are likely to be limited opportunities to significantly increase infrastructure funding from existing funders. This will require us to diversify funding sources if we want to increase income to support our work globally. In recognition of this, the Strategic Review recommended that, "The Cochrane Collaboration should explore and pursue new funding opportunities".

One approach that several review groups have successfully used to diversify funding has been the establishment of satellites funded through diverse - and often non-traditional - sources of funding. Such satellites have also increased the overall geographic participation in the Collaboration. The potential role of satellites to enhance geographic representation was recognised in the 2011 strategic session at the mid-year meetings in Split, Croatia.

At our meeting in Madrid, we agreed that satellites provide a very useful means for ensuring the growth of the Collaboration. We've asked the Centre Directors', Coordinating Editors' and Fields' Executives to identify people to form a temporary working group, including a member of the MaRC, to provide a report for discussion at the mid-year meetings in Paris. The group will look closely at current and proposed processes for establishing satellites and clarify the process for closing them down when they are no longer needed.

DIVERSIFYING FUNDING: COCHRANE INNOVATIONS

Cochrane Innovations is a new Collaboration trading company, established to allow the organisation to pursue new funding opportunities without exposing the Charity to financial or legal risk. It is separate from the original Trading Company, through which we receive royalties from >

> sales of *Cochrane Library* licences and other Cochrane products.

Nick Royle, CEO, and Lorne Becker, former Co-Chair of the Steering Group, have been appointed directors of *Cochrane Innovations* for an interim period of one year whilst governance, funding and workplans for the company are established.

EXTERNAL PARTNERSHIPS

MANAGING OFFICIAL RELATIONS WITH THE WORLD HEALTH ORGANIZATION (WHO)

In January 2011, the Collaboration's relationship with the WHO was formally recognised when it was awarded status as a Non-Governmental Organization in Official Relations (OR) with the WHO, for an initial period of three years.

OR are intended to formalise a joint programme of work between our organisations, and provide the opportunity for the Collaboration to provide input on WHO health resolutions and committee reports. Significantly, OR allow the Collaboration to send delegates to WHO conferences, including the annual World Health Assembly (WHA), the WHO's policy-setting forum, at which international health resolutions are debated and passed.



In Madrid, we approved a budget of GBP 13,000 over the next 2.5 years (the remaining OR period), which is primarily intended to facilitate the attendance of Collaboration delegates at key WHO meetings, including the WHA. OR will be managed by a new WHO Partnership Committee, to be chaired by Lisa Bero, Director of the San Francisco Branch of the US Cochrane Center, who led the Collaboration's application to enter OR.

PARTNERSHIP STRATEGY

A newly developed document, setting out the criteria and processes for engaging external partners, will soon be made available in the *Policy Manual*. It will guide us as we seek to partner with organisations that promote the Collaboration and evidence-based decision-making, and who adhere to our mission and principles.

KNOWLEDGE INFRASTRUCTURE

DEVELOPING THE COCHRANE ACADEMY INITIATIVE

Since its inception, the Collaboration has been committed to engaging people around the world in the conduct and use of systematic reviews relevant to their healthcare decision-making needs.

To date we have made substantial progress, with over 28,000 people from more than 100 countries currently contributing to the Collaboration. Twenty per cent of the contact authors of Cochrane Reviews come from lower and middle income countries (LMICs). Many groups have worked to engage and support individuals in LMICs and we have a number of Centres and Branches in LMICs. Strategic approaches to priority setting have drawn greater attention to the need for reviews relevant to the global burden of disease.

Nevertheless, the Collaboration is aware that it could improve global participation in its activities and the relevance of our reviews for all citizens of the world. The majority of groups and Collaboration leaders are based in higher income country settings. And the Strategic Review recommended that the Collaboration, "review terms of reference, number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration".

To develop this recommendation, the 2011 strategic session at the mid-year meetings in Split, Croatia, in March, focussed on, "ensuring The Cochrane Collaboration enables better global participation". This session was attended by over 100 people from across the Collaboration, in person and using web-based technology. The full report from the session is available on the Cochrane Community site, [here](#).

One of the potential strategies identified during the strategic session was the establishment of a formal training and mentoring programme to support first time authors complete high quality reviews: the *Cochrane Academy* initiative. In Madrid, the Steering Group approved the funding of two pilot sites for the *Cochrane Academy* based in LMICs, each receiving GBP 25,000 per annum for three years, with the expectation of additional funds being obtained from partner organisations. Over the coming months, an advisory group – to include internal and external stakeholders – will develop plans for establishing *Cochrane Academy* sites and workplans.

DEVELOPING AND IMPLEMENTING A MARKETING AND COMMUNICATIONS STRATEGY: AN UPDATE



A marketing and communications working group was established in 2009 to address the recommendation of the Strategic Review that highlighted a need to “represent the scope and diversity of The Cochrane Collaboration and our far-reaching

impact” and recommended that The Cochrane Collaboration “develop a Marketing and Communications Strategy...”

A Request for Proposals (RFP) was developed and advertised, and we approved the engagement of [Delta Media](#) at our April 2011 meeting in Split. Delta and the working group have since been working to produce the deliverables requested in the RFP. This work has culminated in a marketing and communications strategy and action plan, which was presented to us in Madrid.

Proposed tactics detailed in the plan include the enhancement of the governance of marketing and communications, increasing resources by one or more full-time members of staff, and celebrating the twentieth anniversary of the Collaboration’s existence. Other tactics relate to consistent branding, integrating our websites, increasing the frequency of use of social media, being more active in media relations to complement the work of Wiley, making the position clear on key healthcare issues around the world, and improving the consistency of the appearance of Cochrane publications.

Following our endorsement of this plan in Madrid, the working group is now prioritising the strategies and developing implementation mechanisms for them, for approval at our 2012 meeting in Paris.

Access the full minutes and background papers from the Steering Group’s latest meeting, on [cochrane.org](#), [here](#).



Read the Collaboration’s 2010/11 Annual Report, [here](#).

PRODUCTS AND PRODUCT QUALITY

COCHRANE METHODS: METHODS INNOVATION FUNDING

Methods Innovation funding is a core Collaboration funding programme, previously approved by the Steering Group, intended to provide a strategic approach to supporting methods-related initiatives, addressing the priorities of the Collaboration. In Madrid, Julian Higgins, on behalf of the Methods Board, presented a funding proposal for six inter-disciplinary, multi-group methodology projects to be supported by the Innovation funding, with the overarching aim of improving the quality of Cochrane Reviews.



We were unanimous in our decision to approve all of the projects, proposing that the Methods Executive and Jackie Chandler, the Methods Co-ordinator, work with the Cochrane Operations Unit to develop clear performance measures and implementation mechanisms for each of the projects, to ensure they achieve maximum impact on the Collaboration. We’d like to acknowledge the work of Jackie Chandler in supporting the development of these projects.

The projects:

1. Searching for unpublished trials using trials registers and trials web sites and obtaining unpublished trial data and corresponding trial protocols from regulatory agencies

Endorsed by: Information Retrieval Methods Group and Bias Methods Group.

Collaborating with: San Francisco Branch of the US Cochrane Center, Nordic Cochrane Centre, Cochrane Acute Respiratory Infections Group and York Health Economics Consortium.

Project lead: Lisa Bero, Director, San Francisco Branch of the US Cochrane Center.

2. Extending the Cochrane Risk of Bias tool to assess risk of bias in randomised trials with non-parallel-group designs, and non-randomised studies

Endorsed by: Bias Methods Group and Non-Randomised Studies Methods Group.

Collaborating with: Adverse Effects Methods Group, Effective Practice and Organisation of Care Group (EPOC), Public Health Group, Equity Methods Group.

Project lead: Jonathan Sterne, Co-Convenor, Bias Methods Group. >

> **3. Enhancing the acceptance and implementation of Summary of Findings Tables in Cochrane Reviews**

Endorsed by: Applicability and Recommendations Methods Group and Campbell and Cochrane Equity Methods Group.

Collaborating with: Pain, Palliative & Supportive Care Review Group; Screening and Diagnostic Tests Methods Group; Effective Practice and Organisation of Care Group; Consumers and Communication Review Group; Public Health Group; Haematological Malignancies Group; Colorectal Cancer Group; Airways Group; Depression, Anxiety and Neurosis Review Group; Norwegian Branch of the Nordic Cochrane Centre.

Project lead: Holger Schünemann, Co-Convenor, Applicability and Recommendations Methods Group.

4. Methodological Investigation of Cochrane Reviews of Complex Interventions (MICCI)

Collaborating with: Effective Practice and Organisation of Care Group, Public Health Group, Consumers and Communication Review Group, Equity Methods Group, Non-Randomised Studies Methods Group, Statistical Methods Group, Qualitative Research Methods Group, potential Complex Intervention Methods Group, WHO Alliance, and named Cochrane authors.

Project leads: Jane Noyes, Convenor, Qualitative Research Methods Group; Jeremy Grimshaw, Coordinating Editor, Effective Practice and Organisation of Care Group; Peter Tugwell, Co-Convenor, Campbell and Cochrane Equity Methods Group and Coordinating Editor, Cochrane Musculoskeletal Review Group.

5. Addressing missing trial participant data in Cochrane Reviews

Endorsed by: Statistical Methods Group and Bias Methods Group.

Project lead: Elie Akl, Applicability and Recommendations Methods Group.

6. Methods for comparing multiple interventions in Intervention reviews and Overviews of reviews

Endorsed by: Comparing Multiple Interventions Methods Group.

Collaborating with: Statistical Methods Group, Applicability and Recommendations Methods Group and Bias Methods Group.

Project lead: Georgia Salanti, Co-Convenor, Comparing Multiple Interventions Methods Group and Statistical Methods Group.

MINIMUM COMPETENCIES FOR COCHRANE REVIEW AUTHOR TEAMS

In response to the recommendation from the Strategic Review, the Managing Editors' Executive has taken the lead in developing a Collaboration-wide set of minimum competencies for review author teams, with the aim of safeguarding the quality of Cochrane Reviews and ensuring the process of preparing them is efficient for both authors and review groups.

The MEs' Executive has consulted widely in the preparation of the competencies and, following their approval by the Steering Group, the ME's Executive will be working with the CEU to ensure that the competencies are effectively communicated and implemented across the Collaboration. As a first step, they will be added to the Collaboration's *Policy Manual*.

FUTURE PUBLISHING ARRANGEMENTS PROJECT (FPAP)

The Collaboration's publishing contract with Wiley expires at the end of December, 2013. This contract has been in place since March 2003, and was extended once in December 2007. At the time of that extension, it was agreed that a full, open re-tendering for the position of publisher of *The Cochrane Library*, its component and associated products, should take place when the contract next became due for renewal.

The goals of the FPAP are to:

- 1) Conduct a Situation Analysis, identifying our position in the marketplace, and threats to and opportunities for improving this position.
- 2) Discuss, clarify and agree what we – The Cochrane Collaboration – want from our future publishing arrangements in order that they are optimally aligned to our mission. This will include:

- a) A statement of our position on publication models for *The Cochrane Library* and its component and associated products that we consider possible and desirable for the Collaboration, based on an identified set of essential and desirable criteria, and a comparative assessment of publication models currently available.

The aim will be to avoid prescribing a sole option for future publishing arrangements, but rather to inform our assessment of, and clarify our thinking around, bidders' proposals.

- b) A vision for the high-level functionality and 'look and feel' of our products under future publishing arrangements, from January 2014. >

- > 3) Develop a Request for Proposals (tender) document based on the outcomes of goals 1) and 2).
- 4) Run a tender process that will result in a preferred bidder being chosen as the Collaboration's publishing partner from January 2014.
- 5) Prepare for the launch of Cochrane publications under the new publishing arrangements from January 2014.

You can read more about the FPAP, and contribute to it, on the Cochrane Community site, [here](#). As reported to the Steering Group in Madrid, the FPAP Project Board is now in the process of preparing the Request for Proposals document.

COCHRANE MEETINGS

Mid-year meeting, Paris: 16-21 April 2012
Chinese Colloquium 2012: To be confirmed
Mid-year meeting, Oxford, UK: 18-24 March 2013
Québec City Colloquium: 19-23 September 2013



2012 COCHRANE COLLOQUIUM

Due to changes within the last few months in Chinese government policy governing scientific meetings in China, there is now uncertainty as to whether the 2012 Cochrane Colloquium in China can go ahead in its current form.

We are committed to a Colloquium in China if at all possible, and are working with the Chinese Cochrane Centre to see if the uncertainties can be resolved by the end of 2011. If approval for the Colloquium from the Chinese government cannot be achieved in that time, we will need to explore alternative options for the 2012 Colloquium.

Should the Colloquium go ahead in China as planned, it will not happen in Nanning as previously stated, but in Chengdu, Sichuan province.

We would like to take this opportunity to thank the Chinese Cochrane Centre, and in particular Youping Li and Mingming Zhang, for all the preparatory work they have already completed for the 2012 Colloquium, despite the uncertainties.

COLLOQUIUM SPONSORSHIP POLICY

The Collaboration's reputation for independence from commercial interests is one of its unique selling points; it is essential that we maintain it. At the Annual General Meeting (AGM) in Madrid we received a question about commercial organisations sponsoring Colloquia, the implication being that commercial support of any kind may threaten this reputation.

The circumstances governing sponsorship, whether from public or commercial sources, are set out in the [Colloquium Sponsorship Policy](#). As a guiding principle, Colloquium organisers are discouraged from seeking commercial sponsorship, but where such sponsorship is accepted there are restrictions on what types of activity can be sponsored. For example, commercial sponsorship of scientific sessions is not permitted. The situation with respect to satellite events is more open, and at the Madrid Colloquium Gilead was listed as a sponsor of "some satellite workshops".

The policy draws a distinction between satellite events that are part of the Colloquium programme and those that fall outside the control of the organisers. Although some satellite events in Madrid featured topics that were not core to The Cochrane Collaboration, all satellites were included in the programme book and listed on the website, and as such, it could be argued that they should have been subject to the same restrictions on commercial sponsorship as for scientific sessions.

The situation this year with respect to Gilead has highlighted ambiguities in how the policy is interpreted, particularly for satellite events. Following the AGM, the Steering Group has asked the Colloquium Policy Advisory Committee (CPAC) to look again at the sponsorship policy, specifically taking into account the concerns expressed at the AGM, and whether additional safeguards should be incorporated to avoid these ambiguities in future. The CPAC's recommendations will be considered by the Steering Group at its mid-year meeting in March 2012.

Steve McDonald and Jordi Pardo
Convenors, Colloquium Policy Advisory Committee

Answers to all questions raised at the AGM in Madrid are posted on the Cochrane Community discussion forum, [here](#).