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**Cochrane Steering Group (CSG) Minutes**  
**Hyderabad, India**  
**Sunday 21<sup>st</sup> and Saturday 27<sup>th</sup> September 2014**  
**(Approved 25 11 2014)**

Agenda Item	<p><b>Present:</b>  Lisa Bero (Co-Chair), Karin Dearness, Cindy Farquhar (incoming Co-Chair), Jeremy Grimshaw (outgoing Co-Chair, 21 September only), Sally Bell-Syer (21 September only), Martin Burton, Rachel Churchill, Steve McDonald (21 September only), Anne Lyddiatt, Joerg Meerpohl (27 September only), Mona Nasser (by teleconference, for items 1-5, 9, 12, 13 and 16), Holger Schünemann, Elizabeth Stovold, Denise Thomson and Mingming Zhang.</p> <p>Mark Wilson, David Tovey, Claire Allen (item 3 only), Chris Champion (items 3 and 9 only), Lorna McAlley (minutes), Harriet MacLehose (items 8 and 9 only), Chris Mavergames (item 3 only), Deborah Pentescogilbert (items 8 and 9 only), Charlotte Pestridge (27 September only), Hugh Sutherland (Company Secretary) and Julie Wood (item 3 only).</p>
1.	<p><b>Welcomes, apologies, declarations of interest, and approval of the agenda.</b>  Lisa welcomed everyone to the meeting. Apologies for absence had been received from Marina Davoli, Michelle Fiander, Mary Ellen Schaafsma, Chris Eccleston and Alvaro Atallah. The additional papers for Game Changers (item 7) and mid-year meeting update (item 3.2) were acknowledged and the agenda was approved, with no additional items under ‘Any Other Business’.</p>
2.	<p><b>Co-Chairs’ Report.</b>  The Co-Chairs did not provide an oral report in the formal meeting as issues had been covered in the CSG Development Day on Saturday 20<sup>th</sup> September.</p>
2.1	<p><b>Feedback from Governance Session.</b>  The CSG reported that their day with the external consultant, Annie Tobias, had been very productive and successful and that a second CSG development day would be planned, for the 2015 Mid-year meeting.</p>
3.	<p><b>Chief Executive Officer’s Report.</b>  Mark introduced Julie Wood, who started her role as Cochrane’s new Head of Communications and External Affairs Department (CEAD) on 1<sup>st</sup> September, and the rest of the Senior Management Team (SMT). The CSG had read the Chief Executive Officer’s report (section two of the Central Executive Report) and did not raise any questions or comments in relation to the report.</p>
3.1	<p><b>Central Executive Report.</b>  There were no questions raised in relation to the Central Executive (CE) report.</p>
3.2	<p><b>2015 Mid-year meeting proposal.</b>  Mark explained the background for this item was CSG concerns to increase the overall efficiency, effectiveness and value for money of mid-year meetings. The CSG discussed the proposal set out in the CE paper and agreed with its recommendations that in the near future the majority of mid-year meetings be held in Europe; but that roughly every third to fifth year the meetings should be held in an easily accessible ‘hub’ location outside of Europe, and added that such a ‘hub’ could be in either the northern or southern hemisphere.</p>
	<p><b>DECISION: The CSG agreed that future mid-year meetings should be held in locations more easily accessible for the majority of attendees; that the CET should lead their organisation and Cochrane’s central budget bear the costs of organising them where these cannot be met by a host Group or where no host is found. The mid-year business meetings would also be considered as part of the Colloquia Strategic review (see item 14.1).</b></p>
3.2.1	<p><b>2015 Mid-year business meetings update</b>  <i>(This item was discussed on Sunday 21<sup>st</sup> and Saturday 27 September.)</i></p>

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	<p>Following the withdrawal of the Bahrain Branch's offer to host the 2015 mid-year meeting, two new offers had been received: from the Dutch Cochrane Centre to host the event in Utrecht and from a group of Greek collaborators, supported by the Italian Cochrane Centre, to host in Athens. The CSG discussed the merits of both proposals and concluded that the 2015 mid-year meeting would be held in Athens in the second half of April.</p>
	<p><b>DECISION: The CSG accepted the proposal for the 2015 mid-year meeting to be held in Athens after the 15th April. The organisers would be asked to try to select dates that do not clash with the UK Cochrane symposium on 23-24 April.</b></p>
	<p><b>ACTION: Claire Allen to inform the two bidding teams of the CSG's decision; work out dates with the Athens organisers and announce them as soon as possible.</b></p>
3.3	<p><b>The EQUATOR Network.</b> The CSG discussed the proposal submitted by Doug Altman, requesting financial support for the EQUATOR network for the next five years. It was concerned to make such a long commitment at a time of uncertainty for Cochrane's financial future but was strongly in favour of offering non-financial support, such as use of Cochrane resources and access to data. The CSG was willing to reconsider the relationship once the planned strategic mapping of the health evidence landscape had been completed and considered by the CSG. Only then could any significant new investments in partnerships be evaluated properly.</p>
	<p><b>DECISION: The CSG declined the proposal to pledge funding for the EQUATOR Network.</b></p>
	<p><b>ACTION: Mark to inform Doug Altman of the CSG's decision and to explore with EQUATOR whether there were any in-kind methods of supporting its work that were of benefit to both organisations.</b></p>
4.	<p><b>Editor in Chief's Report.</b> The CSG had read the Editor-in-Chief's report (in the Central Executive Report) and did not raise any questions or comments in relation to it.</p>
5.	<p><b>Financial Report.</b> Hugh gave an overview of Cochrane's financial position. The organisation continues to accumulate significant reserves and is currently financially strong, although he acknowledged there might be significant challenges in the future. Income received through royalties continued to grow in the first two quarters of 2014, and other income was also slightly higher than targeted. The CSG-approved approach was to spend on an annual basis up to the annual income received, whilst making additional strategic investments from Cochrane's reserves (standing at £7.2 million as of August 2014). The Central Executive's new financial systems and processes would ensure there was no overall deficit spending. Planning for the 2015 budget would commence immediately, and would be presented to the CSG for approval in early December. He also updated the CSG on plans to move Cochrane's headquarters to new premises in London in April 2015; and to submit a draft Investment Policy to the CSG by the end of 2014.</p>
	<p><b>DECISIONS: The CSG welcomed the Financial Report and supported the engagement of a specialist investment consultant to advise the Head of Finance &amp; Core Services, CEO and CSG on Cochrane's future investment policy.</b></p>
	<p><b>ACTION: Mark and Hugh to work on the investment policy to be presented to the CSG for review at their teleconference in December 2014.</b></p>
	<p><b>ACTION: Mark to pursue a rental agreement for the next five years for Cochrane's new London headquarters from April 2015.</b></p>
5.2	<p><b>Risk Management Report.</b> The CSG welcomed the latest draft Risk Management Report prepared by the Senior Management Team and considered in detail the risks identified, the probability of those risks occurring and the impact on Cochrane if they were to occur. The CSG made suggestions on additional risks to be included in the report, and agreed to send additional written feedback on the report to Mark as soon as possible.</p>
	<p><b>ACTION: CSG to send feedback on the Risk Management Report to Mark ASAP.</b></p>

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	<b>ACTION: Mark to prepare a succinct reference document of the CSG’s legal obligations, with input from Martin Burton.</b>
	<b>ACTION: Mark and SMT to produce a revised Risk Management Report, incorporating written feedback and further discussion from the CSG’s November teleconference, by the end of 2014.</b>
6.	<p><b>Cochrane Author Support Tool (CAST) proposal.</b></p> <p>David explained that the current detailed proposal had been produced following the CSG’s approval in principle for the CAST in August. In his view it represented a cost-effective solution to Cochrane’s needs, providing an excellent and adaptable tool for authors that would be integrated with Archie and the Cochrane Register of Studies (CRS). He explained that, if the proposal was supported, a functional roll out was planned for the first quarter of 2015. Covidence and Cochrane would have shared ownership of the CAST’s Intellectual Property (IP) and commercialisation rights, and a profit-sharing agreement would need to be negotiated.</p> <p>The CSG approved the commissioning of Covidence to provide and develop the CAST and endorsed all the recommendations proposed in the paper. Additional sub-contracts would be negotiated with the EPPI Centre and Metaxis; and Mark was asked to ensure that future potential commercialisation rights of CAST were well protected.</p>
	<b>DECISION: The CSG approved the revised, re-negotiated proposal for CAST prepared by the Central Executive and Covidence.</b>
7.	<p><b>Game Changers Project Board Update and Recommendations.</b></p> <p>Mark explained that the ‘Game Changers’ Project Board had anticipated bringing a recommendation to the CSG for one or more Game Changer proposals. However, the Project Board is still considering two proposals and had requested further detailed assessments on them by the IKMD and CEU before presenting the CSG with a recommendation to adopt either none, one, or both of the projects in its November teleconference.</p>
	<b>DECISION: The CSG agreed to postpone the second round of invitations for ‘Game Changers’ strategic funding until 2015, as the process had been so time consuming and there was a need to reflect on what had been learned before beginning the process again.</b>
	<b>ACTION: The Game Changers Project Board will continue to consider the two remaining proposals and will complete its assessment and make final recommendations to the CSG, for consideration at the CSG’s November teleconference.</b>
8.	<p><b>Cochrane-Wiley Management Team Publishing Report.</b></p> <p><i>Deborah Pentesco-Gilbert and Harriet MacLehose joined the meeting for this item.</i></p> <p>Mark reported that the team are on target to meet their 2014 objectives; and Deborah reported that the team had been working hard and improvements in the rate of delivery of key projects and in the overall relationship had been made since the mid-year meeting in Panama.</p> <p>The CSG discussed the report. Deborah was asked if Wiley could collate data to demonstrate how many Cochrane reviews at any one time are available Open Access. Deborah said this could be done and added to reports for tracking. She reported that delivery of the updating classifications initiative was planned within 2014, although this may stretch other projects. Harriet added that the Roadmap Committee had been working out the technical specifications and that moving this project forward is a high priority.</p> <p>The CSG raised concerns over the impact of the loss of CRD’s contract with the NIHR and the implications for the DARE and NHS-EED databases that are contained in <i>The Cochrane Library</i>. The CSG requested feedback on this issue and asked what Wiley can do to mitigate the risks.</p>
	<b>ACTION: Wiley to feedback to the CSG on any progress made in mitigating the risks associated with the loss of CRD’s contract and the resulting implications for DARE and NHS-EED databases.</b>

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9.	<p><b>Open Access Roadmap.</b>  <i>This item was discussed on both 21<sup>st</sup> September (with Harriet MacLehose and Deborah Pentesco-Gilbert) and 27<sup>th</sup> September (with Harriet MacLehose and Chris Champion).</i></p> <p>Harriet reported on the significant progress made in developing an Open Access (OA) strategy since the mid-year meeting in Panama. One of the challenges had been that people – including funders - have different understandings of what OA is. It is therefore up to Cochrane to decide what OA means to the organisation in viable and sustainable ways that would fit with those of our funders and users.</p> <p>The CSG discussed the financial assessment made in the report and concluded it was comfortable with what was presented, but would need to see various scenarios to expand on the information in future. The CSG would also need to establish a realistic understanding of what Cochrane Innovations can be expected to achieve financially and in what time frame, as this may influence the phasing in of OA. The CSG agreed that author processing charges would not be a sustainable model for income replacement; and with the approach to translations outlined in the paper. Holger Schünemann, Rachel Churchill and Joerg Meerpohl will join the Open Access Working Group, with Steve MacDonald stepping down.</p>
	<p><b>DECISION: The CSG supported further development of the two models proposed in the report and the direction of travel it outlined.</b></p>
10.	<p><b>Training and Professional Development Strategy.</b>  <i>Miranda Cumpston joined the meeting for this item on 21<sup>st</sup> September.</i></p> <p>Jeremy welcomed Miranda and thanked her for the detailed and well thought-out proposal. Miranda briefed the CSG on the paper. The proposed strategy aligns closely with <i>Strategy to 2020</i> objectives around quality and editorial output, whilst supporting the individual needs of collaborators and setting strong foundations for future externally-focussed activities.</p> <p><i>Miranda left the meeting for the CCSG to discuss the strategy further and make a decision.</i></p> <p>The CSG endorsed the Training and Professional Development Strategy, recognising the need for flexibility and responsiveness to the needs of the organisation and that these needs were likely to evolve over time. The CSG considered the three implementation options put forward and agreed to endorse an indicative budget in line with Option 1, and that the incoming Head of Department along with the Project Advisory Board would develop more detailed work plans.</p>
	<p><b>DECISION: The CSG endorsed the Cochrane Training and Professional Development Strategy and agreed to resource it up to the level of Option 1 as their preferred implementation plan. The strategy would be managed by the CET; technically supported by a Project Advisory Board; and progress will be reported back to the CSG.</b></p>
11.	<p><b>TSC Support Team proposal.</b></p> <p>David thanked Liz Stovold for redrafting the proposal in response to the CSG’s requests for further clarification and to address concerns over its value for money, governance and reporting lines. Liz added that the TSC support team activities would bring together a successful induction and mentoring pilot, current CRS support and provide day-to-day support that had been missing previously. She noted that as well as supporting TSCs now it will also help them to evolve their roles in light of Linked Data and CAST developments; and the proposal complemented the new Cochrane Training &amp; Professional Development strategy. The CSG approved the proposal and supported the recommendations within it.</p>
	<p><b>DECISION: The CSG approved funding for the establishment of a TSC Support Team.</b></p>
12.	<p><b>Governance Review.</b></p> <p>Lisa suggested some parameters for the Governance Review to address in regard to the Steering Group: 1) The optimal size of the board; 2) the appropriate composition of the board - should it be representative or non-representative; 3) the optimal length of service; 4) how this would take into account all the changes in all of Cochrane’s Group structures; and 5) how to decide on the criteria of different models for governance.</p>

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	<p>She emphasised that the composition of the CSG is its own decision, but that the CSG is accountable to Cochrane’s members (registered groups) therefore it is important to seek consultation. The CSG was in agreement that an external advisor would be essential and for Mark to proceed with asking Annie Tobias if she would take on this role for the Governance Review process for the CSG, and the review of governance and accountability issues in other Cochrane Groups.</p>
	<p><b>ACTION: Mark to approach Annie Tobias and hopefully engage her as external advisor for the Governance Review.</b></p>
13.	<p><b>Preparatory Discussion for <i>Strategy to 2020</i> 2015 target planning.</b>  The CSG conducted a rapid, initial prioritisation exercise to give the SMT early advice on prioritised <i>Strategy to 2020</i> targets for 2015. The CSG suggested the following priorities:</p> <p><b>Goal 1: Producing Evidence</b></p> <ul style="list-style-type: none"> <li>• Full implementation of the Cochrane Author Support Tool (2014 Target 1.3.i.)</li> <li>• Continued development and implementation of the Quality Improvement Project (2014 Target 1.2.)</li> <li>• Prioritisation of Cochrane Reviews (High priority reviews list) (2014 Target 1.1.)</li> </ul> <p><b>Goal 2: Making our evidence accessible</b></p> <ul style="list-style-type: none"> <li>• Open Access Roadmap (and strategy development and implementation) (2014 Target 2.4.)</li> <li>• Implementation of the Translation Strategy (2014 Target 2.6.)</li> <li>• The User Experience (UX) Review assessment and strategy development (2014 Target 2.1.)</li> </ul> <p><b>Goal 3: Advocating for Evidence</b></p> <ul style="list-style-type: none"> <li>• Maintaining existing and developing new strategic partnerships (2014 Target 3.2.)</li> <li>• Developing an Advocacy Strategy (2014 Target 3.3.)</li> <li>• Coherent brand (Full implementation of the new branding) (2014 Target 3.1.)</li> <li>• Development of online metrics and impact stories (2014 Target 3.4.)</li> </ul> <p><b>Goal 4: Building an effective and sustainable organisation</b></p> <ul style="list-style-type: none"> <li>• Completing the Governance Review (2014 Target 4.3.)</li> <li>• Completing the Structure and Function Reviews (by the end of 2015 – with implementation to follow) (2014 Target 4.4.)</li> <li>• Implementation of the Training, Learning &amp; Development strategy (2014 Target 4.2.)</li> <li>• Implementation of the Cochrane Membership Scheme (2014 Target 4.1.)</li> </ul> <p>Lisa suggested a CSG teleconference be held specifically to discuss further the 2015 target priority setting.</p>
	<p><b>ACTION: The Central Executive to take on board the CSG’s advice and to continue planning the priority targets for 2015 for further discussion with the CSG during a teleconference later in the year.</b></p>
14.	<p><b>Colloquium Policy Advisory Committee (CPAC) Report, including 2017 Cochrane Colloquium host recommendation.</b>  <i>Martin left the meeting for consideration of the 2017 host recommendation.</i>  Two offers had been made to host the 2017 Colloquium: from the South African Cochrane Centre (to hold it in Cape Town) and the UK Cochrane Centre (to hold it in Edinburgh). The paper, prepared by CPAC, set out the two options and their respective advantages. There was overwhelming support amongst CSG members for CPAC’s recommendation that the 2017 Colloquium be held in Cape Town.</p>
	<p><b>DECISION: The CSG accepted the recommendation of the CPAC to hold the 2017 Cochrane Colloquium in Cape Town, South Africa.</b></p>
	<p><b>ACTION: The Central Executive to inform Jimmy Volmink and his team at the SACC of the CSG’s decision.</b></p>
14.1	<p><b>Colloquia Strategic Review proposal.</b></p>

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	<p>Jeremy gave some background to the proposal and the need for a review of Cochrane Colloquia. He explained that some of the issues for consideration within the review would be the timing and duration of Colloquia and whether the Central Executive should take on a greater role in organising the event rather than delegating this to the host institutions. Lisa suggested that the scope of the review be expanded to include a review of all Cochrane’s business meetings, and whether these meetings should be attached to Colloquia, rearranged around them, or held separately. The CSG agreed with this suggestion, and asked that the review investigate the reasons why people attend Colloquia, as it would be helpful to know what constraints, obstacles and incentives exist. The review should also address whom we want to attend and why, and whether we are prepared to put resources into supporting their attendance.</p>
	<p><b>DECISION: The CSG supported the proposal and costing to hold a review of Colloquia but added that it should include review of the purpose, structure and future development of all Cochrane’s business meetings, and receive input from both CPAC and the CET.</b></p>
15.	<p><b>Annual General Meeting.</b>  <i>(This item was discussed on Sunday 21<sup>st</sup> September.)</i>            The Co-Chairs proposed to co-opt Steve McDonald as a special non-voting Centre representative on the CSG for up to 12 months, as the two new Centre Directors joining the board (Alvaro Atallah and either Joerg Meerpohl or Maria Ximena Rojas Reyes - to be elected on Thursday 25<sup>th</sup> September) would both be new to the CSG. Jeremy explained that Steve’s non-voting status was because there would already be two voting Centre Director representatives on the board. Steve left the room and the CSG unanimously agreed to co-opt Steve and to propose this to the AGM on 25<sup>th</sup> September.  <i>[Post hoc note: Joerg Meerpohl was elected as the Centre staff representative on the CSG.]</i></p>
	<p><b>DECISION: The CSG agreed to co-opt Steve as a non-voting member of the CSG, for a maximum of 12 months, but he could step down earlier if this is agreed.</b></p>
15.1	<p><b>The Cochrane Collaboration 2013-14 Report and Financial Statements.</b>  <i>(This item was discussed on Sunday 21 September.)</i>            The CSG considered Cochrane’s 2013-14 Trustees Report and Financial Statements. Jeremy noted that Mary Ellen (Treasurer at the time of signing) and Hugh had discussed and worked through the report and financial statements. Mary Ellen had reviewed the documents and found them to be satisfactory and signed them off on behalf of the Steering Group.</p>
	<p><b>DECISION: The CSG formally approved the 2013-14 Report and Financial Statements.</b></p>
15.2	<p><b>Proposers and Seconders of the various motions.</b>            The proposers and seconders of various motions for the AGM were agreed.</p>
16.	<p><b>Cochrane Innovations Report.</b>            Charlotte Pestrige introduced herself and spoke briefly of her background, having worked for 20 years in business management within health care publishing, largely with the BMJ Evidence Centre. Charlotte gave a presentation on the proposed process for developing the Cochrane Innovations strategy and business plan. This included an overview of Cochrane Innovations’ objectives; a development process to deliver Cochrane Innovations’ strategy by March 2015; an established stage gate model for assessing product ideas and, where appropriate, their development; the strategic scope of Cochrane Innovations; the market scope and sectors of Cochrane Innovations; the spectrum of upstream and downstream production; and the structure and logistics of Cochrane Innovations.              Lisa noted that it is important that the wider organization understands that any profits made would come back to Cochrane and that any products made are designed to make a profit. The principal target audience for Cochrane Innovations is therefore other (non-Cochrane) people/authors.</p>

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	Charlotte explained that a larger Cochrane Innovations Board would be needed and once the Innovations' strategy is in place the existing board could identify areas where there are knowledge gaps, such as software technology and intellectual property law. Denise explained that the Cochrane Innovations Board intend to provide the CSG with a detailed strategy, plan and budget by the 2015 mid-year meeting. In the meantime, Charlotte will move ahead with the recruitment of a full-time Project Officer to support her.
17.	<p><b>Trading Company Report.</b></p> <p>Mark informed the CSG that a formal Trading Company AGM had been held on Tuesday 16 September. It had appointed Ian Shrier as a Cochrane Trading Company director and reappointed Mazars as the company's auditors. It also waived the requirement to hold AGMs. This was done in the presence of the Co-Chairs, as representatives of the charity and therefore the owners of the Trading Company. The Trading Company will report to the CSG in future through minutes of their regular Board meetings.</p>
17.1	<p><b>Collaboration Trading Company 2013-14 Report and Financial Statements.</b></p> <p>This report was taken as a consent item, for information only, and not discussed further at the meeting.</p>
18.	<p><b>Group Executives' Reports (not requiring a CCSG decision, i.e., for information only):</b></p> <p>The reports provided were taken as consent items, for information only and not discussed further at the meeting.</p>
19.	<p><b>Matters arising from draft minutes of CCSG meeting on 20 August 2014 not appearing elsewhere on this agenda.</b></p> <p><i>Post hoc note: The minutes were not discussed at this meeting and were approved electronically later.</i></p>
21.	<p><b>Any other business.</b></p> <p>Lisa thanked the CSG members for their contributions and particularly Sally, who would be stepping down from her position as Managing Editor representative. She also thanked Rachel and Steve for their willingness to be co-opted for a further year on the CSG. Finally, Lisa thanked Jeremy and noted his huge contribution to the Steering Group during his time as Co-Chair.</p> <p>During their in-camera session the CSG elected Martin Burton as Cochrane's new Treasurer, to replace Mary Ellen Schaafsma, who stepped down from the CSG in September. They also made the following Sub-Committee Appointments: Martin Burton (Treasurer) and Denise Thomson were appointed to the 'Co-Chair Remuneration Working Group'; Holger Schunemann and Joerg Meerpohl were appointed as CSG members of the Colloquium Policy Advisory Committee (CPAC); Liz Stovold was appointed to the CAST working group to replace Michelle Fiander; and Lisa Bero and Cindy Farquhar will step down from the Funding Arbiter Panel in 2015 and new members appointed.</p>
22.	<p><b>Thanks to the hosts and organisers of the meeting.</b></p> <p>Lisa thanked the hosts and organisers of the Hyderabad Colloquium.</p>

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**Hyderabad, India**  
**Sunday 21<sup>st</sup> and Saturday 27<sup>th</sup> September 2014**  
**(Approved 25 11 2014)**

Item #	Decision/Action	Person(s) responsible	By when
3.2	<b>DECISION:</b> The CSG agreed that future mid-year meetings should be held in locations more easily accessible for the majority of attendees; that the CET should lead their organisation and Cochrane's central budget bear the costs of organising them where these cannot be met by a host Group or where no host is found. The mid-year business meetings would also be considered as part of the Colloquia Strategic review (see item 14.1).		
3.2.1	<b>DECISION:</b> The CSG accepted the proposal for the 2015 mid-year meeting to be held in Athens after the 15th April. The organisers would be asked to try to select dates that do not clash with the UK Cochrane symposium on 23-24 April.		
3.2.1	<b>ACTION:</b> Claire Allen to inform the two bidding teams of the CSG's decision; work out dates with the Athens organisers and announce them as soon as possible.	CA	□
3.3	<b>DECISION:</b> The CSG declined the proposal to pledge funding for the EQUATOR Network.		
3.3	<b>ACTION:</b> Mark to inform Doug Altman of the CSG's decision and to explore with EQUATOR whether there were any in-kind methods of supporting its work that were of benefit to both organisations.	MW	
5	<b>DECISIONS:</b> The CSG welcomed the Financial Report and supported the engagement of a specialist investment consultant to advise the Head of Finance & Core Services, CEO and CSG on Cochrane's future investment policy.		
5	<b>ACTION:</b> Mark and Hugh to work on the investment policy to be presented to the CSG for review at their teleconference in December 2014.	MW, HS	Dec '14
5	<b>ACTION:</b> Mark to pursue a rental agreement for the next five years for Cochrane's new London headquarters from April 2015.	MW	□
5.2	<b>ACTION:</b> CSG to send feedback on the Risk Management Report to Mark ASAP.	CSG	Oct '14
5.2	<b>ACTION:</b> Mark to prepare a succinct reference document of the CSG's legal obligations, with input from Martin Burton.	MW, MB	Dec '14
5.2	<b>ACTION:</b> Mark and SMT to produce a revised Risk Management Report, incorporating written feedback and further discussion from the CSG's November teleconference, by the end of 2014.	MW, SMT	□
6	<b>DECISION:</b> The CSG approved the revised, re-negotiated proposal for CAST prepared by the Central Executive and Covidence.		
7	<b>DECISION:</b> The CSG agreed to postpone the second round of invitations for 'Game Changers' strategic funding until 2015, as the process had been so time consuming and there was a need to reflect on what had been learned before beginning the process again.		



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7	<b>ACTION: The Game Changers Project Board will continue to consider the two remaining proposals and will complete its assessment and make final recommendations to the CSG, for consideration at the CSG's November teleconference.</b>	GC Project Board	□
8	<b>ACTION: Wiley to feedback to the CSG on any progress made in mitigating the risks associated with the loss of CRD's contract and the resulting implications for DARE and NHS-EED databases.</b>	PubMan Committee	-
9	<b>DECISION: The CSG supported further development of the two models proposed in the report and the direction of travel it outlined.</b>		
10	<b>DECISION: The CSG endorsed the Cochrane Training and Professional Development Strategy and agreed to resource it up to the level of Option 1 as their preferred implementation plan. The strategy would be managed by the CET; technically supported by a Project Advisory Board; and progress will be reported back to the CSG.</b>		
11	<b>DECISION: The CSG approved funding for the establishment of a TSC Support Team.</b>		
12	<b>ACTION: Mark to approach Annie Tobias and hopefully engage her as external advisor for the Governance Review.</b>	MW	□
13	<b>ACTION: The Central Executive to take on board the CSG's advice and to continue planning the priority targets for 2015 for further discussion with the CSG during a teleconference later in the year.</b>	SMT	Dec '14
14	<b>DECISION: The CSG accepted the recommendation of the CPAC to hold the 2017 Cochrane Colloquium in Cape Town, South Africa.</b>		
14	<b>ACTION: The Central Executive to inform Jimmy Volmink and his team at the SACC of the CSG's decision.</b>	MW	□
14.1	<b>DECISION: The CSG supported the proposal and costing to hold a review of Colloquia but added that it should include review of the purpose, structure and future development of all Cochrane's business meetings, and receive input from both CPAC and the CET.</b>		
15	<b>DECISION: The CSG agreed to co-opt Steve as a non-voting member of the CSG, for a maximum of 12 months, but he could step down earlier if this is agreed.</b>		
15.1	<b>DECISION: The CSG formally approved the 2013-14 Report and Financial Statements.</b>		



## **Cochrane Steering Group meetings, 22<sup>nd</sup> Cochrane Colloquium, Hyderabad, India**

# **Agenda**

**Sunday 21 September 2014 (The VIP Lounge, Novotel HICC, 9.00 am to 6.00 pm)  
& Saturday 27 September 2014 (The VIP Lounge, Novotel HICC, 9.00 am to 1.00 pm)**

- 1. Welcomes, apologies, declarations of interest, and approval of the agenda.**
- 2. Co-Chairs' Report.**
  - 2.1 Feedback from Governance Session.**
- 3. Chief Executive Officer's Report.**
  - 3.1 Central Executive Report [OPEN ACCESS].**
    - 3.1.2 Appendix [RESTRICTED ACCESS].**
  - 3.2 2015 mid-year business meeting proposal [OPEN ACCESS].**
  - 3.3 The Equator Network [RESTRICTED ACCESS].**
- 4. Editor in Chief's report.**
- 5. Financial report [OPEN ACCESS]:**
  - 5.1 Cochrane Management Accounts – July 2014 [RESTRICTED ACCESS].**
  - 5.2 Risk Management Report [RESTRICTED ACCESS].**
- 6. Cochrane Author Support Tool (CAST) proposal [RESTRICTED ACCESS].**
- 7. Game Changers Project Board Update & Recommendations [RESTRICTED ACCESS].**
- 8. Cochrane-Wiley Management Team Publishing Report [OPEN ACCESS].**
- 9. Open Access Roadmap [RESTRICTED ACCESS].**
- 10. Training and Professional Development Strategy [OPEN ACCESS].**
  - 10.1 Appendix 2 [RESTRICTED ACCESS].**
- 11. TSC Support Team proposal [OPEN ACCESS].**
- 12. Governance Review [OPEN ACCESS].**
  - 12.1 Annex 1 [RESTRICTED ACCESS].**

- 12.2        **Annex 2 [RESTRICTED ACCESS].**
- 13.        **Preparatory Discussion for *Strategy to 2020* 2015 target planning.**
- 14.        **CPAC Report, including 2017 Cochrane Colloquium host recommendation [OPEN ACCESS].**
  - 14.1        **Colloquia Strategic Review proposal [RESTRICTED ACCESS].**
- 15.        **Annual General Meeting:**
  - 15.1        **The Cochrane Collaboration 2013-14 Report and Financial Statements. (Statutory accounts) [OPEN ACCESS].**
  - 15.2        **Proposers and Seconders of the various motions.**
- 16.        **Cochrane Innovations Report [RESTRICTED ACCESS]:**
  - 16.1        **Cochrane Innovations 2013-14 Report and Financial Statements [OPEN ACCESS].**
- 17.        **Trading Company Report [RESTRICTED ACCESS]:**
  - 17.1        **Collaboration Trading Company 2013-14 Report and Financial Statements [OPEN ACCESS].**
- 18.        **Entity Executives' Reports (not requiring a CCSG decision, i.e., for information only):**
  - 18.1        **Fields' Executive.**
  - 18.2        **Managing Editors' Executive [OPEN ACCESS].**
  - 18.3        **Consumers' Executive.**
  - 18.4        **Co-ordinating Editors' Executive [OPEN ACCESS].**
  - 18.5        **Trials Search Co-ordinators' Executive.**
  - 18.6        **Centre Directors' Executive [OPEN ACCESS].**
- 19.        **Matters arising from draft minutes of CCSG meeting on 20 August 2014 not appearing elsewhere on this agenda [RESTRICTED ACCESS].**
- 20.        **Key dates [OPEN ACCESS].**
- 21.        **Any other business.**
- 22.        **Thanks to the hosts and organisers of the meeting.**
- 23.        **Steering Group in-camera session.**

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# CENTRAL EXECUTIVE TEAM

## September 2014 REPORT

Submitted to the Cochrane Steering Group  
for its meeting in Hyderabad



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Cochrane Dashboard

<p><b>Highlights:</b></p> <ul style="list-style-type: none"> <li>Publication output down</li> <li>Median review production time down</li> <li>Impact Factor up</li> </ul> <p><b>To watch:</b></p> <ul style="list-style-type: none"> <li>Sales flat, but at high level</li> <li>Run rate on budgeted expenditure low (67%)</li> </ul>	<p><b>Publications (YTD) &amp; % comparison (YOY)</b></p> <p><b>R</b>eviews : 250 (-18%)</p> <p><b>U</b>pdates : 297 (-25%)</p> <p><b>P</b>rotocols : 348 (-17%)</p>	<p><b>Cochrane Library demand</b></p>	<p><b>Total contributors</b></p> <p><b>34,825</b></p> <p>July 2013: 31,811</p> <p><b>Authors active in last 6 months</b></p> <p><b>8,265</b></p> <p>August 2013: unknown</p>
<p><b>Visits to Cochrane.org (YTD) &amp; comparison (YOY)</b></p> <p><b>11.59 million</b></p> <p><b>(-1.4%)</b></p> <p>New: 75% (+3%)   Returning 25% (-3%)</p>	<p><b>5 Year Impact factor: 6.706*</b></p> <p>2013 Impact factor: 5.939</p> <p>2012 Impact Factor: 5.785</p> <p><b>Total citations: 39,856</b></p> <p><b>Total citations (2012): 34,230</b></p> <p><small>* measured in 2013, increase from 6.553 (2012)</small></p>	<p><b>2014-2015 Income &amp; Expenditure</b></p>	<p><b>Key Finance indicators</b></p> <p>Quarter 2 sales: -4% (YOY)</p> <p>2014 cumulative sales: -1% (YOY)</p> <p><b>Reserves: £7.2 million</b></p>

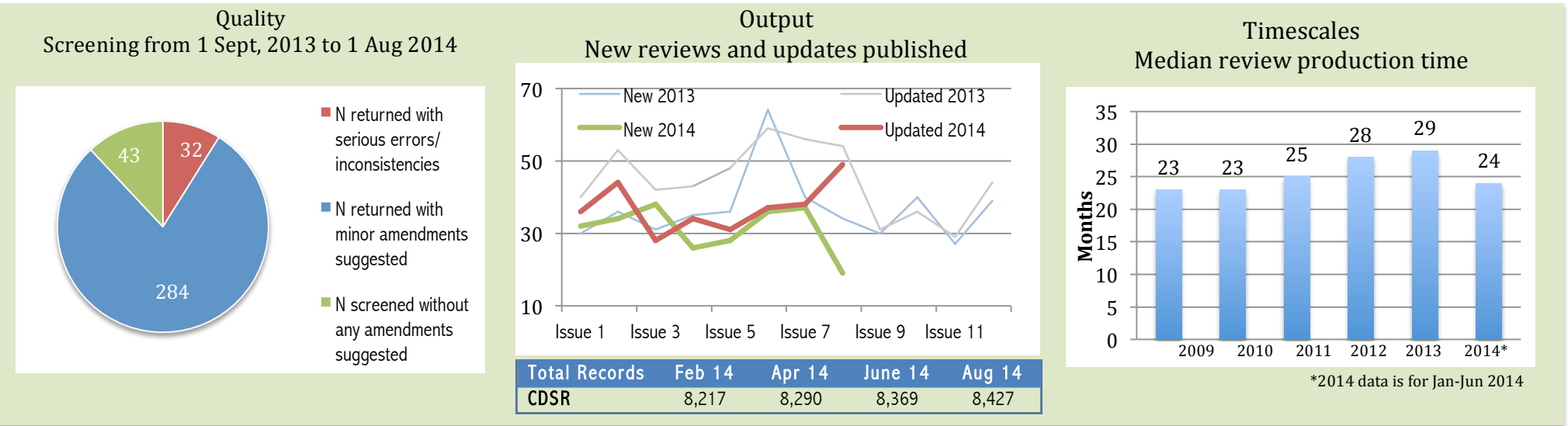
**Strategy to 2020 targets for 2014 – progress (PR) and spend (SP)** (PURPLE: not started or N/A; RED: serious concerns; AMBER: some delays; GREEN: on target)

1.1 High priority reviews list	PR SP	2.1 User experience review and framework	PR SP	3.1 Coherent brand	PR SP	4.1 Membership scheme	PR SP
1.2 MECIR subset	GREEN GREEN	2.2 Dissemination checklist	AMBER GREEN	3.2 Three to five strategic partnerships	GREEN GREEN	4.2 Training and professional development strategy	GREEN GREEN
1.3.i Author support tool	GREEN GREEN	2.3 Linked data first phase	GREEN GREEN	3.3 Advocacy agenda	AMBER GREEN	4.3 Governance Review	AMBER GREEN
1.3.ii Review reduction time strategy	PURPLE PURPLE	2.4 Open access roadmap	GREEN GREEN	3.4 Online metrics and impact stories	AMBER GREEN	4.4 Structure and function review	GREEN GREEN
1.4 Pioneering methods	AMBER GREEN	2.5 Simplified and standardized language	PURPLE PURPLE			4.5 CCA and Cochrane Learning	GREEN GREEN
		2.6 Translation strategy	GREEN GREEN			4.6 Improved financial and business processes	GREEN GREEN

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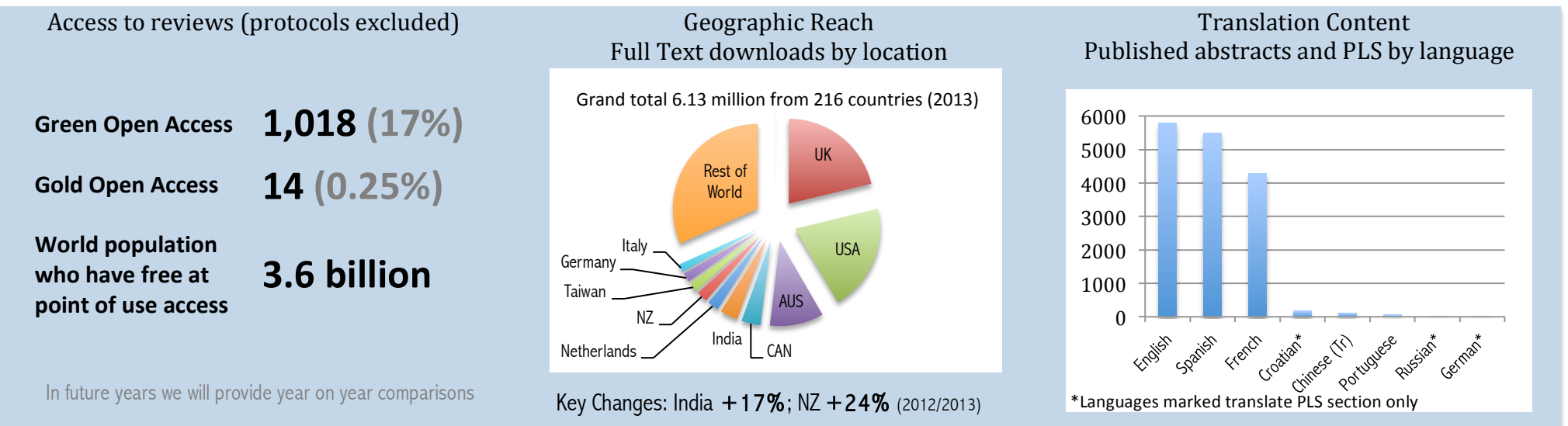
### Goal One: Producing Evidence

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



### Goal Two: Making our evidence accessible

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



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### Goal Three: Advocating for evidence & Goal Four: Building an effective and sustainable organisation

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

#### Media Hits (goal 3)

##### Media Hits (YTD)

From January 1 to 20 August 2014 there have been **1,981** recorded mentions / 'hits' of Cochrane in the media, globally.

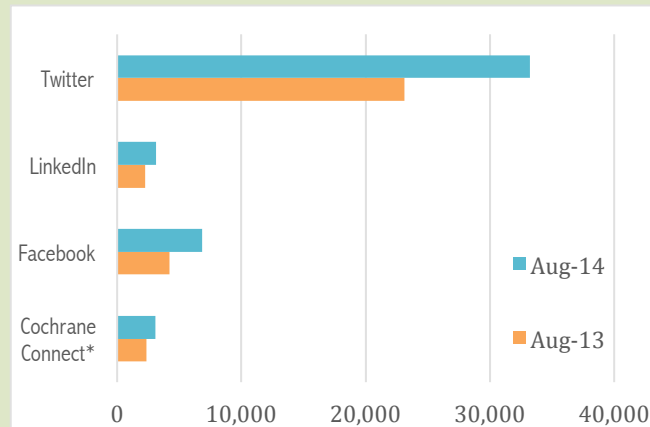
##### 2013 Media coverage

In 2013 20 press releases were sent out about reviews publishing in The Cochrane Library garnering **2,449** media clips across 52 countries.

As of Jan 2014 the way these data are captured has improved so next year we should have good data for year on year comparisons

#### Social Media Metrics (goal 3)

##### Number of followers/subscribers



\*Cochrane Connect was launched in Feb 14

#### Authors (goal 4)

##### Return authors

Of 5,380 authors who published a review between 2003 and 2013, 1,715 (**32%**) published a second review

##### LMIC authors

**3.75%**

##### LIC authors

**0.40%**

##### Countries with active authors

**107 countries**



# Chief Executive's Report

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This CET report is designed to provide an interim report to the Steering Group of activities undertaken this year by the Central Executive Team (CET). We have provided an update on the *Strategy to 2020* targets for 2014 as the main focus of the report so that the Steering Group can maintain its strategic focus. There is additionally, for information, an update from each department within the CET providing information on other key work streams. These sections are more operational than strategic, so they are not essential reading, but they are there should you wish to find out more details about the CET's activities.

This report reflects a substantial body of work. In March, in the presentation of the new *Plan & Budget* setting out how the Central Executive would lead the delivery of this year's 20 *Strategy to 2020* targets, I stressed that 2014 would be a 'preparation year'; and five months later this has been confirmed by our experience. The metaphor is not a perfect one, but the work since Panama has felt like the tremendous effort required to get wheels turning and build momentum, so that the results are not yet obvious but will become much more visible and impactful in the coming year. This is not to say that Cochrane was stationary when we began work on these targets (I said the metaphor was imperfect!) but the targets and objectives we have set ourselves for 2014-15 *are* ambitious and have required us to consult widely across the Cochrane network, adjusting our plans accordingly, then balancing competing and inter-locking priorities, and managing unexpected events.

For example, the sudden and unplanned requirement to conduct an audit of potential conflicts of interest within Cochrane protocols (and later this year, of Cochrane Reviews) was a substantial new priority by the Steering Group that made a significant impact on CEU capacity to concentrate on *Strategy to 2020* targets; as have the workload and demands made by the CEU's pre-publication screening programme launched in September 2013. Both are of vital importance, contributing significantly to *Strategy to 2020* goals by maintaining and reinforcing our independence and output quality, but they have also reduced our ability to move as fast as we would like on other targets. Similarly, the sudden and unexpected loss of three-quarters of our new Communications and External Affairs Department (CEAD) in April and May was a major blow, and some of our 2014 communications, advocacy and partnership target deadlines had to be pushed back as a result. Nevertheless, the progress made by Nancy Owens, Social Media and Web Editor, and our new Senior Media and Communications Officer Jo Anthony is remarkable, as the reports on Goal 3 targets and the work of the CEAD show.

One of the most obvious signs of change Cochrane collaborators have seen so far is a result of Jo and Nancy's work: the announcement of our new logo in August. This is the first sign of the major new branding identity for Cochrane that will be launched in January; and more features of this branding and design transformation will be unveiled in Hyderabad. Other highly significant changes are on their way. The proposal for the new Cochrane Author Support Tool (Target 1.3.i) will be considered by the Steering Group in Hyderabad and, if approved, will be available to Cochrane collaborators in early 2015. After extensive consultation across the Cochrane family a new Learning & Development Strategy will also be considered by the CSG: offering a transformation in the investment and opportunities Cochrane makes in building the skills and capacities of its collaborators (Target 4.2). Implementation of the Translation Strategy (Target 2.6) is also proceeding well following its approval earlier this year and the appointment of Juliane Ried as Cochrane Translations Coordinator. Twelve different language projects are now integrated within and using our new Smartling Translation Management System. This is another example, though, of technical challenges that have been far greater than we anticipated in integrating this new system with Cochrane and Wiley's existing IT infrastructures. Once again, although progress is slower than expected, the pay-off of doing things thoroughly and with an eye to the future will mean that we are in a much stronger position for further development and growth in the coming years.

This concern to get things right, rather than rushing projects to meet our own self-imposed deadlines, means that we have pushed back target delivery dates where – after wider consultation and analysis – we concluded that more work is required. One of the most important 2014 targets, the user experience review

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(2.1) will be delayed because we want to make sure that we get this analysis right, engage the best and most appropriate stakeholders, and therefore collect the most useful results on how users of Cochrane evidence want our products to change and how we can better meet their needs.

So these are early days, but we are very pleased overall with progress since our Panama mid-year meetings. What is clear, though, is that meeting *Strategy to 2020*'s goals and objectives cannot be achieved if they are owned, worked towards and achieved only by the Central Executive Team. As David Tovey says in his report: 'It is very important that the *Strategy* is not seen as something that belongs only to the Central Executive Teams. It is crucial to our continuing success and should be at the heart of all of our endeavours.' All of Cochrane's hundred plus Groups (including Fields, Centres and Branches) need to engage with and adapt their ambitions and activities to the *Strategy*; and it is clear that this is taking time. This is not unexpected for an organisation as complex, diverse and extended as Cochrane; and as a Central Executive we can do more to communicate with and involve Cochrane Groups to support this transformation. But we will also require the steadfast leadership and support of Cochrane's Steering Group and the Executives of its different communities to achieve it.

The scale and the scope of change that Cochrane is embarked on requires determination, imagination, innovation, flexibility, patience, persistence, and an ability to enthuse our collaborators with the possibilities and opportunities offered by that change. We've made a good start, and much remains to be done, but these are exciting times as we have a tremendously capable store of resources to draw on. As I mentioned in a recent edition of our internal newsletter, *Within Cochrane*<sup>1</sup>, whilst travelling between April and June to nine countries to open new Cochrane branches in Malaysia, Japan, and Portugal as well as the relocation of the Dutch Cochrane Centre in Utrecht and annual symposia in Italy and Croatia, I saw in the collaborators I met both 'remarkable dynamism and great excitement at the opportunities to increase Cochrane's impact on health policy and practice in the coming years'.

Our 2013-14 financial results were also outstanding, seeing sales and receipts from subscribers to *The Cochrane Library* grow further and allowing us to increase our strategic reserves once again. The launch of the 'Game Changers' initiative earlier this year drew an astonishing 39 bids from teams both inside and outside the Cochrane community offering ideas on how we might transform our business. The Steering Group is likely to be considering the first recommendations from the Game Changers Project Board in Hyderabad; as well as an important policy paper on Cochrane's future Open Access strategy; and the first thoughts and ideas of Cochrane Innovations' new CEO, Charlotte Pestrige. All of these elements lead me to conclude that we have made an excellent start in delivering the *Strategy to 2020* we unanimously adopted a year ago.

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<sup>1</sup> See: [http://www.cochrane.org/node/6854?utm\\_source=Within+Cochrane&utm\\_campaign=6e85de6f61-Within\\_Cochrane\\_August\\_2014&utm\\_medium=email&utm\\_term=0\\_1adb84810c-6e85de6f61-102538421](http://www.cochrane.org/node/6854?utm_source=Within+Cochrane&utm_campaign=6e85de6f61-Within_Cochrane_August_2014&utm_medium=email&utm_term=0_1adb84810c-6e85de6f61-102538421)

# 2014 Targets: progress to date

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## Target 1.1: High priority reviews list

Lead: David Tovey

Progress:	Green	Spending:	N/A
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• A priority list and decision-making framework are completed by the end of December 2014.</li> <li>• Registration of 100 new reviews from the list completed by July 2015.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>• Cochrane groups and the Central Executive team have together engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them.</li> <li>• A list has been developed of approximately 200 new high-priority and 'to-update' Cochrane Systematic</li> <li>• Reviews that will direct organisation-wide production priorities for 2015 onwards.</li> <li>• 100 new reviews from the list have been registered (review teams identified and titles registered).</li> <li>• A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.</li> </ul>

### General update on progress since Panama

We decided to explore a number of different sources in our search to identify important research uncertainties. These are outlined below:

1. CRGs and Fields:

We have contacted all CRGs, Centre Directors and the Fields Executive to identify recent and ongoing activities aimed at identifying high priority new reviews and updates. Many groups have engaged in work with stakeholders such as funding bodies, professional and/or patient groups (including the James Lind Alliance), and we think it is important that the intelligence from such work forms an important element of the proposed top 200 reviews. Thus far, progress has been somewhat hesitant but we have received assurances from a number of groups that they expect to be able to contribute some priorities before the end of 2014.

2. The Agenda and Prioritisation methods group

The group is keen to explore and undertake a project aimed at identifying the research priorities of policy makers in a number of countries. This work will contribute to future priority lists.

3. Consultation with external parties and policy makers:

We have initiated conversations with colleagues at WHO working on the Essential Medicines List and WHO guidelines programme, and also members of the NCD Alliance including the World Heart Federation and the Union for International Cancer Control and we hope that one outcome of these conversations will be intelligence on international research priorities in these areas.

4. Published research priorities by global research and guidelines organisations

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We have undertaken a detailed search and appraisal of the websites of a range of organisations globally that either support research or develop guidelines. This has provided us with a considerable body of intelligence on the priorities that these bodies have identified.

### 5. Global burden of disease literature

There has been considerable work published recently on this subject, and a smaller number of research studies exploring the match with Cochrane Reviews. Acknowledging that the potential for health impact of interventions is a more important indicator of research priority, we are nonetheless exploring the data that has been published to identify important trends and potential gaps.

### 6. Access and citation data

Cochrane has access to a wealth of information courtesy of our colleagues from Wiley in relation to access and citation data. We will use these as one marker (among many) of reviews that are a priority to update.

In the period following the Colloquium we will work to pull together the data from the various different sources we have identified into an overall list. Given the range of sources, there will inevitably be many duplications and overlaps. In addition, in many cases it might be impossible to identify specific review titles, but clinical or policy areas of importance, so that the final list will probably contain a mix of specific titles with full or partial PICO data, and some broader areas such as conditions, or broader topic areas.

We will also incorporate the data we anticipate receiving from Cochrane groups. Currently we do not envisage the need to edit or select from the priority list but if this does prove necessary, we will consult with members of the Collaboration on how this can be achieved in an equitable manner.

### Likelihood of completing the target on time

We are confident that we can achieve the required deliverables for this target in 2014.

### Any notable problems, blockages encountered or foreseen

Subject to appropriate engagement from Cochrane groups across the Collaboration.

## Target 1.2: MECIR subset

Lead: Toby Lasserson

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"><li>• Prioritised sub-set of MECIR standards completed by the beginning of May 2014</li><li>• Audit and target baseline for 2014 completed by December 2014.</li></ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"><li>• A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created.</li><li>• A regular audit process for measuring compliance has been established.</li><li>• An audit has been completed for the last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is achieved.</li></ul>

### General update on progress since Panama

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We have continued to screen pre-publication drafts of new intervention reviews and now apply an expanded set of criteria based on a number of MECIR standards for conduct and reporting. The standards target three key aspects of the review:

- implementation of protocol methods (including date of search departures from protocol);
- completeness and consistency of reporting in the review; and
- overall interpretation of the evidence.

Since the mid-year meetings we have screened 141 reviews before publication. Of these 14 had serious errors, major inconsistencies or problems with the standard of reporting. A further 21 reviews were of a sufficiently high standard that no amendments were suggested. We continue to suggest minor amendments for the vast majority of the reviews we screen.

What has become clear over time is the value that many CRGs place on pre-publication screening. Having initially intended to suspend screening in order to conduct an audit of published reviews, we have decided instead to incorporate an audit within the pre-publication screening process using substantially the same standards we use for screening. We intend to run this dual process over a short period of one month before the end of 2014.

### Likelihood of completing the target on time

Good.

### Any notable problems, blockages encountered or foreseen

None identified currently.

## Target 1.3.i: Author support tool

Lead: Ruth Foxlee and Chris Mavergames

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	A web-based author support tool has been designed, implemented and integrated into production workflows.
<b>Indicators of success</b>	Author support tool implemented by the end of December 2014.

### General update on progress since Panama

Approval to run an open, competitive tender to establish a Cochrane Author Support Tool (CAST) was given by the CSG in February 2014. The Request for Proposals (RFP) document was released in March 2014. The project reached bid assessment stage in June 2014, culminating in interviews that took place on July 23-24. An assessment panel made up of representatives from the TSC, ME, Co-Ed and author communities and staff from IKMD, CEU and FCS, evaluated seven written proposals and interviewed a short list of five potential suppliers. The group came to a unanimous conclusion and subsequently put a strong recommendation the CSG. The CSG welcomed the work done and confirmed that the CET should work up the full proposal with the winning companies and that is being developed for final consideration and sign off in Hyderabad.

### Likelihood of completing the target on time

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Design and build of the application will be well underway by the end of 2014, but full implementation will be completed in early 2015.

### Any notable problems, blockages encountered or foreseen

1. The RFP took longer to run than anticipated, but given the scale and importance of this project it was important to ensure a thorough and fair process at the expense of the original timelines.
2. The CSG will make its decision in Hyderabad, at which point the RFP element of this target will be completed. Once this decision has been made the CET can turn its attention to working with the suppliers to deliver the CAST as soon as possible.

## Target 1.3.ii: Review reduction time strategy

Lead: David Tovey

Progress:	Purple	Spending:	Purple
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Deliverables	<ul style="list-style-type: none"><li>• Strategy for reducing review production time in place and ready to be implemented from the end of April 2015.</li></ul>
Indicators of success	<ul style="list-style-type: none"><li>• A strategy for production time reduction is in place and ready to be implemented.</li></ul>

### General update on progress since Panama

There has been no activity specifically relating to this target pending the completion of the CAST RFP. Incidentally, data from the first 6 months of 2014 indicate a fall in the time from protocol to review publication from 29 weeks to 24 whilst total number of new reviews has fallen. If these changes are maintained, it might indicate that CRGs are being more selective in the number and quality of reviews being undertaken, leading to fewer bottlenecks, which is likely to be one element of an overall solution.

The next steps in relation to this target will be work with CRGs and review authors aimed at identifying other strategies and levers that can lead to a reduction in the time to publication. This remains a high priority strategic imperative, and is something that funding organisations correctly regard as important. Other current developments such as the development of clusters might also contribute positively to achieving our objectives in relation to this target.

### Likelihood of completing the target on time

Uncertain currently. We need to work with CRG teams and review authors to identify strategies and solutions that will help us to achieve this target.

### Any notable problems, blockages encountered or foreseen

None.

## Target 1.4: Non-standard reviews framework

Lead: Jackie Chandler

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>By the end of July 2014</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.</li> <li>Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.</li> </ul>

### General update on progress since Panama

A draft framework and process document was discussed broadly in Panama including by the Methods Executive and the Methods Application and Review Standards Advisory Committee (MARS AC). A subsequent version of this document was shared for comments and received a large quantity of feedback. The key points of this feedback include:

- Clarification on the decision-making responsibilities on setting 'high level' methods policy that addresses the increasing methodological diversity within Cochrane.
- Review of the registration policy of Methods Groups.
- Address CRG concerns on increasing expectations to tackle new and more complex methods. Therefore the implementation of the framework requires greater development than previously envisaged and is an additional distinct component.

Due to the nature of the comments received we took the decision to undertake further development and another round of consultation on a revised discussion document during the Hyderabad colloquium.

The three exemplar prognosis reviews commissioned as pilot reviews are ongoing and we are monitoring their progress to inform the ongoing development of the framework particularly with regard to any production targets set.

### Likelihood of completing the target on time

Due to the degree and substantive nature of the consultation with the Methods Executive and broader community delivery of this framework will not be as planned, but will still be by the end of 2014. Implementation and dissemination activities linked to the framework will now move into the first quarter of 2015.

### Any notable problems, blockages encountered or foreseen

Engagement to provide feedback has been at times delayed. Hyderabad will provide a further opportunity to discuss the development of this framework and the issues raised to establish a working framework for implementation in 2015.

## Target 2.1: User experience review and framework

Lead: Catherine McIlwain, David Tovey

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	<ol style="list-style-type: none"> <li>1. User experience (UX) scope refined and agreed by May 2014.</li> <li>2. Data mapping from past projects to be completed by the end of December 2014.</li> <li>3. A detailed proposal for consultations to be completed by December 2014.</li> <li>4. In-depth interviews completed by the end of May 2015.</li> </ol>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>• A mapping, data gathering and analytical project has been undertaken and completed, providing a better understanding of how to make our content more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.</li> <li>• A framework for ongoing reassessment and evaluation is in place.</li> </ul>

### General update on progress since Panama

The original scope of work on this target has been expanded after further consultation and analysis, and we now recognise that this is a larger project than original envisaged that requires significant input from external stakeholders to be successful. This is one of the most critical targets for the *Strategy to 2020*, so it is essential that we get this right, and as such we are not concerned by the delays that this will introduce.

We are in the process of re-drawing the project plan, which will require discussions with and involvement of a range of different stakeholders inside Cochrane, our publishers and other key external agencies and individuals.

As we have been undertaking this foundational work on this target it has become clear that the CEU, as the department responsible for Cochrane's products and services, is a more natural co-lead for this target than the IKMD department, so as of June 2014 the Senior Management Team agreed for this target to be managed by the CEU in conjunction with the CEO's office.

### Likelihood of completing the target on time

This revised scope of this work will extend the project timeframe from December 2014 to May 2015.

In 2014 we will deliver a document that summarises what we already know from previous work. We will also develop a detailed programme plan that provides detailed proposals for consultations covering a range of segments of our users ( e.g. "super-users", "internal users", "seldom-users", "never-users") and covering different disciplines (e.g. health professionals of different types, policy makers, researchers, consumers of health care and carers). In some of these cases, we need to understand much better how they currently address their knowledge needs, so that we can build solutions that really do start from the user perspective. Given limited resources, we will ensure that the projects within the programme are manageable and staged, probably over a 1-3 year period, and that the business, content and technology elements of the work are closely aligned.

### Any notable problems, blockages encountered or foreseen

See above, this target will be major target deliverable in 2015.

It is recognised that the involvement of CEAD and the harmonisation with the partnership framework on policy will support and impact on the development of user surveys.



## Target 2.2: Dissemination checklist

Lead: John Hilton & Head of CEAD

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	1. Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users.
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>A dissemination checklist has been created and is being piloted with volunteer Cochrane groups.</li> </ul>

### General update on progress since Panama

For this project to work well it needs to be a joint effort between the Cochrane Editorial Unit (CEU) and the Communications and External Affairs Department (CEAD). As a result, progress on this target has been slow, pending the appointment of a new head of CEAD.

The project plan developed in March was put on hold, but we have identified individuals to take part in the project and there have been preliminary discussions at various Cochrane meetings. Discussions to date have made a few aspects clear:

- A 'checklist' may not be the best format for what this target is aiming to achieve. A broader dissemination 'framework' may be a more appropriate structure.
- A dissemination framework needs to kick in at the earliest stage of review development (to ensure the review question and design will meet stakeholders' needs) and may continue well beyond review publication, through update cycles.
- Dissemination efforts are shared between authors, CRG staff and other groups; the framework should reflect this.
- Dissemination efforts need to be ultimately linked to metrics to demonstrate impact.

Several sessions have been scheduled at the Colloquium (run by CEU, CEAD, and Wiley) to raise awareness and discussion of this target, and to recruit CRGs to take part in a pilot.

Following the Colloquium and meetings with the new head of CEAD, a project plan will be put in place based on the principles established so far, along with contributions from CEAD, and bringing in any feedback from the Colloquium, with a view to developing a resource that can be piloted as soon as possible.

### Likelihood of completing the target on time

It is possible, but unlikely that a dissemination resource will be ready for piloting by the end of 2014. However, following the appointment of Julie Wood as the new head of CEAD and the planned Colloquium sessions, it is very likely that progress will be rapid.

### Any notable problems, blockages encountered or foreseen

Change to leadership of CEAD team.

## Target 2.3: Linked data first phase

Lead: Chris Mavergames

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>By the end of September 2014</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>Linkages and structures have been built into Cochrane’s technology systems, connecting the Cochrane Register of Studies, Archie, and the new Linked Data Triple Store.</li> <li>An ‘ontology’ for linking data and annotating Cochrane content has been completed.</li> <li>A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first instance to enable the faster and more efficient creation of Cochrane Clinical Answers.</li> </ul>

### General update on progress since Panama

The Linked Data Project Foundation Phase is currently nearing completion. All indicators of success have been achieved as well as additional work that we hadn’t expected to complete in this initial, foundational phase. It should be noted that the move to leveraging linked data technologies for Cochrane is a long-term and fundamental shift. This phase only represents laying the groundwork for the two, subsequent phases of “Exploration” and, eventually, “Production”, where we will see these technologies in “live” use on both the production and dissemination ends of our technology systems. Having said that, we have made it a priority to try to return value and RoI on the initial investment and thus are always in “exploration” and have “production” in mind.

Highlights of work done to date:

- The key APIs are now in place that connect the CRS, Archie, and the new linked data “triple store”. We are in the final stages of setting up a test API for Altmetrics, a potential first customer who have approached us seeking to potentially license our data on studies in Reviews and the associated Risk of Bias(s) assessments.
- A solid, first draft (ontologies constantly evolve) of the Cochrane PICO ontology is complete and we are working on documentation at <http://data.cochrane.org/>.
- We have built a PICO annotation tool for annotating Cochrane Reviews as well as studies in the CRS. We plan to demo the tool at the #CochraneTech Symposium. PICO annotations will allow us to “free” the knowledge in our Reviews from the “container” of the PDF and facilitate re-use, discovery, and re-packaging to drive derivative product development, including CCAs.
- We have forged key partnerships with some groups, both external and internal to Cochrane, that will assist us in our work. Notably, the IMEDS program of the Reagan-Udall Foundation of the US Food and Drug Administration (FDA) and the HarmoniSR project. A number of other organisations and projects have expressed interest in our linked data work, including NICE in the UK, the MAGIC App project and others, and there is a fair amount of enthusiasm for Cochrane’s move in this direction.
- We have worked closely with the CCA editors in developing our ideas and projects and they have indicated that the end results have the potential to significantly decrease the time required to produce a CCA. For example, the Risk of Bias display being created for linked data has the potential to cut in half the time required to produce the RoB section of each CCA.
- A substantial amount of time and effort has gone into knowledge transfer from the consultants to IKMD developers to bring them up to speed with linked data technologies.

**Likelihood of completing the target on time**

The Linked Data Foundation Phase will be complete by Hyderabad. We are already moving into the Exploration Phase where we are exploring options of machine-assisted annotation of reviews and derivative product development such as further assisting CCA editors and the Altmetrics API and data feed.

**Any notable problems, blockages encountered or foreseen**

None at present. The task of annotating the backlog of Cochrane content will be a challenge. The plan is to approach CRGs, in particular TSCs, in Hyderabad to begin these discussions. In addition, the task of managing controlled vocabularies and their associated mappings and data is not trivial and will present possible challenges in the future, particularly for non-drug interventions.

**Target 2.4: Open Access roadmap**

**Lead:** Chris Champion, Harriet MacLehose, David Tovey

<b>Progress:</b>	Green	<b>Spending:</b>	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Roadmap by the end of December 2014.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>A roadmap has been established in collaboration with John Wiley &amp; Sons, Ltd, and is ready to be implemented, setting out our plan – including an income replacement strategy – for achieving universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and later the archive of existing published reviews.</li> </ul>

**General update on progress since Panama**

A separate restricted access paper is available for a full update on this target. Work to date has consisted of analysing in detail 12 models that came up as suggestions at a summit in May. These have been investigated in detail and then at a follow-up meeting we reduced the number of models under consideration to two. These models are being presented to the CSG in Hyderabad as part of a paper that seeks to obtain approval for the direction of travel in relation to this target. After Hyderabad we will continue to work on the models in greater detail to establish which is likely to be the most appropriate for Cochrane and from there we will develop the roadmap.

**Likelihood of completing the target on time**

It is looking likely that we will have established the roadmap for open access by the end of December 2014.

**Any notable problems, blockages encountered or foreseen**

Assuming the current direction of travel is to be pursued we should have no problems meeting the targets. This is, however, a highly complex area and is critical to the sustainability of the organization, so it is possible that issues will arise that require us to reschedule the work.

## Target 2.5: Simplified and standardized language

Lead: Harriet MacLehose

Progress:	Purple	Spending:	Purple
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Guidelines and an audit completed by the end of May 2015.</li> <li>All reviews are using the simplified and standardised language by the end of December 2016.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>Guidelines for simplified and standardised language across content have been developed.</li> <li>An audit for plain language summaries against the new guidelines has been undertaken.</li> <li>All reviews are produced according to the new guidelines.</li> </ul>

### General update on progress since Panama

We are aiming to complete a workplan for this target by the end of 2014, and until this process has been undertaken in detail it is not possible to say whether the May 2015 deadline for producing guidelines and undertaking an audit remains realistic as a target or not.

### Likelihood of completing the target on time

As above, a decision on the likelihood of adhering to the original stated deliverables will only be possible following completion of the detailed workplan.

### Any notable problems, blockages encountered or foreseen

The start on this target has been deferred, which may lead to delays in producing the deliverables.

## Target 2.6: Multi-lingual

Lead: Juliane Ried

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ol style="list-style-type: none"> <li>Translation strategy and business plan completed by the end of April 2014.</li> <li>Translation management system and key content available by the end of December 2014.</li> </ol>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>Cochrane's translation strategy and business plan has been completed and ready to be implemented.</li> <li>A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).</li> <li>Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages.</li> </ul> <p>Note: This indicator of success is unspecific in its scope because of several dependencies, including:</p> <ul style="list-style-type: none"> <li>Cochrane Re-brand;</li> <li>scheduled changes on The Cochrane Library affecting display of content;</li> <li>Successful incorporation of Spanish translation project work flows and publication processes;</li> <li>Productivity of different translation projects, on which we have little impact, unless</li> </ul>

we fund a certain level of translation activity.

Note: The translation strategy paper approved by the CSG contained additional provisional targets and indicators of success that will be reviewed and incorporated in the more detailed workplan as appropriate and feasible.

### General update on progress since Panama

The translation strategy was approved in January 2014. The Translations Co-ordinator was appointed and has been in post since 15 June. A detailed work plan for 2014 has been developed.

Smartling have been contracted as the provider of a translation management system and integration with Cochrane systems as well as ongoing translation projects is in progress. The deployment for the Cochrane Summaries web interface was completed in June. The initial deployment for Cochrane abstracts and PLS (integration with Archie) happened in July, but we will continue working on optimizing technical processes and the user experience for translators over the next few months. There are now 12 different language projects using Smartling, however some of them are in the very initial stages and have not published any translations yet.

The translation cards on the Cochrane-Wiley Technology Roadmap aiming at implementing a multi-language version of The Cochrane Library including search functionality are progressing, but are likely to be delayed. The current target is to launch a beta version for two languages only in early 2015, followed by other languages after successful testing.

Work has started on defining policies and procedures around translations, on developing supporting materials for translators, and on developing strategies to engaging translators and increasing capacity, but this work is in its initial stages and will continue in 2015.

Given the underlying importance of technology for this target the IKMD has contributed significantly to work on this area, specifically in relation to the integration of our web and database systems (websites and Archie) with Smartling to manage the translation and publication processes for content in languages other than English.

IKMD is also providing support to a few translation teams by assisting them in importing their existing translations into Archie. In future, the IKMD team will be involved in the integration of the Spanish translations workflow and assisting the French Cochrane Centre in integrating their home-developed machine translation system with Smartling.

### Likelihood of completing the target on time

We are confident that we will be able to deliver the items listed in the 2014 targets, but we acknowledge that these have been unspecific. The 2014 work plan is more specific about which tasks we hope to complete as part of the overall translation strategy by the end of 2014.

### Any notable problems, blockages encountered or foreseen

Many elements of the target are focused around technology developments. For some, we are subject to Wiley timescales and plans, and this is often challenging and slow. The technical implementation of Smartling with our systems and ongoing translation projects has also been challenging and resource-intensive, but Smartling staff are very responsive, quick and solution-oriented.

The other key dependency relates to interactions with CEAD in building partnerships and working on multi-language dissemination and content strategies. This work has been delayed whilst CEAD is short staffed.

## Target 3.1: Global profile: coherent brand

Lead: Jo Anthony

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Create a coherent Cochrane brand across all content.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>• A new end-user focused 'cochrane.org' website is launched that is consistently branded with The Cochrane Library and all other digital and offline products.</li> </ul>

### General update on progress since Panama

**A new visual Identity.** After an extensive consultation process the Cochrane Steering Group approved a new logo in July. It is a natural evolution of our existing logo with a fresh, simplified look and feel. It retains the iconic 'Cochrane blue' whilst introducing the use of purple as a secondary colour signalling an evolution of the Cochrane brand. Full implementation will take place from January 2015.

**Cochrane web designs.** In conjunction with design and marketing agency, Fabrik (<http://fabrikbrands.com/>) and IKMD, we have delivered the first phase of our Cochrane.org web redesign. This organisational online offering includes full engagement with Wiley. Project scoping to establish key requirements and milestones has been achieved, and detailed design work is currently underway. We are confident that a new end-user focused Cochrane website will be launched that is consistently branded with *The Cochrane Library* and all other digital and offline products by January 2015. The IKMD team have been working on a demo version of the new Cochrane.org to showcase in Hyderabad.

**Brand Framework.** With Cochrane's new visual identity now approved, we are currently working on our wider brand architecture. These over-arching usage guidelines will include a Tone of Voice document which will enable us to provide guidance for anyone writing from Cochrane's perspective. Intended to steer our narrative presentation of Cochrane, this document will provide key messages, brand personality, boilerplate, and other key copy to be used across the wider Cochrane community. This piece of work will be included as part of Cochrane's brand guidelines and implementation plan.

### Likelihood of completing the target on time

We will be presenting a re-brand preview at the Hyderabad Colloquium, and as outlined above, are working towards a full roll-out in January 2015.

### Any notable problems, blockages encountered or foreseen

None.

## Target 3.2: Global partner

Lead: Nancy Owens (interim)

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>Three to five partnership agreements have been secured.</li> <li>A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas.</li> </ul>

### General update on progress since Panama

Activity during this period has focused primarily on taking forward Cochrane's two newly formed partnerships with the Guidelines International Network and Wikipedia.

The Wikipedia partnership, which was formalised in early 2014, has moved into a phase of active growth. Cochrane's first Wikipedian in Residence, Sydney Poore, has been in post since April 2014 and is working with a variety of contributors from the Cochrane and Wikipedia communities to establish relationships, practices, and resources for effective collaboration towards the shared goal of improving the evidence base in Wikipedia and making high-quality evidence available to a wider global audience. A number of events showcasing and developing the partnership are planned for the Hyderabad Colloquium, including a one-day Symposium, a Special Session, training workshops, and an Edit-a-thon.

The partnership with Guidelines International Network (G-I-N), also formalised earlier in 2014, aims to build on the common work and goals of the two organisations. G-I-N's 2014 international meeting was held in Melbourne in 2014, and Nancy Owens attended representing Cochrane and CEAD as the team leading on the partnership. This provided an opportunity to begin or continue conversations focused on a number of areas of work identified by the partnership agreement, including requirements for a shared web platform, building on existing relationships, and identifying opportunities for shared educational and promotional outreach. Chris Mavergames, Holger Schunemann and Nancy Owens will be meeting in Hyderabad to drive forward work on the development of the Cochrane-GIN web platform.

We have not been able to make progress on the WHO partnership workplan, but David Tovey did visit the WHO in July to discuss the partnership following up on Mark Wilson's earlier visit in February. With the arrival of Julie Wood to take this forward from September we are confident that work on this partnership will speed up in the final quarter.

In addition Cochrane's senior leadership have been in discussions with the leadership of the Campbell Collaboration and a draft MOU will be developed in September / October.

### Likelihood of completing the target on time

This target will be completed on time.

### Any notable problems, blockages encountered or foreseen

No blockages foreseen.

## Target 3.3: Global advocate

Lead: Jo Anthony and Nancy Owens

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Establish an advocacy agenda to develop Cochrane’s position as a ‘thought leader’ in the health sector.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>A formal policy development and sign-off process has been developed and adopted.</li> <li>Cochrane’s initial advocacy agenda has been developed.</li> <li>Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online.</li> <li>Higher quality and quantity media coverage is being generated.</li> </ul>

### General update on progress since Panama

Over the last six months CEAD has generated a higher quality and quantity of media across all platforms.

Cochrane’s press office has continued to offer key services, including a monitoring service for media coverage, a subscription to a global media database and a media and communications advisory service to all Cochrane Groups. This supports a stronger desire for improved media work, both for building relationships with journalists and media outlets globally, and for gaining opportunities to talk about Cochrane ‘stories’, as well as in partnership with our internal and external communications.

Media highlights of the last six months include:

- Extensive global coverage of the Tamiflu story (<http://www.cochrane.org/news/tags/authors/launching-media-campaign-updated-tamiflu-review-report-communications-external-aff>)
- Guardian* guest blog in relation to a Cochrane Review on the Cholera crisis in South Sudan (Dr Jocalyn Clark: <http://www.theguardian.com/global-development-professionals-network/2014/jul/21/cholera-outbreak-vaccine-south-sudan>)
- The Launch of new Cochrane Branches in Malaysia and Japan, which involved National Television News coverage with Cochrane’s CEO, Mark Wilson (NHK World News, 31 May 2014)
- A health essay in the *The New York Times* – “Looking for the Final Word on Treatment” – featuring Cochrane’s Editor in Chief, David Tovey ([http://www.nytimes.com/2014/05/14/health/looking-for-the-final-word-on-treatment.html?\\_r=2](http://www.nytimes.com/2014/05/14/health/looking-for-the-final-word-on-treatment.html?_r=2))
- The first live Cochrane Author Twitter chat on 18 June 2014. CEAD supported Mona Nasser, Cochrane author representative on the Cochrane Steering Group, to host a chat for Cochrane authors on Twitter. This has become a monthly event in our communications calendar. See: (<http://www.cochrane.org/news/tags/authors/announcing-first-cochraneauthor-twitter-chat>)

### Likelihood of completing the target on time

Work on development of an advocacy policy and agenda has been paused to await the arrival of CEAD’s new Head of Department, at which point existing timelines will be re-assessed and adjusted as necessary. In the meantime CEAD staff continue to work actively with Cochrane Groups and contributors, as well as Wiley, on identifying media-worthy stories and securing opportunities and platforms for coverage.

### Any notable problems, blockages encountered or foreseen

As noted above, the primary obstacle in undertaking work in some areas of this target has been the absence of a Head of Department.



## Target 3.4: Global impact

Lead: Nancy Owens (interim)

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Capture and communicate Cochrane’s impact on policy and practice, introducing online metrics and stories of impact.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.</li> <li>A prominently displayed, regularly updated record of where Cochrane evidence is being utilised has been established.</li> </ul>

### General update on progress since Panama

The Impact Stories database (<http://www.cochrane.org/impact-stories>) is a CEAD-led effort to create a resource available to all Cochrane contributors that catalogues the impact of Cochrane evidence. The submission link is available in the Community area of Cochrane.org, and stories submitted are available for review at <http://www.cochrane.org/impact-stories>. Nancy Owens has taken the lead on inputting the backlog of stories; plans were in place to transfer responsibility for this project to Caroline Mavergames, but this transition was not completed as a result of Caroline’s departure in May 2014.

Insights into our online presences and their impact from the Google Analytics software that IKMD manage will provide crucial data for achieving this target.

### Likelihood of completing the target on time

The technical development of the target was scheduled to be completed in a seven-month period, from June to December 2014. Caroline Mavergames’ departure and subsequent resource shortages have curtailed work on this target, making it unlikely that this target will be completed by December 2014 as originally anticipated.

### Any notable problems, blockages encountered or foreseen

The departure of the target lead and staffing shortages in CEAD for most of the reporting period have meant that limited time and resources have been available for work on this target. Having a new Head of Department in post is expected to result in a renewed focus on CEAD resource and staffing allocations.

## Target 4.1: Membership Scheme

Lead: Mark Wilson

Progress:	Purple	Spending:	Purple
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<b>Deliverables</b>	By the Vienna Colloquium, October 2015.
<b>Indicators of success</b>	Models of organisational membership have been explored and a preferred membership scheme established that more effectively enfranchises existing Cochrane contributors and

attracts new contributors with useful skills and experience.

### General update on progress since Panama

This target is scheduled to start in September 2014 and as such there is nothing to report on at this point in time. Membership models will be researched in the first instance to see where Cochrane can learn from others. We will then undertake detailed work to establish what options are available for Cochrane for discussion at the mid-year meeting in 2015. Then we will work on finalizing the model and developing the implementation plan in time for the colloquium in Vienna.

### Likelihood of completing the target on time

High.

### Any notable problems, blockages encountered or foreseen

None foreseen at present.

## Target 4.2: Investing in people

Lead: Miranda Cumpston

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	A Training and Professional Development Strategy.
<b>Indicators of success</b>	A Training and Professional Development Strategy has been completed and is in roll-out phase by 31 October 2014.

### General update on progress since Panama

A series of meetings conducted in Panama informed a Cochrane-wide consultation process, to enable input into the overarching aims and prioritization of projects to be delivered under the Training and Professional Development Strategy (The Strategy). Informed by this consultation, and with the assistance of the Project Board, Working Groups and a number of key informants, the final Strategy has been drafted and submitted to the Steering Group for approval at their meeting in Hyderabad (see separate paper).

### Likelihood of completing the target on time

High. The Strategy is ready to begin the first stages of implementation, should the Steering Group give its approval.

### Any notable problems, blockages encountered or foreseen

None.

## Target 4.3: Governance Review

Lead: Claire Allen

Progress:	Amber	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Review completed by the end of December 2014.</li> <li>• Implementation of recommendations in 2015.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>• A review of Cochrane's Board of Trustees and other governance committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively.</li> </ul>

### General update on progress since Panama

A full update on the progress of the Governance Review is contained in the separate paper submitted to Cochrane's Steering Group (CSG) in Hyderabad.

The CSG has taken the lead on reviewing its own future development. Following discussions in Panama and in a teleconference in May the Steering Group agreed to organize a special CSG Development Day ahead of its formal meetings in Hyderabad, and a specialist external governance consultant has been hired to lead and facilitate the day. As part of the preparation interviews were held with all Steering Group members and selected Central Executive staff; and CSG members also completed a self-assessment form on their individual and collective performance.

The CSG decided that the first phase of the Governance Review should focus on the future development of the Steering Group; but it also recognized that a second phase looking at the broader implications for other governance structures within the organisation should also run concurrently, particularly as issues of power and accountability would be included in the structure and function reviews of Cochrane Groups (CRGs, Methods and Fields), Centres and Branches. In Hyderabad the CSG will discuss plans to establish a small working group of CSG members with the CEO in an *ex-officio* role, possibly involving external supporters or experts, and supported by an independent expert in governance structures of global not-for-profit organisations.

In preparation for the Review, the CEO and Manager of Governance & Membership Support have mapped Cochrane's existing governance arrangements and performance against the UK Charity Commission's *Good Governance Code* (2010), as well as other preparatory papers.

### Likelihood of completing the target on time

The implications of the CSG approach are that the target deadline of completing the Governance Review by December 2014 will be missed, with the Review of both the Steering Group and other Cochrane-related governance structures and issues now likely to be completed by the second half of 2015.

### Any notable problems, blockages encountered or foreseen

Further details, opportunities and challenges will emerge from the CSG Board Development Day; as well as from the Structure and Function Reviews and the engagements with the Group Executives and other stakeholders (both internal and external) who will be involved in the Review in the next six months.

## Target 4.4: Structure and function review

Lead: David Tovey (CRGs and Methods groups), Mark Wilson (Centres and Fields)

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Review of Cochrane Review Groups completed by the end of December 2014.</li> <li>Review of other groups completed by the end of July 2015.</li> <li>Implementation of recommendations for all groups completed by the end of December 2016.</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our Strategy to 2020 goals.</li> </ul>

### General update on progress since Panama

#### *Cochrane Review Group (CRG) Structure and Function review*

The work on this project has been broken down into a number of separate projects based on the themes and ideas identified during the mid year meetings in Panama City and the regional meetings that took place at that time.

The CRG Structure and Function project board met on 26th August to consider progress. We would like to broaden the board and will continue to monitor the progress of activities related to the project.

Themes and ideas framework

#### **Theme: Governance and accountability**

##### ***Proposed outputs***

- Contract / MOU between groups & Cochrane
- Fixed term contracts for group leaders
- Sharing agreed indicators of performance

##### ***Progress***

This work has not started due to competing priorities and also the need to ensure that it is closely aligned with work undertaken elsewhere in Cochrane. We will have early discussions in Hyderabad and intend to move forwards with this in the next 12 months. We will appoint a small group of volunteers from CRGs to support our work.

DT prepared a paper at the request of the UK NIHR describing a different model for rewarding CRGs. The Systematic Review Producers Advisory Group of the NIHR considered the paper and whilst the scheme was not adopted, it was clear that there would be support for Cochrane introducing a similar model. This will be discussed further at the business meetings in Hyderabad.

#### **Theme: Centralisation of some functions**

##### ***Proposed outputs***

- Title allocation
- “triage” service
- Updating
- Study identification
- Funding support for groups

##### ***Progress***

## OPEN ACCESS

The CEU is now providing services to support CRGs and review authors in relation to title allocation and “triage” of reviews. Where CRGs judge a review title application to be potentially important, submitted by a team with the necessary experience and expertise, but outside its scope, the CEU will attempt to act as a broker for identifying another CRG to consider the review. In addition, where CRGs request support for a decision on whether a submitted review or protocol is of sufficient methodological quality, the CEU will provide an analysis similar to the screening service. This aims to support editorial teams in making timely and efficient decisions.

The CEU has continued to work on the implementation of the review classification scheme, has supported a pilot study evaluating the “focussed updates” approach developed by Karla Soares Weiser, and has also supported the Updating Conference held in Hamilton.

The CEU information specialist, Ruth Foxlee has drafted a paper that considers the issue of centralised study identification, as a means of identifying RCTs for inclusion in the Cochrane Register of Studies. We will continue to work with the TSC community and others to progress this work.

DT has been in discussion with colleagues responsible for the WHO Essential Medicines List and others to identify opportunities to provide funding support to high priority reviews.

### **Theme: Editorial process and quality assurance**

#### ***Proposed outputs***

- Managing workload of CRGs
- Author experience support
- Better submissions / increased rejection
- Range of options for authors of rejected reviews

#### ***Progress***

We are actively considering how to support review group teams via the Cochrane training and professional development strategy, to be presented to CSG at the Hyderabad Colloquium. In addition the review triage service (see above) provides support for CRGs who are considering whether to reject a submission on the basis of its methodological quality.

### **Theme: Groups working together**

#### ***Proposed outputs***

- CRGs – CRGs
- CRG – other group types
- Complex methods review group
- Developing “semi-autonomous” networks

#### ***Progress***

We are working with a small group of representatives from groups that may be interested in forming clusters, to develop a framework describing how such a system might work, what the advantages and challenges might be, and the potential governance arrangements. We are planning a study day in order to develop a paper for submission to the business meetings in Hyderabad.

The UK National Institute for Health Research has instigated a request for proposals process aimed at appointing a complex reviews support unit to support Cochrane groups and other NIHR bodies. We are following this closely and will be interested to understand how we can work with the support unit in support of CRGs and review authors.

### **Theme: Rewarding contributors**

**Proposed outputs**

- Academic credits
- Learning opportunities

**Progress**

This issue will be covered within the Training and Professional Development strategy  
Theme: Extend geographical diversity

We have not yet been able to move forward with this theme, but are very interested to work with relevant colleagues over the next 12 months.

***Cochrane Centres, Branches and Fields Structure and Function review***

The Structure and Function Reviews of Centres and Branches, and of Fields, were discussed in Panama where it was agreed that plans would only be developed in the last quarter of 2014 given that the deadline for completion of the Reviews is June 2015.

The expanded Centres Executive has prepared a comprehensive draft Terms of Reference, process and timelines for the Structure and Function Review that will be distributed for comment ahead of the Hyderabad Colloquium and discussed and finalised there. The Centres meeting in Hyderabad will also focus its work on four key areas:

1. The purpose, remit and functions of Centres, Branches, Networks;
2. Alternative models and structures;
3. Relations between the Centres/Branches/Networks and the Central Executive (including support; registration; monitoring; governance and accountability); and
4. Relations between the Centre Director and the Central Executive (including support; appointment; appraisal; accountability)

The Review will begin immediately after the Colloquium.

Following discussions in Panama it was agreed that the Structure and Function Review of Fields would be divided into two: one covering the work of CC-Net; and the other covering the work of the other Fields. There has been little progress on planning for the Reviews since March: partly because of the agreement to begin work only in Quarter 4 of 2014; partly because of Central Executive over-stretch in relation to the prioritisation of other targets; and partly because of the expansion and delays in the work of the User Experience project (Target 2.1) that will provide essential inputs on the views, needs and future requirements of key users such as consumers and other stakeholders that Cochrane Fields serve. The Executives of both the Fields and Consumer Network will begin detailed planning for the Reviews in Hyderabad.

***Likelihood of completing the target on time***

At the mid-year meeting in April 2014 we agreed not to impose any structural changes to CRGs in the foreseeable future. However, there was enthusiasm for developing clusters of CRGs with shared interests. We will present a paper on this to the business meetings in Hyderabad. Further progress depends somewhat on the response to the paper. However, we hope that by the mid-year meetings in 2015, we will have at least two clusters identified with draft strategic plans prepared.

Detailed planning for the Reviews of Fields and the Consumers Network have not begun. However, it is expected that all of the Reviews will still be able to report by the deadline of the end of June 2015.

***Any notable problems, blockages encountered or foreseen***

The delays in the User Experience target will also impact on these Reviews; but should not prevent them from reaching key conclusions and recommendations.

## Target 4.5: Cochrane Clinical Answers and Cochrane Learning

Lead: Cochrane Innovations CEO; interim CCAs: Lorne Becker, Learning: Denise Thomson

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Deliver Cochrane Clinical Answers and Cochrane Learning to market by end of December 2014</li> </ul>
<b>Indicators of success</b>	<ul style="list-style-type: none"> <li>• The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with Cochrane Innovations and John Wiley &amp; Sons, Ltd.</li> </ul>

### General update on progress since Panama

Dr. Cochrane (60 Cochrane review-based vignettes) has been delivered to market as part of the Cochrane Learning platform. We are putting especial emphasis on the Canadian market, and have been working with the Royal College of Physicians and Surgeons of Canada to make the vignettes available on their online continuing medical education platform. We anticipate this occurring by September 2014. The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards paid for licenses to 50 Dr. Cochrane vignettes relevant to chiropractic care, and are currently promoting this opportunity to their members.

*Cochrane Clinical Answers* launched in March 2014. Having increased the editorial team creating the content for CCAs this year the rate of production has improved and we are meeting the monthly targets set, and are on track to meet the goal of producing 600 CCAs by the end of 2014. Sales have started coming in and partnerships are being established with key platforms for reselling this content. Megan Helmers and Carol Lefebvre attended the Medical Library Association Conference May 16-21 in Chicago. Wiley had a large "island" display exclusively for The Cochrane Library and CCAs. Response to CCAs was extremely positive and the entire supply of handouts/trial requests was snatched up.

### Likelihood of completing the target on time

Both the Cochrane Learning platform and the Cochrane Clinical answers platform have been delivered to market, so the target deliverables have already been met.

### Any notable problems, blockages encountered or foreseen

None noted at present.

## Target 4.6: Improved financial and business processes

Lead: Hugh Sutherland

Progress:	Green	Spending:	Green
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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Dashboard and wider set of editorial and business metrics completed by the end of June 2014.</li> <li>• Expanded, integrated monitoring and reporting systems completed by December 2014.</li> <li>• Chart of accounts and Central Executive financial systems improvements</li> </ul>
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	completed by December 2014.
<b>Indicators of success</b>	<ul style="list-style-type: none"><li>• A 'Dashboard' and wider set of editorial and business metrics to monitor and report on the implementation progress of Strategy 2020 have been established.</li><li>• An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring &amp; Registration Committee framework) ready for the 2015 annual reporting cycle.</li><li>• Cochrane's chart of accounts has been amended to reflect more accurately the organisation's activities and management accountabilities; and its Central Executive financial systems have been updated and improved.</li></ul>

### General update on progress since Panama

The existing dashboard and other metrics have been refined and the reporting updated.

The main CET report showing a comparison of progress on targets with spending on targets relies upon improving the reporting of spending to Heads of Department and other budget holders. While the accounting system has been designed and run to enable that improvement, the accounts team is not yet routinely providing those reports. The team will provide those detailed reports for the six month period to the end of September, both to enable the monitoring of target delivery and to inform the budget setting process

The Part B financial monitoring forms have been revised substantially and are currently being distributed for completion. The basis of completing the forms has been simplified to make it much easier to prepare the figures. The report encourages the people filling out the forms to give us contact details so we can start to standardize the information collected, as well as to improve the process further. The ambition is to make the reporting process easier so that we might increase the frequency of the reports, ideally to half-yearly or quarterly.

The accounting system for the CET has been completely changed, shifting from QuickBooks to Xero, a leading provider of cloud-based accounting systems. The functional structure of the organization has changed and this is reflected in the way the chart of accounts is set up, with much simpler reporting financial categories combined with the ability to analyse income and expenditure by Department and by Project, in line with the structure used for the annual budget.

### Likelihood of completing the target on time

The Dashboard improvements are completed, although the process of refining and updating the metrics used is continuous.

The Monitoring system has been revised and update reports will be available by December 2014, but a fully finished integrated system is unlikely to be completed by then.

The revised chart of accounts is done, although the full set of reports and procedures for dissemination and comment by budget holders is not yet complete. It will be completed by the end of the year.

### Any notable problems, blockages encountered or foreseen

The main problem with delivery of the targets has been the sheer number of urgent tasks falling within the remit of the team over a short period, making it difficult to prioritise and finish off individual pieces of work. That issue is becoming less acute as some of those tasks are finally completed.



## Strategy to 2020 Targets for 2014 Updated timeline

		13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	15+		
1.1.	High priority reviews list			[Blue bar from Feb 14 to Dec 14]															Jul 15	
1.2.	MECIR sub-set			[Blue bar from Mar 14 to Dec 14]																
1.3.i	Author support tool		[Orange bar from Jan 14 to Dec 14]																	
1.3.ii	Review reduction time strategy											Revised start date of Sept 2014						Apr 15		
1.4.	Non-standard reviews f/work			[Blue bar from Mar 14 to Dec 14]																
2.1.	UX review and framework			[Orange bar from Feb 14 to Dec 14]												Revised end date of May 2015				
2.2.	Dissemination checklist			[Blue bar from Mar 14 to Dec 14]												Revised start date TBC when new Head of CEAD in post. Same end date predicted.				
2.3.	Linked Data first phase		[Orange bar from Jan 14 to Sep 14]																	
2.4.	Open Access roadmap		[Green bar from Jan 14 to Dec 14]																	
2.5.	Simplified language								[Blue bar from May 14 to Dec 14]											Dec 16
2.6.	Translation strategy		[Green bar from Jan 14 to Dec 14]																	
3.1.	Coherent brand		[Red bar from Jan 14 to Dec 14]																	
3.2.	3-5 strategic partnerships			[Red bar from Mar 14 to Dec 14]																
3.3.	Advocacy agenda			[Red bar from Mar 14 to Dec 14]																
3.4.	Online metrics & impact stories			[Red bar from May 14 to Dec 14]																
4.1.	Membership scheme										[Green bar from Sep 14 to Dec 14]									Oct 15
4.2.	Training and prof. dev. strategy		[Blue bar from Jan 14 to Dec 14]																	
4.3.	Governance review								[Green bar from Jul 14 to Dec 14]											
4.4.	Structure and function		[Blue bar from Jan 14 to Dec 14]												Revised start date of c. August 2014				Jul 15	
4.5.	CCAs and Cochrane Learning		[Green bar from Jan 14 to Dec 14]																	
4.6.	Financial and bus.		[Light green bar from Jan 14 to Dec 14]																	

## Departmental updates on other key workstreams

### Chief Executive Officer's Office

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#### Personnel Issues

In June Lucie Binder began a one-year maternity break, delivering a new member to the Cochrane family in the shape of daughter Marla later that month. The following month Chris Champion, formerly Managing Editor of Cochrane's Depression, Anxiety and Neurosis Review Group, joined the Central Executive Team as the CEO's Senior Advisor – initially part time but from August full time.

In Quarter Two significant time was spent by the CEO on other recruitments as well: for the new Training Coordinator (Juliane Ried); the new Head of Communications & External Affairs (Julie Wood); and the new CEO of Cochrane Innovations (Charlotte Pestridge). We warmly welcome Julie and Charlotte to Cochrane, and congratulate Chris and Juliane on their new appointments. These are four people who bring enormous professionalism, integrity, dynamism and skill to the Central Executive and Cochrane Innovations.

#### Game Changers

Cochrane's 'Game Changer' Initiative was launched in February 2014 and the first round attracted an extremely large response, with 39 bids submitted from around the world. Following the Panama meeting a high-quality Project Board of both Cochrane and external experts and evaluators was established and approved by the CSG. The Project Board thought there were some good ideas amongst the bids, though many were smaller projects that were over-expanded to meet the funding criteria, or unrealistic in their projections of likely transformative effect. Others were research grant proposals in disguise. Brief feedback was given to the inevitably vast majority of bids that were rejected, but at the end of the first round of the Initiative the Project Board intends to provide additional feedback and recommendations; as well as more specific feedback to the small number of bidding groups who have asked for it.

Three teams were asked to develop their bids into full proposals, which were delivered in early September. The Project Board will make a detailed assessment of the proposals, and – if appropriate – make any recommendations for funding to the Steering Group at its meeting in Hyderabad.

The demands of the process has led the Project Board and the Central Executive to conclude that the next invitation round for Game Changers should be postponed, probably until early 2015, as the twice a year process is too onerous and time needs to be given to assess the lessons of the first phase and possibly establish more guidance for future bidding teams.

#### Publishing Management Team

The activities of the Cochrane-Wiley Publishing Management Team are reported on separately, so please see the relevant paper (Steering Group Agenda Item 8).

#### Translations

Please see target report 2.6

## Consumer Support

### ECRAN

Final reporting on the ECRAN project has begun. The project officially ended on August 30<sup>th</sup> following a successful international meeting on May 21<sup>st</sup> to promote the project with journalists, health professionals and consumers. The ECRAN project developed communications material and tools, including an animated film dubbed in 23 languages that was freely available, and a website in six languages (with some parts in 23 languages). All the tools are easily accessible at: [www.ecranproject.eu](http://www.ecranproject.eu). In anticipation of future opportunities to contribute to EU grant-funded work, the Consumer Coordinator has compiled a set of citations that may be useful in future applications.

### User experience

Underscoring the need for accurate representations of users' informational needs from Cochrane, the CET is refining Cochrane information to meet users' needs. Internal users' need for data from Cochrane systems (such as Archie, CRS and RevMan) are reviewed on a weekly basis for prompt response and implementation. Users' requirements for data about consumer involvement often feature as key improvements to be implemented by this team.\* Similarly, the CET has ensured that external perspectives are incorporated into the *Strategy to 2020* projects by including direct consumer input, via the CEOO, in the following targets:

- Target 1.1: High priority reviews list
- Target 2.1: User experience review and framework\*\*
- Target 2.5: Simplified and standardised language
- Target 4.4: Structure and Function review\*\*\*

\*Please see the IKMD section of the report for more information.

\*\*The CEOO is co-leading Target 2.1: User experience review and framework. Please see target report 2.1.

\*\*\*As it pertains to the CCNet Structure and Function review.

### CCNet and the Consumers' Executive

The Consumers' Executive (CE) and the Consumer Co-ordinator have developed a set of key outcomes for each of the CCNet core functions in order to focus the Executive's work and clarify the role of the Coordinator in supporting the Executive and the wider CCNet to achieve them. This structure will also serve as the basis for the CCNet Structure and Function review that will commence later this year.

CCNet's core functions were ranked to determine workflow priorities. These were then mapped to the existing Central Executive/*Strategy to 2020* projects that allowed the creation of a set of desired CCNet projects that require full work plans to be developed. This will enable the Consumers' Executive to make recognisable progress on CCNet's core functions. For more detail on these projects, please see the Consumers' Executives' August 2014 report to the CSG.

Activities completed with the CE during the last six months included strategic planning to restructure CCNet projects, developing OMERACT-type support system for consumers at the Colloquium, buddying stipend winners to CE members and working to determine consumer voting eligibility within CCNet and across Cochrane. CE activities prioritised during the next six-month period include implementing a mentorship program for Consumer Referees and completing an analysis of MaRC data to determine the current saturation of Consumers with Cochrane.

### Colloquium support and Colloquium Policy Advisory Committee (CPAC)

With Tom Cracknell moving to IKMD, and Juliane Ried moving to the Translations Co-ordinator role, some of the Colloquium support tasks have been redistributed. Claire Allen, as part of her Colloquium Liaison role, continued to provide ongoing support to the Hyderabad organisers on a daily basis including obtaining monthly reports and providing decision support. Stipends management and the Cochrane Exchange have

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been fully handed over to FCS (Office Manager), whereas other tasks such as prizes and awards, AGMs and other meetings, and sponsored registrations for Cochrane groups have been retained in the CEOO (Manager of Governance and Membership Support and PA to the CEO). Additional tasks have been taken on, such as centralising payments for registration and hotels for CET staff and CSG members.

Jordi Pardo Pardo and Juliane, the Co-convenors of CPAC, drafted a proposal for a strategic review of Cochrane's Colloquia, as well as assessing the proposals for hosting the Colloquium in 2017. Both papers have been submitted to the CSG for decision (for more details, see documents for Agenda item 14). Jordi and Juliane are also advising current and future Colloquium hosts as required. Claire is providing administrative support to CPAC.

### **Global Evidence Synthesis Initiative (GESI)**

The CEOO continues to manage the four Cochrane-funded GESI pilot projects. Responsibility for this has now passed to Chris Champion whilst Lucie Binder is on maternity leave. The 'case for support' document mentioned in the CEO's Panama report has now been completed by a high-level drafting team and is to be discussed at the Third Global Symposium on Health Systems Research in Cape Town in late September. This document will form the foundation of future bids for funding the initiative in the long term.

The Cochrane GESI pilot projects were initially funded for two years with the possibility of a third year of funding subject to an evaluation of success. The first centre to start work was the centre in Chile, which will reach the end of its two-year funding period at the end of 2014. With this in mind we will be initiating a process shortly to assess whether the projects should be funded for a third year or not.

### **Governance and Membership Support**

In addition to support given to Cochrane's Steering Group, and in preparation for the Governance Review (detailed in the separate paper for CSG Agenda Item 12), administrative support continued to be provided to Cochrane Groups submitting applications for registration and those making personnel changes through the Monitoring and Registration process.

# Cochrane Editorial Unit

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## Editor in Chief's Introduction

I am delighted to introduce this report from the Cochrane Editorial Unit (CEU), and the Methods and Training Co-ordinators to the CSG. The period since the mid-year meetings has been as hectic as ever, but as ever, as I come to write this report, it brings into focus how much has been achieved. I am, of course, greatly indebted to my excellent team, but they would be the first to say that there are many others who should share the credit: members of Cochrane groups, review authors, colleagues within the Central Executive Team, and our publishers. It is truly a team effort in the broadest sense.

Luke Jackson has recently joined the team as our office assistant, based at the CEU office in London. We had intended to expand the CEU team with three new editors. However, for a variety of reasons we have only been able to make one appointment. We look forward to welcoming Newton Opiyo as a new editor working within Toby Lasserson's "screen team". We continue to hope that we can make the other planned appointments in the near future. During the period since the mid-year meetings Marialena Trivella and Caroline Struthers have also completed their appointments as Training Co-ordinators. We are grateful to both for their contribution to this important work.

This report generally starts with a review of the metrics, and indeed we present some of these below in this document and also as part of the dashboard in the Publishing Management Team report. However, we really need to identify new and better metrics: the data on access for example seems increasingly to be influenced by the activity of "crawlers" in various parts of the world, which makes the data very difficult to interpret despite the best efforts of our publishers. We are also increasingly interested in measures of impact and use. It is gratifying that the impact factor for 2013 has increased (to 5.94), as have the 5-year impact factor and total number of citations, which are arguably more meaningful in the Cochrane context (6.71 and 39,856 respectively). Perhaps even more importantly, we are also building on the work of Anne Eisinga at the UKCC in tracking guidelines across the world for evidence of Cochrane influence. The 2014 data, partial as they are, are also showing some interesting trends that if maintained will be interesting to explore: both the numbers of new and updated reviews are down this year, whilst the time taken from protocol to review is also reduced. Perhaps, this might indicate a transition in CRG decision-making; in favour of ensuring relevance and quality, and also for being more selective earlier in the process, in order to reduce bottlenecks.

One of the largest projects over the past 12 months has been the work led by Miranda Cumpston on the Training and Professional Development Strategy, to be presented to the CSG in Hyderabad. This has proved to be a formidable piece of work and Miranda has done a terrific job, and been well supported by her advisory groups.

Another large project, and one unforeseen until it was agreed at the mid-year meeting, has been the audit of conflicts of interest conducted by Donna Odierna. Donna did a fantastic job coding data from the author affiliations, sources of support and declarations of interest from all the active published reviews and protocols. I am also grateful for the support of the IKMD team in pulling together the data in a manageable form. Ruth Foxlee and I decided that the first priority would be to inform CRGs of protocols that were or appeared to be potentially non-compliant with the revised commercial sponsorship policy. That work, though onerous for everyone involved, has been very useful in helping us to understand the challenges ahead in terms of implementing the revised policies on conflict of interest. We will continue these discussions in Hyderabad. Thanks must go to the CRG teams and review authors who were our first contact, and to Cindy Farquhar as Funding Arbiter, for her support in the subsequent decision-making process. In the final quarter of the year we will turn our attention to the published reviews.

One of the major work streams relates to open access. Harriet MacLehose and I have been working with the wider Central Executive Team and our Wiley colleagues on developing viable models for providing

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immediate open access to new and updated reviews and the archive of reviews as described in the publishing contract and also our *Strategy to 2020*. Since February 2014, new and updated reviews published from February 2013 have become free to view world-wide through our “green” open access policy, and in addition a handful of reviews have become fully open access on publication through the “gold” open access route. Our progress on developing a framework for immediate open access is described more fully elsewhere in the report, but we are confident that we are on track for meeting the 2014 target. I believe that we are very close to having identified at least two models that we can share with funding bodies.

Updating has been an enormous challenge for Cochrane – sometimes described as the “millstone around our necks”. However, a number of elements are now coming together and I think this will be a major strand of our work in the next few years. A conference organised by Jackie Chandler, Sally Hopewell and others took place in McMaster University recently bringing together CRG staff, methodologists and others interested to make progress in this area.

Much of our work currently relates to the targets that were agreed as part of Cochrane’s *Strategy to 2020*. This work will be discussed in Special Sessions at the Hyderabad Colloquium and progress is presented elsewhere in the CET report. This includes the preparations for an audit building on the review screening programme. Toby Lasserson will present a list of selected MECIR standards during the meetings in Hyderabad, and the audit will follow in the final quarter of 2014. In the meantime we have circulated a paper describing common errors identified during the screening process, and examples of good practice. Toby has been well supported by Orla Ni Ogain and Rachel Marshall, and I know that the team have also been very gratified by the many messages of support that they have received consistently from the CRG editorial teams.

This report describes the good progress that the team of Jane Burch, Sera Tort, and Karen Pettersen are making in respect of Cochrane Clinical Answers (CCAs). Following Jane's arrival, the team has become really cohesive, highly efficient and always willing to consider new possibilities aimed at improving the service to readers. As Charlotte Pestrige comes into post as CEO of Cochrane Innovations, I am confident that she has a really strong editorial team on which to build Cochrane's derivative products.

Looking forward it is clear that the *Strategy to 2020* is critical. Cochrane needs to compete as never before: for the best young researchers, for funding to support our infrastructure, and for readership usage. The common solutions are highlighted in the strategy: titles selected on the basis of their relevance to the needs of end users, maintaining a focus on quality, diversifying and improving the presentation and delivery of our reviews, ensuring that reviews are accessible to all; useful and used, supporting our contributors and editorial teams, and providing learning and academic opportunities for all. It is very important that the *Strategy* is not seen as something that belongs only to the Central Executive Teams. It is crucial to our continuing success and should be at the heart of all of our endeavours.

David Tovey  
30 August 2014

## **Metrics for the *Cochrane Database of Systematic Reviews***

The CEU gathers some metrics for

The main metrics are shown in Table 1, with figures for 2012, 2013 and the first 6 months of 2014, where those figures are available. In 2014 so far there have been fewer newer and updated reviews than in previous years, but the median time from protocol publication to review publication (an indicator of review production time) has dropped, suggesting there may be increased work on completing reviews in progress. The data on Impact Factor downloads and citations, supplied by Wiley, show that usage continues to grow. The large increase in feedback submitted in 2013 is partly explained by the publication of a number of controversial reviews in that year. The gradual drop in up-to-dateness should be considered in light of the work on updating policy elsewhere in this report.

**Table 1. CDSR metrics**

Metric	2014 (Jan to June)	2013	2012
Total number of new reviews published	206	453	459
Total number of updated reviews published	219	540	515
Total active reviews at end of year	5740	5549	5352
Active reviews that have been updated within 2 years	28.1	30.3	34.4
Impact factor		5.939	5.785
Total number of citations		39,856	34,230
Full-text downloads	3,397,579	6,130,763	5,434,662
Number of registered authors	27,250	27,000	26,500
% authors from low- and middle-income countries		28	22
Number of feedback items passed to CRGs	38	133	86
Media 'hits'		2449	4270
Time from protocol to review publication (median; months)	24	29	28
Time from protocol to review publication (mean; months)	35	35	35

## Major projects

### Strategy to 2020 targets

The CEU is leading or co-leading on 11 Strategy to 2020 targets (**Error! Reference source not found.**). See the separate reports for more information.

## Other projects and activities (in alphabetical order)

### Cochrane Library Technology Roadmap

See report from Publishing Management Team.

### Conflict of interest and Cochrane Reviews

#### Cochrane Editorial and Publishing Policy Resource

The 'Conflicts of interest and Cochrane Reviews' section was added to the resource in June.

#### Policy audit

Following the mid-year meeting, Cochrane commissioned Donna Odierna, a researcher at UCSF to conduct an audit of all active reviews and protocols to determine whether they were compliant with our recently revised and approved commercial sponsorship policy. The audit focused on clauses 1-3 of Cochrane's policy on commercial funding of reviews or authors with reviews being classified as compliant, non-compliant or unclear on the basis of sources of support and author employment details provided and the DOI statements. Over 85% of the items were coded as compliant with the commercial sponsorship policy. Compliance may be higher than 85% because ambiguity and inconsistency in the way sources of support are reported made it hard to judge. We are very grateful to Donna for her work on delivering the audit efficiently, and also to the IKMD team, which provided the data in a manageable form.

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Ruth Foxlee and David Tovey checked the reviews and protocols classified as non-compliant and compiled a final list of 502 possibly non-compliant reviews and protocols. In the first instance the editorial unit has focussed on the protocols, as it may have been possible to address COI issues prior to publication. The 101 potentially non-compliant protocols belonged to 33 Cochrane Reviews Groups. Individual reports were compiled for each group, and they were asked to re-examine the protocols that were potentially in conflict with the policy. This has led to a great many queries, both to the CEU team and Funding Arbiter, and a number of cases have been referred formally to the Funding Panel.

We propose to undertake a piece of work that pulls together what we have learned from the protocol audit and will communicate this across Cochrane. It will also help us in the task of managing the larger number of published reviews that may be non-compliant.

### Centralized reporting of conflicts of interest

In August, the IKMD rolled out a system to allow Co-ordinating Editors to complete a standard COI form in Archie and for the results to display on Cochrane.org. It is mandatory for Co-ordinating Editors to complete the form and to update annually (between January and March each year). In the last quarter of this year, this same system and policy will roll out for all members of CRG editorial teams.

### Co-ordinating Editors' Executive elections

In recent weeks we have organised and run an election for the Co-ordinating Editors' Executive. This is now complete and the new Executive will be in place by the time of the Colloquium. The new members are Jan Clarkson, Nicky Cullum, and Jos Verbeek.

### Copy Edit Support (and the Cochrane Style Guide)

The Copy Edit Support (CES) facility copy-edit protocols, reviews, review updates and overviews prior to their publication in the Cochrane Database of Systematic Reviews (CDSR). CES consists of a team of 11 copy-editors organised and supported by Elizabeth Royle, the CES Manager, and augmented by three Cochrane Review Group (CRG)-based accredited copy-editors who assist when submission levels are particularly high. CES was set up by Wiley in 2003, and in January 2014 became part of the CEU.

CES receives an average of 99 copy-edit submissions each month, though this can fluctuate significantly (155 in July 2013, 127 in March 2014). There is a need to expand the regular CES team to improve turnaround times – particularly when submission rates peak – so a new copy-editing accreditation test has been developed, piloted, calibrated, and made available to candidates wishing to join the CES team. Testing and marking will proceed across the end of the summer, and new team members will be appointed in the autumn. The test will be made available to CRG-based candidates after this. Appointment of new members to the CES team will permit Elizabeth to focus more on quality assurance (of both CES and CRG-based accredited copy-editors) and support of team members.

### Cochrane Style Guide

Harriet MacLhose, John Hilton, and Elizabeth Royle, supported by Noemie Aubert-Bonn, are updating the Cochrane Style Guide. The Cochrane Style Guide is designed to help review authors and people responsible for copy-editing to use a consistent style when copy-editing Cochrane Reviews and other documents produced by The Cochrane Collaboration. Over 100 items of feedback have been received and we are making the following changes to the guide and the system for future updates:

- Reviewing the feedback received to date and, in consultation with the Cochrane Style Guide Working Group, will revise the current version.
- Moving from a static PDF version to an html version (similar in style to the Cochrane Editorial and Publishing Policy Resource).
- Will use the Cochrane UserVoice system to capture all suggestions for changes in the future so that changes and decisions about changes are visible to all.

### CRS User Support team

*This is a partial report on recent CRS developments. Please see the IKMD report for more details on the technology aspects of the CRS.*



In the previous six months training and support has shifted from a focus on generic training webinars to tailored webinar sessions for individual CRS users. A CRS training day took place in Manchester at the UK & Ireland Contributors Meeting in Manchester in April 2014 and another is planned for delivery at the Hyderabad colloquium. Metaxis Ltd continue with minor bug-fixing, however new functionality requests will now be handled through the Cochrane User Experience Group (UXG). The CRS 'wish list' compiled over the past 20 months was uploaded to the Cochrane User Voice site where users will be able to vote and comment on ideas. Since the CRS Online version (CRSO) was launched in January 2014 over 400 users have run over 15,000 search lines. Searches generally run much faster in CRSO than a comparable search in CENTRAL via Wiley (we are seeing an average search time of 0.6 seconds per line), plus the results are linked to other databases such as PubMed and ClinicalTrials.gov giving instant access to information about trials that otherwise might be missed.

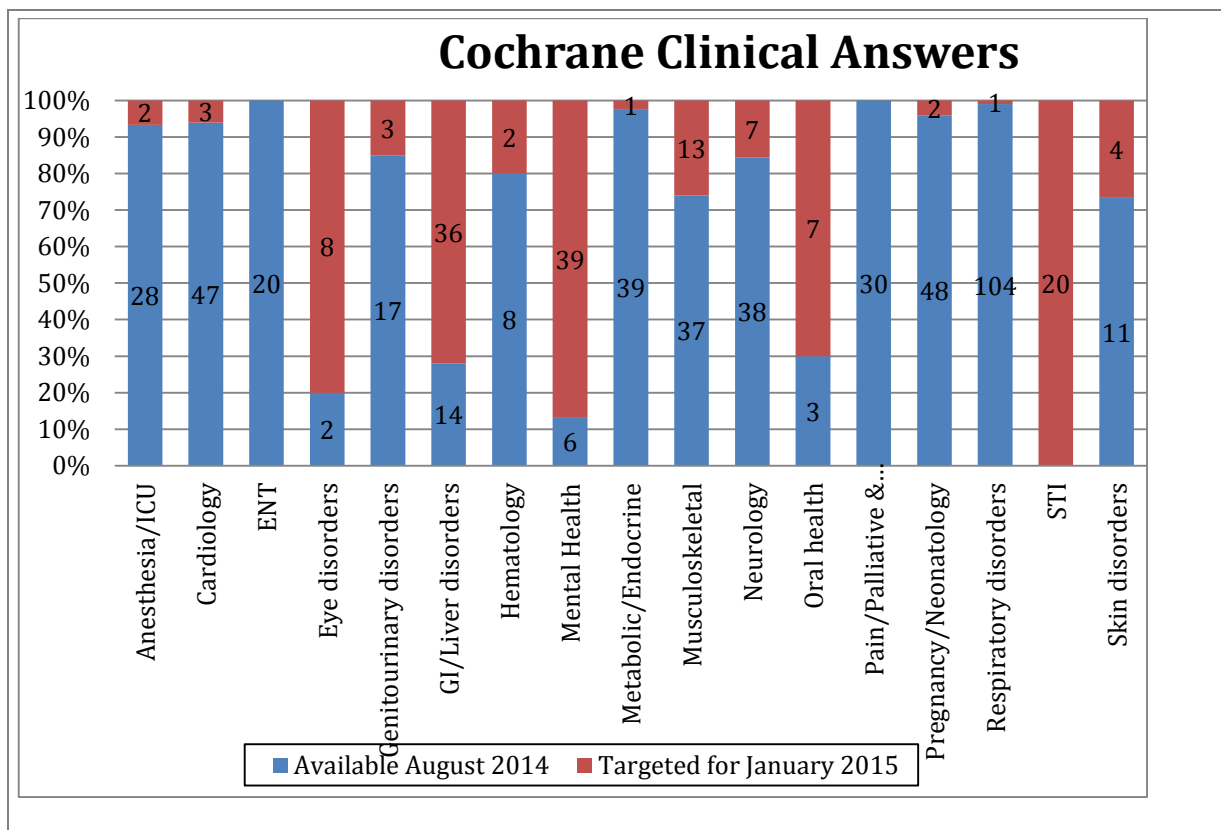
### Derivative products editorial report

The collaboration between the CEU (Sera Tort, Jane Burch) and Wiley (Karen Pettersen) on data extraction, editing and signing off Cochrane Clinical Answers (CCAs) prior to publication, and feeding back issues highlighted during the process to review groups, continues. The CEU and Karen Pettersen also continue to work with associate editors who create CCAs; the number of associate editors has increased to 37 as Cochrane Reviews in new areas of medicine are selected. As of July 2014, a new system has been introduced on a trial basis where Sera Tort, Jane Burch or Karen Pettersen draft the Clinical Answer text in addition to completing the data extraction (as they currently do) and these are sent to clinical advisors to ensure they are clinically relevant and accurate. So far, seven clinicians have been invited to join the team as clinical advisors; two have accepted and are currently providing feedback on CCAs written by Jane Burch and we are waiting for replies from others. We hope that this new system will increase the speed of production of full Clinical Answers, and will become a permanent part of the process.

As of August 2014, 452 CCAs have been signed-off and published (339 published as full Clinical Answers and 113 part published with outcome data only of which 15 have CCAs written by Jane Burch awaiting feedback from a clinical advisor). The CCA content coverage is shown in **Error! Reference source not found.**

The team expects to reach the target of 600 CCAs by the end of the year.

Figure 1. Cochrane Clinical Answers coverage



## Editorial and Publishing Policy Resource

Since the mid-year meeting, the following substantive developments have taken place:

- **Conflict of interest:** The section on 'Conflicts of interest and Cochrane Reviews' has been added. This complements the section on 'Conflicts of interest and Cochrane groups' and stems from the updated commercial sponsorship policy.
- **Open access:** Added information on UK National Institute for Health Research (NIHR) Programme Grants and PubMed Central.
- **Plagiarism:** Completed plagiarism policy; the policy will be included in the resource shortly and roll-out will be supported by training events for Managing Editors from Managing Editor Support.

## Editorials and Special Collections

### Editorials

#### April–September 2014

Nine editorials have been published in the *CDSR* since April 2014:

- [One pill, four questions: what we still need to know about reducing cardiovascular risk with combination therapy](#) - Alun Hughes, April 2014
- [Taking medicines safely and effectively](#) - Sandy Oliver, April 2014
- [From observation to evidence of effectiveness: the haphazard route to finding out if a new intervention works](#) - Helen Handoll & Nigel Hanchard, May 2014
- [Preventing otitis media with pneumococcal conjugate vaccine: more data than certainty?](#) - Chris Del Mar & Jane Smith, May 2014
- [Treating metastatic breast cancer: the evidence for targeted therapy](#) - Nicholas Wilcken, June 2014
- [Not too little, not too much: delivering the right amount of anaesthesia during surgery](#) - Stephan Kettner, June 2014
- [Vitamin D for preventing cancer: evidence and health beliefs](#) - Bernd Richter, June 2014

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- [When will research measure up to our need to know how steroids affect childhood growth?](#) - James Paton, July 2014
- [Cochrane Clinical Answers: putting Cochrane Reviews in clinical context](#) - Sera Tort, Karen Pettersen & David Tovey, July 2014

Most editorials were linked to new or updated reviews, helping to disseminate the findings and encourage debate on broader issues arising from the reviews. One editorial was about Cochrane Clinical Answers, raising awareness of that product. We plan to publish three more editorials in early September 2014; one will be review-related and two will explore key issues relevant to discussions at Hyderabad. There was also ongoing work with colleagues at Wiley to prepare for the transfer of editorials to a new publishing platform and to ensure all editorials are included on PubMed.

### **Future plans**

Editorials remain an important avenue for disseminating review findings, raising awareness of Cochrane's work, and promoting debate on evidence-based health care. The CEU will continue to commission editorials and consider proposals for editorials, aiming to publish between one and three editorials a month. In addition, we will continue to work with colleagues at Wiley on the transfer of editorials to the Anywhere Article format as part of the technology roadmap work.

### **Special Collections**

Special Collections aim to bring together reviews that address a broad health care issue. At any time four Special Collections are presented on the homepage of *The Cochrane Library*, and during that time the reviews included within these Collections, plus those included in a group of Evidence Aid Collections are made freely available.

### **April–September 2014**

Two new special collections: 'Malaria diagnosis and treatment' and 'Malaria prevention and control' were published on *The Cochrane Library* in April 2014 to coincide with World Malaria Day. The special collection on tobacco cessation was also updated in May 2014 for World No Tobacco Day.

### **Embase Search Project**

Records from Embase have continued to be imported into CENTRAL on a monthly basis with 12373 imported up to July 2014. Screening started slowly to test the process and ensure quality mechanisms were in place and operating correctly and screeners have been increasing in number over the year. There are currently 302 active screeners with a further 253 in training. Screeners have screened 59,087 records and found 1606 RCTs/CCTs and there are a further 10692 currently in the screening process.

In August the team will begin screening Conference Proceedings using the same process. A separate group of screeners is working through the 2011–2013 backlog of non-tagged records but progress here has been slower than expected so this will form the main focus of work for the next few months. The annual search strategy review will evaluate the performance of the search filter and modify it to improve precision, potentially through the safe removal of animal studies and reviews. It will also explore whether the sensitivity of the strategy could be enhanced further by applying more comparative tests against the previous strategies.

### **Managing Editor Support**

Managing Editor (ME) Support provides induction training, on-going training, and day-to-day support to MEs in all aspects of the role within a Cochrane Review Group (CRG). The team provides day-to-day support to MEs via email, phone, and Skype.

### **ME Support team**

The ME Support team is currently made up of Liz Dooley, Anupa Shah, and Harriet MacLehose (ME Support Manager). Rebecca Gray, who had been a team member since the start of ME Support (and also previously of IMS Support) stepped down from her role at the end of June. In addition to the general support, Becky provided induction training and one-to-one support to MEs in the Americas. The team thanks Becky for all her contributions.

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Each person works for ME Support for one day per week, and the team has funding for five days per week plus the ME Support Manager. From 1 October, Liz Dooley will increase her time to two days per week and Sally Bell-Syer will join ME Support for one day per week. Recruitment for the fifth person, based in the Americas, will start shortly.

### ME Support activities

Experience over the past few months has shown that there is demand for the team's professional service, both in providing day-to-day support and in contributing to related projects that will impact MEs. We have provided some highlights of work so far.

In the first half of 2014, the team:

- Was contacted by 42/53 CRGs.
- Received over 190 queries per month, with the top three related to Archie, publishing, and workflows.
- Provided induction training to two CRGs: Effective Practice and Organisation of Care; Heart Satellite.
- Provided one-to-one training on special topics (e.g. workflows) to three MEs.
- Partnered with the MEs' Executive to run a meeting at the Cochrane Canada Symposium.
- Ran a series of webinars on workflows in June.
- Spent over half of time on support and training. These also involve research and documentation activities to provide accurate answers to queries, and to identify issues where new policies are needed or issues in current editorial and production processes, which need to be escalated.
- Spent the remaining time on other activities, such as preparing the ME Support bulletin, keeping up to date with queries received and responses given, monitoring developments, joining and preparing minutes for our regular meetings.
- Circulated three ME Support bulletins, and moved the bulletins from emails to the CEU website.
- Prepared an online training resource for MEs ([training.cochrane.org/mes](http://training.cochrane.org/mes)), in conjunction with Cochrane Training and the MEs' Executive, based on the results of the 2013 training needs assessment (see report for 2014 mid-year meeting).
- Conducted an evaluation of ME Support (see report for 2014 mid-year meeting).

### Face-to-face meeting, including professional development

The ME Support team, including Sally Bell-Syer, met at the CEU for four days in August for a ME Support meeting, training events, and preparation for future activities at the Colloquium and beyond. The meetings included a one-day 'train the trainer' session by an external consultant and a CrossCheck training session by Rachael Lammey from CrossRef.

### Future activities

During the last two quarters of 2014, ME Support will continue to provide the standard support to MEs. In addition, the team will provide an advanced workflows workshop and one-to-one support for MEs at the Colloquium. The team is also planning a series of webinars to support MEs in using the CrossCheck software required by the new Cochrane plagiarism policy. The team is also planning inductions for new MEs and will continue to prepare regular ME Support bulletins.

### Methods report

Methods Groups continue to actively contribute to Cochrane. The following report provides a summary of this activity. Further information is provided in the Methods Board report that will be freely available on the Cochrane Methods website and in the September issue of the Library supplement *Cochrane Methods*. The Methods Executive has met every 2 months including Panama. The Methods Application and Review Standards Advisory Committee (MARS AC) has had a number of calls particularly to review the Methods Innovation Fund topics for 2015, they also met in Panama. Members, however, are struggling to attend both meetings. Terms of reference for the MARS AC to strengthen governance will be discussed in Hyderabad.

### April–August 2014

**Update on the progress of the CRG Networks:** Two networks are currently up and running the Bias Assessment Network (BAN) and the Applicability and Interpretation (AIN\_SoF) Network. BAN have 90% of CRGs represented mainly managing editors. AIN\_SoF have 50% of CRGs represented who cover a multiplicity

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of roles in Cochrane (MEs, Editors, Stats etc.). The Statistical Network (SN) is underway and has identified a volunteer co-ordinator who has initiated invites to all statisticians identified in Archie. Key issues from a recent discussion with Network leads are: *Resourcing, formalisation of the networks, how to incentivise voluntary input, credentialing, organisation of networks, network developments, and communication of networks*. Various suggestions were discussed and further information on these developments is in the Methods Board report. Follow up will include:

- Ensuring the networks are the right model and for CRG requirements.
- A proposal to set up a network committee.
- Once there is a clearer idea of network utility and member activity, and a coherent structure, consideration will be given to a funding proposal to Cochrane for co-ordinator roles.

**Update on the progress of the Cochrane Handbook revisions:** Completion and publication of the minor amendment 5.2 to incorporate the MECIR standards has unfortunately been delayed by receipt of completed chapters and editor workloads. The current work plan is to get the chapters ready for publication in the next couple of months and publish before the end of the year. During this process chapters that are ready (completed editorial scientific review, copy and format edits) will be published online in advance of other chapters. The Handbook will move into Drupal book format.

**Cochrane Methods Library supplement publication:** All Methods Groups produced reports this year. Publication as usual in September and all Colloquium participants will receive a hardcopy. Mike Clarke has stepped down as scientific co-editor. We currently have four editors.

**Updating meeting at McMaster University June 2014:** This meeting was organised to provide Cochrane with recommendations on how to address the problem of maintaining the policy of routine updating of Cochrane Reviews. This is briefly reported elsewhere here. A fuller report will be provided separately to the CSG. A short briefing paper will be distributed to the business meetings at Hyderabad to identify immediate actions and further work required. A journal publication is in progress.

**Methods Innovation Fund:** *Cochrane Methods* 2014 provides detailed information on the progress of the six current projects. Interim reports continue and there are no issues of concern. There have been some inevitable delays due to staff changes and recruitment into studies or tool pilots. The training strategy will work with project leads to facilitate dissemination. The Methods Training event for 2016 will target one of the projects yet to provide training.

**MECIR Standards Project:** A consultation for standards for reporting protocols commenced with a deadline in early October. The UKCC recently designed a booklet for the conduct and reporting standards for distribution to UK CRGs.

**Methods symposium:** A public health focussed Methods symposium will take place on 21<sup>st</sup> September entitled, *'From concepts to evidence synthesis: Towards a research agenda for methods of public health systematic reviews'*. Over 50 sign ups with maximum capacity of 100 participants.

**Methods Group activity for 2013-14:** Currently there are sixteen groups lead by 78 (2-13 per Group) co-convenors with 2561 (700 Equity members) active members mainly located in the UK, Canada, US, Australia and the Netherlands. There are three proposed Methods Groups at different levels of development: Rapid Reviews, Aetiology and Animal studies. Consideration will be given to whether an Updating Methods Group is required. Methods Groups will conduct 36 Workshops at this year's Colloquium in Hyderabad. They provide additional training courses, workshops at a variety of Cochrane symposium and non-Cochrane events (open to Cochrane authors) and in total have conducted well over 46 such events in the last year. The Groups have reported seventy-five key journal publications related to Methods Group work. This is probably an under estimate of the work produced by Co-convenors related to Cochrane work and their involvement in other collaborative projects such as PRISMA. Appendix 1 summarizes Methods Groups' contribution over the last year. Further detailed information can be obtained from individual Methods Group websites or *Cochrane Methods* due for publication in September.

**Future plans**

**Methods strategy and governance:** In light of other strategic plans, the structure and function project and the planned governance review the Methods strategy requires development. It also requires the engagement of Methods Convenors and this only really occurs annually at Board meetings.

**CRG networks:** To follow through plans reported above.

**Cochrane Methodology Register:** The CSG did not agree to fund the proposal submitted in Panama and would like further consideration of scope and sustainability in any subsequent proposal. There are no further developments on progressing another proposal. A call will be set up with CSG representatives.

**Website developments:** Methods Groups were notified of a plan to house all Methods Groups websites in one website including the central Cochrane Methods *beta* site. No objections were received and further discussions and plans will take place at the Methods Board in Hyderabad.

**Methods Innovation Fund 2015-18:** The MARS advisory committee deliberated over 60 topic submissions, through open consultation, reducing these to the following list. Methods Convenors and others, as appropriate, have received invitations to submit full proposals by 31<sup>st</sup> October. Submissions will receive peer review. Successful projects are unlikely to start until the end of the second quarter in 2015 due to organisational complexities. This is a competitive process, as funds will not cover all list suggestions.

1. Continuous outcomes in meta-analysis
2. Minimally Important Differences (MID)
3. Missing participant data for continuous outcomes
4. Statistical implications for frequency of updating
5. Development of guidance for inclusion of adverse effects in reviews
6. Analysis of non-randomized studies
7. SoF development for combining RCTs and Non Randomized Studies
8. Handling Clinical trial reports in systematic reviews
9. Diagnostic test accuracy reviews (included topics related to searching, development of the QUADAS tool for comparative studies, and development of SoF and Plain Language summaries for DTA Reviews).
10. Prioritisation
11. Prognosis reviews (covering appraisal tools, search strategies and meta-analytic approaches)
12. Qualitative evidence synthesis and mixed methods reviews
13. Summary versions of review summaries
14. Searching general, and searching DTA (covering test mining and development of filters)
15. Standard review development

**Methods Training event:** A three day methods training event in Paris this December will describe the background, rationale and structure of ACROBAT-NRS (bias assessment tool for non-randomised studies) and train participants in its application. Methods Executive decisions for future events are statistical developments in 2015 and one of the current Methods Innovation Fund projects yet to receive training funds in 2016.

**MECIR standards project:** The MECIR co-ordinating team will follow through a review of the current conduct and reporting standards based on feedback from the screening and proposed audit projects. They will review the protocol consultation feedback. Standards will be developed based on recommendations from the updating meeting. The team will meet over the next couple of months to produce a final set of standards and will complete a publication and consider formats for dissemination.

**Cochrane Handbook:** The major update version 6 requires a project management review to ensure a more timely publication than the current 5.2. An authors and editors meeting will be held at the Colloquium in Hyderabad.

**Cochrane Methods Library supplement publication:** Editors will meet in Hyderabad to discuss future development of the supplement and will consider an additional issue.

**Common errors and good practice database:** This project continues to develop in co-operation with examples obtained from the screening project, MECIR consultations. This CEU project involves screening and audit projects, training and methods. A discussion with IKMD will take place Hyderabad to discuss development of database.

## Training report

### April–September 2014

The major focus of activity during this period has been the development of the Cochrane Training and Professional Development Strategy (see Target 4.2 below, and separate paper). Additional activities during this period have included:

- Collaboration with the Informatics and Knowledge Management Department, including contribution to beta testing and training webinars to support the roll-out of RevMan 5.3, participation in the User Experience Group, and the establishment of ongoing collaboration on the development of infrastructure for training, including a common errors database and the selection of training & communications software.
- Co-chairing the Colloquium workshops committee, putting together a program of nearly 80 workshops, and beginning preliminary discussions with workshop facilitators on conversion of key workshops to online format following the Colloquium.
- Identification of a preliminary resource list for Cochrane editors, to be made available on the Cochrane Training website at <http://training.cochrane.org/editors>, pending a more comprehensive project addressing editorial training needs under the Strategy.
- A rapid evaluation of the Online Learning Modules, currently available to Cochrane authors via the Cochrane Training website. Over the nine months to July 2014, the Online Learning Materials have been the single most accessed section of the Cochrane Training website (aside from the home page), with an average of 530 users logging in each month, or almost 20 per day. The most popular module is the Introduction to Systematic Reviews module, following by Writing a Protocol and Collecting Data. In late March 2014, a social media campaign offering free access to the modules in exchange for feedback elicited over 230 volunteers and 55 feedback surveys. The surveys confirmed that users appreciate the clarity and interactivity of the modules, and provided useful information on users' access of other training opportunities and suggestions for improvement of the modules. A detailed evaluation report has been drafted to feed into a business case to begin making these modules available to external users on a fee-paying basis.
- Continued progress on translation of the Standard Author Training Materials including Spanish, French, Russian and German translations.
- Continuing to support the Cochrane Trainers' Network, which has now grown to include 264 members.
- Continuing to respond to queries from the general public. Around 40 queries have been received over the past six months (1-2 per week), generally from members of the public new to Cochrane and seeking information via our website.

During this period, Caroline Struthers and Marialena Trivella have completed their terms as Training Co-ordinators, and moved on to other roles. We thank them for their contributions over the past two years.

### Future plans

Plans and objectives for the coming period are outlined in detail in the Cochrane Training & Professional Development Strategy (see separate paper). In the immediate term, assuming successful approval of the Strategy by the Steering Group in Hyderabad, the first steps to implementing the Strategy will be:

- to initiate the recruitment of ongoing staff in line with revised position descriptions; and
- to establish working groups, project plans and measurable targets and deliverables for each of the Strategy objectives and projects.

## Updating Cochrane Reviews

### Updating systematic reviews workshop, June 2014: interim report

The Cochrane Steering Group agreed to fund a two-day updating workshop in June 2014. The meeting was hosted at McMaster University, Hamilton, Canada by Holger Schünemann (Applicability and Recommendations Methods Group Convenor, and Methods Group representative on the Cochrane Steering Group).

The workshop was attended by twenty-six people with expertise in conducting systematic review updates within Cochrane and other external agencies tackling similar updating questions, including the Agency for Research and Quality in Health in the USA.

This interim report is a brief summary. Synthesis of the workshop and its recommendations is in progress for a report to the Cochrane Steering Group. Additionally, a journal publication is underway.



The workshop had the following objectives:

1. To produce draft guidance for Cochrane Review Group (CRG) editorial bases on prioritizing updates and managing author teams for effective and timely updating.
2. To propose modified updating key performance indicators to monitor progress against the strategic plan.
3. To explore statistical and technological developments that could facilitate and improve updating.
4. To consider next steps, including a time-limited working group or whether there is a need for further development, possibly within the framework of a Methods Group.

The meeting included rapid presentations across the following range of topics, and these were followed by discussion and small group work. The group first identified the challenges, and why policy and practice needs to change. We explored approaches undertaken by different groups such as the American Health Research and Quality group (AHRQ), and the American college of Physicians. A stepwise approach followed starting with *when and whether* to update utilising approaches to prioritization such as searching surveillance and statistical techniques and specifying triggers or signals to update, if updating, *how* to update exploring different approaches such as focussed and contracted out updates. The meeting also explored the use of technology to create efficiencies using text mining and machine learning. Other considerations were centralisation of updates and how to manage updates by developing a Classification System to enable readers of Cochrane Reviews to identify the update status of a review. Discussion also involved the important issues for incentivizing authors, managing authorship of updates and identifying new authors, appropriate peer review, and creating a tool kit for editorial bases.

The expert group provided a number of recommendations for consideration by Cochrane, and we will include these in our final reports. Cochrane will need further policy development to implement many of the recommendations. Topics for the recommendations and considerations will include the following:

- Ideas and proposals were shared on developing criteria and methods to help prioritise updates, and will be formalized. As part of this, the Updating Classification System was recognized as being helpful for Cochrane Review Groups to manage updates and to identify those Cochrane Reviews that do not need updating.
- The attendees agreed that Cochrane Review Groups need to use the most current available methods and approaches for conducting Cochrane Review updates; for example, it should be mandatory for an update to include the most recent validated 'Risk of bias' assessment tool for all included studies (new and old), and it should be mandatory for an update to include a 'Summary of findings' table.



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- Draft policies of when to peer review an update and the authorship for updates were discussed and it was agreed that these should move towards completion.
- Using technology and targeting updates to improve the efficiency of updating.
- New pragmatic methods of identifying literature, including with searching a more restricted set of journals, were discussed and will be developed.

### Updating classification system

See The Cochrane Library Technology Roadmap report.

### Focused Updates

In order to address some of the challenges of updating Cochrane Reviews, Enhance Reviews and the Cochrane Editorial Unit have proposed a novel approach: 'Focused Updates'. These short updates (two A4 pages) focus on updating the seven most relevant outcomes only, and include just the key pieces of information for decision-making. We completed a proof-of-concept study of three Focused Updates (March–June 2014), which found that Focused Updates were feasible (completed within a short timescale, no major challenges, and broadly consistent with published updates), although some limitations to the study were noted, and some minor challenges were identified. The concept and study were also presented at two Cochrane meetings (Cochrane UK & Ireland Annual Symposium, April 23-24 2014, Manchester, UK; Cochrane Updating meeting, June 26-27 June 2014, Hamilton, Canada), and participants at the meetings were broadly positive. Next steps would be to carry out a comprehensive pilot with a parallel in-depth stakeholder assessment.

# Communications and External Affairs Department (CEAD)

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## Overview

During the March-September 2014 reporting period the Communications and External Affairs Department (CEAD) has undergone significant staff change. During a three-month period from March to May we saw the departure of the Head of Department, Helen Morton, closely followed by the Senior Media Officer, Katie Breeze, and our Internal Communications Officer, Caroline Mavergames.

From April, our Social Media and Web Editor, Nancy Owens, was joined by Jo Anthony, Senior Media and Communications Officer, in undertaking responsibility for the CEAD's wide communications remit. This covers internal communications, thought leadership, media, social media, digital content, and brand/profile development. During this period, the recruitment and appointment process for a new Head of Department has also been completed. Julie Wood begins in post on 1 September 2014.

The last six months have been particularly fast-paced with key deliverables in relation to a full organisational rebrand (to be previewed at the Hyderabad Colloquium), partnership mapping and development, and media engagement. See the reports against Goal 3 *Strategy to 2020* targets (above).

## Social media and other online content

We are continuing to engage actively on social media with a significant Cochrane presence established on platforms including Facebook, Google+, LinkedIn, SlideShare, Twitter, and YouTube; expanding content disseminated and engagement via social media networks. Combined numbers of subscribers across social media networks as of 15 August 2014 are at 44,000; averaging 200 new Twitter followers/week. The combined number represents a 47% increase in subscription over the last year, up from 30,000 in mid-August 2013.

The team also continues to provide social media training, support, and awareness raising at meetings for Cochrane contributors, as well as partner and related organisations, including the upcoming Hyderabad Colloquium, the Australian Palliative Care Conference, the Australian National Health and Medical Research Council, and the Guidelines International Network, to increase Cochrane contributors' and healthcare research colleagues' understanding of and participation in social media, and facilitate remote engagement.

## Internal communications

CEAD has implemented an integrated workflow system to capture and communicate Cochrane news to the general public as well as to Cochrane Groups and contributors via [cochrane.org](http://cochrane.org) and two new newsletters. [Cochrane Connect](#), our global newsletter, is preparing to publish its seventh issue in August 2014. It is mailed to a subscriber list established on CCInfo's subscriber and adding new subscribers regularly. As of August 2014 the subscriber list stands at 3,077, a 30% increase over the starter subscription list of 2,362.

Cochrane's community newsletter, [Within Cochrane](#), published its sixth issue in August 2014. Each issue includes feature-based stories and an editorial, selected news and content listings from Cochrane Groups, the CET, and the organisation at large, as well as news for Colloquia and other meetings, and top Cochrane media stories. A highlight of the August issue was an exclusive story previewing Cochrane's new organisational logo for Cochrane contributors.

Since the departure of Internal Communications Officer Caroline Mavergames in May, CEAD has been greatly assisted in the timely production of both Cochrane newsletters by the support of Tom Cracknell, Project Support Officer for IKMD. We would like to formally acknowledge his contributions, and thank him and IKMD for their support.

# Finance and Core Services

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## Building new teams and services

The following activities have been undertaken by the team in the period April to September 2014:

- Implementation of Xero, a new and improved accounting system based on cloud/SaaS principles, with new invoice approval protocols and integration with existing banking software;
- Production of a revised set of management accounts and financial reports;
- A review of investment policy and treasury and banking arrangements, including a proposal to reduce the number of bank accounts held and reducing the number of banking transactions;
- Changed arrangements with payroll bureau services, including establishing a payroll procedure for employees in Freiburg Germany;
- Formation of a Danish subsidiary in order to employ staff based in Copenhagen, whilst continuing negotiations with the current employer;
- Participation and advice in the development of a response to the Open Access issue;
- Induction and training of the new Finance Manager;
- Assessment of the needs of the organisation for premises over the short- to medium-term, with research into potential new premises to rent or buy and ensuring the termination of the lease in existing premises proceeds smoothly;
- Assistance with running the Game Changers initiative;
- Assistance with the RfP process for the CAST project;
- Preparation and audit of the statutory financial statements for the organisation;
- Revised Group monitoring process with issue of revised Part B forms;
- Review of the draft Risk Management Report;
- Recruitment of the Head of Communications and External Affairs;
- Recruitment of the CEO for Cochrane Innovations;
- Recruitment of the Translations Co-ordinator;
- Recruitment to four other roles;
- Drafting of a revised staff handbook including new policies on travel expenses, maternity leave, induction and exit interviews;
- Implementation of the last stage of the JE exercise and cost of living adjustments;
- Colloquium organisational support including stipends;
- Administrative support to Cochrane Innovations;
- Continuing improvements to IT infrastructure, including connectivity and hard ware improvements;
- Development of new dashboard reports.

## The FCS team

Against a background of high staff turnover and all-round organisation change, the new team has familiarised itself with the tasks necessary to ensure the existing organisation runs smoothly while delivering on projects designed to improve the core operations. The sheer amount of change to be implemented on parallel tight timetables has been challenging, but after a period of intense activity we anticipate that the team will be well placed to finish the calendar year with significant targets delivered and on budget.

# Informatics and Knowledge Management Department (IKMD)

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## Development of new workflows (Agile, Kanban)

The process of adopting a new project management framework is still ongoing and represents a significant change for the whole of IKMD. For some projects, such as the Linked Data Foundation Phase, Archie and RevMan, the new, agile methodology has become the standard while other projects are requiring some adjustment and tweaking in terms of project management. Generally, the goal is to move toward more frequent releases of all software and web-based systems with an emphasis on end-users via the UX Group framework.

## UX Group (UXG)

The new site for feedback, <http://ideas.cochrane.org>, is now in active use. The UXG continues to meet twice a month involving Central Executive Staff and will be holding its first review of the current process at the Hyderabad Colloquium. See <http://tech.cochrane.org/aboutus/uxgroup>.

## Future of Review Production (FORP)

In May, IKMD officially launched a project we're calling "Future of Review Production" (FORP). This project will be a multi-year endeavour to pull together the various pieces of Cochrane's technology systems (RevMan, Archie, CRS, Linked Data, and soon, CAST) into a coherent, browser-based platform for review production.

It's early days but we're scoping out the backend database and making some fundamental decisions about the system architecture. The focus for the next six months is on integrating CAST (the Cochrane Author Support Tool), moving CRS forward and into the browser and building out the APIs and creating a reviews database to replace the current XML-based method of storing reviews. We are, however, not just focusing on the backend but are already doing wireframes and mockups of what this future platform might look like to end-users. In addition, to inform this work, the focus of this year's #CochraneTech Symposium is 'The Future of Review Production' where we hope to stimulate discussion and generate ideas that will help us conceptualize how we pull all this together in the next few years.

*Review database:* The ability to query and update individual parts of reviews, e.g. a specific Risk of Bias table, is an important requirement for turning review production into a more modular and concurrent process. To accomplish this we're planning to replace the current XML document-based review store with a relational database where the different review components are split into objects that can be accessed individually. This work is currently in the specification phase.

*API (Application Programming Interface):* The API (or web service) will provide a standardised interface for exchanging data between the review database and other systems, including review production tools (RevMan, CAST, CRS), third-party tools and data consumers.

*Wireframes:* Initial work has been done on the interface of the new system, but ideas are in the early stages and we hope to get some more insight from the #CochraneTech Symposium in Hyderabad.

## Colloquium support

Our Senior Web Developer, Martin Janczyk, has made further changes to the Event Manager during 2014, in addition to supporting the use of the event manager for both the Hyderabad Colloquium and the organisers for Vienna. Martin has temporarily taken over some of Juliane's responsibilities for Event Manager as she moves to her new role, but we are currently seeking a long-term solution for covering this work.

## Websites work

Routine assistance and maintenance has been ongoing for Cochrane.org and the existing 130+ sites. In addition a few websites have been created for some of the following types: Centres, Branches, Groups, two Centres have adopted the Cochrane.org-like theme, and the Cochrane Colloquium Abstracts website has been released in it's final form: abstracts.cochrane.org.

## Cochrane Register of Studies (CRS)

This is only a partial report on CRS developments in the last six months. Please see the CEU section of this report for more details on the editorial aspects of the CRS.

The CRS is now officially an IKMD project. In May 2014, the plan for a managed handover of the CRS from Metaxis to IKMD, was announced to CRS stakeholders. To reflect this change and the shift in focus from implementation to development the CRS Project Board has changed its name to CRS Development Team and now includes two new IKMD team members; Henrik Larsen and Jessica Thomas. Henrik Larsen, Senior Systems Developer from IKMD, will be working more closely with the CRS developers as we begin the multi-year process of handing CRS over to IKMD. Ultimately the CRS system will become part of the Future of Review Production ecosystem. Our plans to consume the CRS within IKMD span over a two-year period, and are currently in the early planning stages. The transfer process has been conceived in phases, with Phase 1 covering 2014-15 and Phase 2 covering 2015-16. Phase 1 includes a critical scoping exercise, the outcome of which will determine feasibility of this timeline overall. During Phase 1, Cochrane will continue funding Metaxis to provide support and training, and to host and perform maintenance critical to the system. In Phase 2, we will continue the co-development, ensuring a smooth transfer from Metaxis, who have an obvious wealth of knowledge about the program and have ably supported Cochrane so far. It is our hope that the handover will be completed sometime in 2016, but our prime objective is to ensure a smooth transition with minimum disruption for users and to maintain a strong focus on developing the CRS as a part of our suite of review production tools.

Funding is available to continue with the current CRS User Support Team structure until the end of October 2014, after which time it is hoped that those roles will be incorporated into the proposed new TSC support package. With the limited development budget that we have, the CRS will be co-developed throughout 2014-15, with paired programming between Metaxis and IKMD developers to facilitate knowledge transfer. The primary aim is to move CRS, along with RevMan, to a browser-based system.

## Archie releases

There have been three releases since April 2014; in June, which involved changes to Monitoring forms for Fields; in July involving Smartling integration (for translations), and a secure login using SSL; and in September, involving more translation work, a feedback widget, preparations for the conflict of Interest declarations for CRG editorial staff, supporting the change so that withdrawn protocols are no longer removed from publication, and support for persons with only one name.

## RevMan 5.3

The following new features were included in RevMan 5.3, in June 2014, intended to be the final significant version of RevMan as a desktop version. Our Future of Review Production project works to move RevMan into a browser-based environment along with other key systems such as CRS and CAST. RevMan 5.3 included some significant new features:

- Flexible reviews were introduced, allowing more review-types without changing RevMan code (Prognosis reviews, Qualitative reviews). This new feature will provide a platform for new review types required in the future.
- Insertion of Risk of Bias (RoB) items in Forest plots. It is possible to insert RoB tables inside forest plots in order to show the traffic lights next to the studies in the Forest Plot.
- Study centric view - RevMan can now render the review in the old fashioned way or in the new Study-centric view where the Study is at the centre. When rendered in the new way all information about a study is gathered together (references, characteristics, RoB, Outcome data).
- Changes to the SSL (HTTPS) for more security. As security is always an issue, using SSL prevents possible hackers from intercepting the review while it is being sent over the internet.

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- Guidance pane for writing a review: incorporating MECIR. A panel with MECIR guidance can be opened to help authors write their reviews in accordance with MECIR standards, there is scope for this guidance pane to include other guidance in the future also.

### **Organisational change, a new IKMD website, communications plans, social media**

The IKMD have been working together to make the changes to reflect the move to creating one technology team from the former Web and IMS Teams, including the creation of a single website, [tech.cochrane.org](http://tech.cochrane.org). We are working on a communication plan and migration of our files and servers to a single IKMD space. We have continued to be fairly active on our two Twitter accounts: @CochraneTech and @CochraneArchie and we also have a Google+ page to publicise issues around our Symposium in addition to any relevant technology issues. We are developing a space on [tech.cochrane.org](http://tech.cochrane.org) with details on our projects where Cochrane contributors can learn more about our work and follow our progress.

The organisational change for Germany is complete, but the Copenhagen organisational change is ongoing; transfer agreements are waiting final clearance, bank accounts and pension providers and payroll need to be set up and contracts have yet to be established for Copenhagen staff, amongst some tasks remaining. We anticipate that the change will complete before 2015.

### **Server migrations and Central Executive Team IT**

The following changes have been managed by our System Administrator, Javier Mayoral, David Lefebvre, and Martin Janczyk:

- Several server changes have been made, including: the Test and Training Archie servers and project management, Fogbugz, have moved to a new server, migration of the RevMan installation files, a new code repository (called Subversion or SVN) was established and other core backend developments.
- Changes have been made to the support email: [techsupport@cochrane.org](mailto:techsupport@cochrane.org) due to changes made to the CET email system, in addition to moving the email list management system to Cochrane servers from the German Cochrane Centre.
- New Sophos antivirus was deployed for all Central Executive Team (CET) members during August 2014 and a policy was drawn up for CET staff regarding their IT equipment, for when it is lost or stolen with Rachael Wallwork's help. Backups were also implemented for the Dropbox file system used for storing all CET files.

### **Meeting involvement for IKMD**

*#CochraneTech Symposium*: The planning committee, led by Lorne Becker and Chris Mavergames, has held regular meetings in preparation for this year's Symposium. The theme of the event is 'The Future of Review Production'. The Symposium will include a mix of plenaries, 15 'rapid presentations' on tools, a break-out session with several options exploring issues of interest for our 'Future of Review Production' project, and will conclude with a moderated panel discussion. The event will take place prior to the Colloquium on 20 September. There is capacity for 96 attendees, and at the time of writing 90 had confirmed attendance.

Chris represents the IKMD on both the Roadmap and PubMan meetings. Jessica attends the Roadmap committee meetings, in addition to meeting with Harriet MacLehose and either David Hives, or Colleen Finley, from Wiley, regarding Content and Production issues and the Roadmap Mini-cards. Our developers work on drawing up specification requirements for the Wiley tech-related projects with Updating review classification being one of the primary projects currently in progress.

IKMD have also had a presence at several Cochrane meetings in the last six months, including the UK and Irish Contributors meeting in Manchester and the Updating Workshop held at McMaster University in June.

## Appendix 1: Methods Groups: status reports

Methods Group	Headlines for 2013-14
<b>Adverse effects</b>	<ul style="list-style-type: none"> <li>✚ PRISMA for Harms extension due later this year</li> <li>✚ Expert Advisory Panel available for queries and peer review</li> <li>✚ Developing search approaches for adverse effects and adverse drug reactions</li> </ul>
<b>Agenda and Priority Setting</b>	<ul style="list-style-type: none"> <li>✚ Developed a lay summary database</li> <li>✚ Developed guidance for conducting research priority setting exercises</li> <li>✚ Conducted survey of challenges in priority setting</li> <li>✚ Investigating prioritisation approaches for updates with colleagues from the Economic Group [Value Information Analysis]</li> <li>✚ Mapped cause-specific disease burden determined by the Global Burden Disease study to corresponding systematic reviews and protocols in the Cochrane Library using target diseases (e.g. skin)</li> <li>✚ Working with the CEU on strategic target 1.1.</li> </ul>
<b>Applicability and recommendations</b>	<ul style="list-style-type: none"> <li>✚ MIF project to enhance acceptance of SoF tables</li> <li>✚ Developed new online Guideline Development Tool (GRADEpro) that will seamlessly interface with RevMan</li> <li>✚ Developed and user tested interactive SoF table providing a choice of formats to view evidence</li> <li>✚ Conducted six Q&amp;A webinars on SoF tables</li> <li>✚ Full day training event at the Hyderabad Colloquium – <u>Fully booked</u></li> <li>✚ Running a CRG Network</li> </ul>
<b>Bias</b>	<ul style="list-style-type: none"> <li>✚ Conducted a train the trainer workshop</li> <li>✚ MIF project to extend the Risk of bias tool for non-standard and non-randomized studies in collaboration with the NRSMG</li> <li>✚ Currently in collaboration with colleagues working on bias issues with selective outcome reporting, network meta-analysis and large systematic reviews.</li> <li>✚ Running a CRG Network</li> </ul>
<b>Comparing Multiple Interventions</b>	<ul style="list-style-type: none"> <li>✚ MIF project to explore issues around the validity, breadth, structure and interpretation of methods to compare multiple interventions in CR and six guidance documents are available</li> <li>✚ Conduct successful major training event in 2013 previously reported.</li> </ul>
<b>Economics</b>	<ul style="list-style-type: none"> <li>✚ Training materials are available on producing Brief Economic Commentaries (BEC)</li> <li>✚ Working with APSMG on a proof in concept of Value Information Analysis to inform whether to proceed with an update</li> <li>✚ Provides tailored workshops for individual CRGs on request</li> <li>✚ Two day training event at the Hyderabad Colloquium on health economics – 26-27<sup>th</sup> September</li> </ul>
<b>Equity</b>	<ul style="list-style-type: none"> <li>✚ Supplement to the PRISMA-E extension providing explanation and elaboration for reporting equity in systematic reviews will be published later this year</li> </ul>
<b>Individual Participant Data</b>	<ul style="list-style-type: none"> <li>✚ Presented five oral presentations including a special plenary at last year's colloquium in Quebec debating benefits and drawbacks of patient level data</li> <li>✚ PRISMA-IPD is in development</li> <li>✚ In receipt of funding to produce guidance which includes appraisal of IPD meta-analyses, the impact of SR and MA using IPD on trial design, conduct and clinical practice, finally ethical considerations.</li> </ul>
<b>Information Retrieval</b>	<ul style="list-style-type: none"> <li>✚ MIF project completed work on an annotated bibliography for searching for unpublished data</li> <li>✚ Group works with a wide range of collaborators across a wide range of projects and include: <ul style="list-style-type: none"> <li>○ Methodology for cluster searching for SR's of complex interventions</li> <li>○ Filters to find research from low and middle income countries</li> <li>○ Investigating text-mining techniques for the development of search filters</li> <li>○ Conducting a comparison of manual screening with a semi-automated process using a machine classifier</li> </ul> </li> </ul>
<b>Non-randomised Studies</b>	<ul style="list-style-type: none"> <li>✚ In collaboration with the BMG as part of the MIF project developed, and are currently piloting the ACROBAT-NRS, the risk of bias extension for non-randomized studies. This tool is expected to be finalised by the Hyderabad Colloquium followed by a major training event in Paris in December for CRG and Centre staff.</li> </ul>
<b>Patient Reported</b>	<ul style="list-style-type: none"> <li>✚ Investigating summarizing data in minimally important difference units</li> <li>✚ Evaluating approaches to summarise evidence from multiple trials using different instruments</li> </ul>

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<b>Outcomes</b>	measuring the same construct. Five categories for these approaches are created to inform their presentation in SoF tables.
<b>Prospective Meta-analysis</b>	<ul style="list-style-type: none"> <li>✚ Group convenors have been active participants in the access to data debates giving high profile presentations to the Society for Clinical Trials, the National Library for Health, food and Drug Administration, Drug Information Association, BMJ, and the Medical Publishing Insights and Practices Initiative in New York. Davina Ghersi and Lisa Askie are on the WHO International Clinical Trials Registry Platform Advisory Group.</li> <li>✚ Examples of PMA's in process are neonatal oxygen levels and interventions for the prevention of childhood obesity.</li> </ul>
<b>Prognosis</b>	<ul style="list-style-type: none"> <li>✚ The Exemplar project continues with three types of prognosis review overall prognosis (autism spectrum disorder), prognostic factors (non-specific low back pain) and prediction models (risk of post-operative nausea and vomiting). A range of tools are in various stages of development and the methodological work being collated to develop related guidance.</li> <li>✚ One prognostic review protocol published</li> </ul>
<b>Qualitative and Implementation</b>	<ul style="list-style-type: none"> <li>✚ MIF project to investigate intervention complexity has produced a tool for assessment and data extraction of dimensions of intervention complexity, publication in progress. The project is also investigating the contribution of qualitative trial “sibling” studies compared with unrelated qualitative studies to explain findings of systematic reviews of effectiveness.</li> <li>✚ High profile review of a qualitative evidence synthesis review integrated with an existing effectiveness review that addressed barriers and facilitators to the implementation lay health worker programmes</li> <li>✚ Further guidance produced on protocol development in RevMan</li> <li>✚ A tool to ascertain the certainty of qualitative evidence (CerQUAL) is in development in collaboration with colleagues from the ARMG.</li> </ul>
<b>Screening and Diagnostic</b>	<ul style="list-style-type: none"> <li>✚ Twenty six new DTA reviews and 51 protocols have been published to date</li> <li>✚ Thirty Cochrane authors and methodologists from 16 CRGs and two Centres attended a training event in the UK. They have been recruited as future peer reviewers.</li> <li>✚ Twenty-one newly assigned CRG based DTA editors have completed training</li> <li>✚ Full day training event on diagnostic test accuracy reviews at the Hyderabad Colloquium – <u>fully booked</u></li> </ul>
<b>Statistical</b>	<ul style="list-style-type: none"> <li>✚ Supported the Quebec Colloquium Methods Symposium on “Data, Outcomes, Uncertainty, and Graphs: Advances and Limitations in Trials, Meta-Analysis and Novelties which acknowledged the work of long time Co-convenor Doug Altman.</li> <li>✚ SMG have recommendations developed on statistical methods for estimating and encompassing heterogeneity (e.g. various estimators of the heterogeneity variance, calculation of confidence interval for the heterogeneity variance and for the summary of effect). Recommendations are based on a systematic evaluation of several alternative methods using published simulations and empirical studies. The recommended methods will be taken forward in the next major structural change in RevMan (online). SMG is proposing two additional estimators for the heterogeneity variance (Paule-Mandel and Restricted Maximum Likelihood) and the Knapp-Hartung method for obtaining confidence intervals and the summary of effect.</li> </ul>



# Cochrane's Mid-Year Business Meetings Proposal

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**Prepared by:** Mark Wilson & Chris Champion

**Date:** 29<sup>th</sup> August 2014

**Purpose:** To provide an overview of the purpose of Cochrane's mid-year business meetings;  
To provide a proposal for suitable locations for future meetings;  
To clarify funding arrangements for these meetings;  
To seek Steering Group approval for this new approach to mid-year meetings.

**Urgency:** Low

**Access:** Open

## **Background:**

Cochrane's 'mid-year meetings' held in March-April serve as the primary business meetings of the year for the organisation. They provide an opportunity for face-to-face interaction for the Steering Group, the Executive Committees of Cochrane Groups as well as other advisory and working bodies within the Collaboration. The mid-year meetings also provide a valuable opportunity to conduct a 'strategic session' where the organisation's wider collective leadership can explore key issues and guide the development of Cochrane's policies and practice. The mid-year meetings have become the primary occasion when Cochrane's collective leadership comes together to concentrate on the issues and make the decisions required by the organisation. As such, they serve a different purpose from the annual Colloquium in that those attending are limited to Cochrane's trustees, Group leaders and Central Executive team members; there is far more time available for meetings and decision-taking between them; and there is a clear focus on Cochrane's business.

The Colloquium, in contrast, serves as the principal gathering of the collective Cochrane family of collaborators; as well as maintaining its role as a scientific conference with many attendees who are new to Cochrane or not yet interested in the internal work of the organisation. The Colloquium's different location each year helps to establish Cochrane as a global organisation and to build the profile and reach of the organisation in the host countries.

## **Proposal:**

The required participants for the mid-year meetings are primarily Cochrane employees or those actively engaged in Cochrane Groups, e.g., Co-ordinating Editors and members of the Group Executives. Given the concentration of Cochrane staff and Groups in the UK and Europe it is very costly, both in time and money, for Cochrane to send all the required individuals to meetings if they take place a long way from Europe or in difficult-to-access locations. Attendance at locations that are far from Europe tend to be lower because of this, reducing the usefulness of the meetings. Furthermore, the business meetings do not need to be more than three or four days, so the travel should not be disproportionate for most participants to the time spent at the meetings.

Our proposal is therefore that the meetings should be held in the foreseeable future preferably in the UK or Europe; or if further afield at a major international hub that is easily accessible for the majority of participants at an affordable price (such as Toronto, Dubai or New York). The Steering Group could consider whether any general guidance should apply – such as two out of three years in Europe with the third in an easy-access international location.

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Our *Strategy to 2020* commits Cochrane to increasing global participation in the organisation and we do not believe that this proposal harms our objectives in this area. This proposal simply recognises that the majority of individuals required for these business meetings are located in Europe, so this should be factored in to decision-making for the sake of cost, time-efficiency and attendance levels. The Colloquium is the place for taking Cochrane to the world and we should focus our efforts on building global participation through that avenue.

The Central Executive team would take the lead on arranging meetings, though where possible we would share responsibility by forming partnerships with local organizers such as Cochrane Centres or Branches. We would continue to encourage Cochrane Centres, Branches or Groups in the target geographic areas to volunteer to host the mid-year business meetings. However, as the mid-year meetings serve as Cochrane's primary business meetings and therefore offer limited benefit to the host institution (with the past practice of organising a special conference immediately before or after the meetings - in most cases - being discontinued); a larger proportion of the costs of organising and holding the meetings may be borne by Cochrane's central budget. This budget would bear the full costs if no host institution comes forward.

It is important to note that this proposal will not save money for Cochrane's central budget; but it is likely to save money for the wider Cochrane-supporting institutions (as they presently bear the costs of the long-distance travel and additional days of absence of employees; and those institutions bear the lion's share of the costs when hosting the mid-year meetings). In effect, Cochrane as an organisation will be taking on the responsibility and attendant costs of meetings it requires to run its business. The Central Executive would have to take on extra responsibilities for the organisation, but this could be combined within any expanded support for the annual Colloquium and/or Membership Support, Learning & Development (if agreed by the Steering Group in Hyderabad). However, there will almost certainly be savings in the overall cost of organisation of the mid-year meetings by tightening and restricting the schedules and their logistical organisation (for instance, to hotels and conference venues where all attendees can be housed together that are near airports and transport hubs). The focus of the meetings will be the business conducted there; and as a result they may be less attractive to Cochrane participants. The lack of an attached scientific meeting of some kind may also make it more difficult for some Cochrane Group leaders and non-Central Executive staff members to justify trips to the meetings.

We are presently awaiting the end of the re-bidding process to host the 2015 mid-year business meetings with the Bahrain Branch having withdrawn its invitation for April next year. If a volunteer Cochrane Group applies and is accepted, then any change of policy on the location of mid-year meetings would take effect in 2016. If no Group comes forward, then the Central Executive would have to organise the 2015 meetings and the new approach would begin immediately.

**Recommendations:** Cochrane mid-year business meetings are held in the UK, Europe or easily accessible locations in the foreseeable future.  
The Central Executive lead on the organisation of the meetings, preferably in partnership with a host Cochrane Group or supporting institution.  
Cochrane's central budget bears the costs of organising the mid-year business meetings where these cannot be met by a host organisation or where no host is found.

**Resource implications:** These are impossible to determine definitively as they will change each year. As stated above, savings would be made by Cochrane-supporting organisations but it is likely that there would be a small increase in costs from Cochrane's central budget as more hosting costs are absorbed.

**Decision required of the Steering Group:** To consider the recommendations made in this paper.

## Cochrane Finance and Core Services Review of Central Executive Team Finances for 2013-14 and 2014-15

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Prepared by: Hugh Sutherland

Submitted to: CSG, Hyderabad, 21<sup>st</sup> September 2014

Purpose: Information and approval

Urgency: Medium

Access: Open

### Executive summary

The audited figures for 2013-4 show group income of £4.6m, expenditure of £3.4m and a surplus of £1.2m (for details see the Trustees Report and Financial Statements 2013-14, Document 15.1). Accumulated reserves increased to £6.7m, mostly held in cash deposits. The cash held by the organisation was £6.5m and that level had increased to £7.2 million by July and is likely to be maintained at this level to the end of the financial year.

The projected levels of income for the current year are likely to be in line with the 2014-15 budget at £4.9m.

Spending in the current year is likely to be at least £500k lower than budgeted.

The initiative to identify and implement strategic investment projects funded from reserves has not yet progressed as far as spending any money.

The Collaboration remains in a strong financial position, having recorded a significant surplus in the last financial year and with a surplus for the current financial year likely.

A budget for the calendar year 2015 will be prepared over the coming months.

The accumulated surpluses left as contingency reserve will increase this year. The policy for investing the reserve will be reviewed.

### Current year income

The first two quarterly returns from Wiley suggest that the projected growth in sales and royalty revenue may be lower than the 5% budgeted, although the first quarter sales were higher than last year (which was in turn a very strong quarter). The assumption of 5% growth is still valid however.

Income from other sources is in line with budget: deferred income associated with contractual incentives is guaranteed, the quality and editorial contribution from Wiley has been received, the expected GoodVentures donation was received, bank interest is slightly higher than budgeted.

## Current year spending

The increase in levels of spending set out in the budget have not yet come about, as the recruitment of additional staff and implementation of new projects did not occur as quickly as budgeted, leading to an underspend of £481k (33%) in the period to July 2014.

While delayed, these activities are now under way and so the levels of spending should rise during the second half of the year, so over the whole year an overall underspend of £500k against budget is likely.

Looking at the four months to the end of July, and the differences in Departmental spending:

- CEAD – the team ran on a skeleton staff for the first five months, leading to an £83k (72%) underspend.
- CEO's Office – the costs of the translation and other projects have not yet been billed, leading to a £280k (61%) underspend
- CEU - there have been some delays in recruitment as well as reduced spending on Methods and Training, accounting for a £36k (8%) underspend
- FCS – spending is very slightly over budget for the period – most items are fixed costs with some billed in advance, showing a £4k (2%) overspend
- Governance - few of the stipend costs for the Colloquium had been paid in the period, contributing to a £122k (82%) underspend
- IKMD – recruitment and projects proceeded to schedule and so spending is in line with budget - £11k (4%) underspend

## Strategic investments

Cochrane's 'Game Changer' Initiative was established in 2013 to identify large investment projects which would radically improve the operations of the organisation. The initiative was launched in February 2014 and the first round attracted an extremely large response, with 39 bids submitted from around the world. The assessment of those responses has progressed as far as selection of a short-list of detailed proposals which are being considered for implementation, beginning as soon as the last quarter of 2014.

The timetable for the next round of the initiative is likely to be delayed by a number of months, in response to the large response to the invitation and due to the need to assess proposals rigorously in advance of implementation. The anticipated draw down of reserves to fund the projects has not yet occurred, so the cash reserves of the organisation remain strong.

## Budgetary parameters for 2015

The organisation will shift to a new calendar year reporting period for 2015. While the current year's budget covers the period April 2014 to March 2015, the reporting period end will be changed to December 2014 - so a nine month period. A fresh budget for the calendar year 2015 will be prepared in Quarter Four 2014 for CSG consideration in mid-December or early January.

The Collaboration has adopted a strategy for change which requires a higher level of capacity than at present. The opportunities and challenges which the strategy addresses are urgent and pressing, so it is appropriate to expand the capacity of the organisation in order to deliver

the strategic objectives suitably quickly. An approach of planning spending at an increased level equal to anticipated income will therefore continue and is strategically sensible, in parallel with the commitment to drawing from reserves to fund suitable strategic investments.

In the event that levels of royalty and total income do begin to fall, improved budgetary monitoring of spending will enable revisions to spending plans, either reducing or delaying spending as required.

### **Investment of the contingency reserve**

The commitments to spending set out above still leave a substantial contingency reserve in place, currently held as cash deposited in interest bearing accounts. In the final quarter we will be simplifying the banking arrangements of the organisation to make treasury management more efficient by sweeping cash into accounts offering the best interest.

We will also be preparing for Steering Group consideration later this year a new investment policy to ensure that sufficient returns are earned, subject to a thorough assessment of risk.

There is scope within an overall investment policy for operational investments in property. As we have moved to implement the Steering Group decision of March 2013 to bring UK-based Central Executive staff together to a new Cochrane headquarters in London, the possibility of purchasing a freehold or long leasehold property in London that could serve as that headquarters and as a long-term asset for Cochrane has emerged. No suitable premises to purchase have yet been found, and we are continuing to look principally for rented office space. However, it would be worthwhile for the Steering Group to consider this option in Hyderabad in case a suitable property did emerge in the coming months. I will present some illustrative figures to help trustees consider this option in Hyderabad.

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# Publishing Management Team | Steering Group Report | Hyderabad, India September 2014



DOCUMENT:	Cochrane-Wiley Publishing Management Team
SUBMITTED:	For the Steering Group meeting, Hyderabad, India, Sept 2014
PURPOSE:	To provide the Steering Group with an update on the activities of the Cochrane-Wiley partnership as overseen by the Cochrane-Wiley Publishing Management Team for the year to date (metrics provided: Jan – Jun 2014).
URGENCY:	Low
ACCESS:	This is an open access paper
DECISIONS REQUIRED:	For discussion. CSG approval sought for the strategic direction set out in this paper.

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## I Executive summary

The Cochrane-Wiley Publishing Management Team has a work plan for 2014 with objectives and targets approved by the Cochrane Steering Group. Progress against these has progressed well since the Cochrane mid-year meeting in Panama, with many targets completed and significant work undertaken to date for the on-going targets.

*The Cochrane Library* usage, as measured by full-text downloads, is up by 14% on the same period in 2013. The top three countries for accessing *The Cochrane Library* continue to be the UK, USA and Australia. Most usage of the Cochrane Database of Systematic Reviews (CDSR) is by people using the Wiley Online Library, followed by Ovid and EBSCO.

We also report on the impact of *The Cochrane Library*. The *CDSR* 2013 impact factor, released in June, increased to 5.939 from 5.785 for 2012. Cochrane Reviews have increasingly been shared via Twitter, Facebook, blogs, news outlets and other online sources. Additionally, we now report on mentions in policy documents, namely guidelines, where these reference Cochrane reviews. New in this report is the uptake by consumers using the new *PatientAccess* system, allowing them full text reviews for a nominal charge by the Copyright Clearance Centre. Cochrane review uptake under this scheme is growing and extending our access for consumers. We continue to look at different ways to improve impact, and report on a new initiative called *Kudos*, an online platform that enables users to create 'profiles' for their published articles and which will help Cochrane authors maximize the visibility and impact of their published articles.

The membership of the Publishing Management Team, and component working groups, has changed slightly since Panama with two members on maternity leave, and changes in personnel at Wiley.

Cochrane and Wiley share three technology work-streams, with significant projects that result in a major step change in service or functionality for end users included in *The Cochrane Library* Technology Roadmap. A number of projects are expected to be completed in 2014, and since Panama both the enhanced 'Anywhere Article' for Cochrane Reviews and Protocols and the *ReadCube* PDF reader, which gives readers who download PDF versions greater functionality as well, have been released. Further projects are in development, including *The Cochrane Library* website re-platforming, which will roll out new functionality and include the new Cochrane branding; updating classification system and what's new events for Cochrane Reviews; translations portals and multi-language search; and search projects. The delivery dates for these projects are to be confirmed, as detailed below.

We also describe the proposed focus of our technology work for 2015, which has been recently signed off by the Publishing Management Team. The key areas of technology work to be prioritised in the 2015 planning are:

- Unlock the value of CENTRAL.
- Support the introduction of new content types.
- Create an external-facing API to facilitate discovery and use of Cochrane content.
- Continue to take advantage of general Wiley product development initiatives and apply them, where appropriate, to Cochrane content.
- Support smaller scope projects as the same time as larger Roadmap cards through greater use of Wiley's enhancements team.
- Continue to show progress on projects, which will see delivery of initial phases in 2014 but will require further enhancements in 2015 (e.g. website re-platforming).

Cochrane and Wiley have agreed service standards for the performance of *The Cochrane Library*. The Publishing Management Team has now signed off all the contractual service standards. We are



considering whether to add an additional standard around production systems up time, which will be discussed at our November meeting. The standards have all been met to date with one exception in July.

Licence sales are on target for 2014. Key national provisions have been secured, with the exception of Sweden, which has moved to a national consortium licence, as reported in Panama. New national provision discussions are underway in several countries. Institutional licences are on target in all regions. Further to the European sales summit involving Wiley and Cochrane regional directors and staff in November 2013, an Asia-Pacific meeting was held during the opening of the Malaysia Branch in Kuala Lumpur in June 2014. These meetings are proving to be useful opportunities to explore regional sales strategies and market research gathering on increasing the impact and dissemination of Cochrane research locally. Future meetings are in planning stages for the Americas, South Africa, and Middle East.

*The Cochrane Library* marketing plan is progressing strongly, and we report on the initiatives and activities to date and plans for the remainder of 2014 across three areas: usage and sales; discoverability and readership; and visibility and profile.

## 2 Principles of working together

The Cochrane–Wiley Publishing Management Team was formalised in the new publishing agreement signed in February 2013. The team has had nine formal meetings to date. This is the fourth Management Team report to the Steering Group.

The principles of working together are set out and mutually agreed, under the oversight of the Management Team and its subgroups, Wiley and Cochrane will work co-operatively to develop the Collaboration's global reputation in the following areas in 2014:

- As the market-leading provider of independent, trusted, high-quality evidence for healthcare decision-making.
- For providing up-to-date, relevant information across all areas of human healthcare.
- For methodological and technological innovation.
- For transparent and inclusive publishing and working practices.
- For demonstrating, communicating, and increasing the impact of Cochrane content on healthcare decision-making across all areas of healthcare.
- For conducting business according to the vision and principles of Cochrane, and to the highest ethical standards.
- For taking a partnership approach to business relations, emphasising shared responsibilities, and decision-making.
- For providing content that is packaged in such a way as to increase accessibility and utility in diverse settings.
- For promoting access by means of wide dissemination of Cochrane content, taking advantage of and/or promoting, without limitation, strategic alliances, pricing structures, open access strategies and content and media management methodologies.

For the publication and delivery of Cochrane content, Wiley will provide:

- A technological environment created according to industry best practices made up of high-quality, innovative, and flexible delivery solutions that can be integrated with the Collaboration's existing and future information and communications technology infrastructure.
- A 'user-centric' approach to delivery and development of Cochrane content.
- A web-based publication model for Cochrane content.
- Search and inter-operability functionality between relevant products, platforms, and databases using industry best practices for software development.

- Optimisation of different and novel delivery platforms and presentation formats that can be incorporated into other health systems, including decision-support applications.
- The development of durable relationships with, and use of data from, other data providers.
- Accessibility to Cochrane content in environments where access to the internet is limited.
- Accessibility to Cochrane content for non-English language users.
- A reporting and monitoring process that ensures that the Collaboration has full and regular access to indicators of performance, project management activities and strategic planning.

### 3 Progress on the work-plan for 2014

Wiley and Cochrane have undertaken to achieve a series of overarching objectives during the lifetime of the contract. As agreed by the Cochrane Steering Group in Panama (March 2014), we will work together to achieve the specific targets set out in Table 1 by the end of 2014. Table 1 also reports our progress to date.

**Table 1.: Publishing Management Team work-plan for 2014**

Overarching objective	2014 target	Progress
1 Achieve universal 'one-click' access to <i>The Cochrane Library</i> , ensuring that it is free at the point of use	i Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016 ( <i>Cochrane Strategy to 2020</i> )	On track. Separate paper being presented to CSG.
	ii In parallel with the development of the open access strategy, continue to achieve new, and maintain existing, national (regional) licences and achieve 5% growth in subscriptions sales in all regions in 2014	14 country and regional renewals have been successfully achieved so far in 2014 with 1 remaining renewal due for July (Egypt). 1 NP was lost but replaced with a national medical /academic consortia license (Sweden). New NP discussions underway in several countries. Global subscription sales remain strong tracking level with prior year. Reprint sales are looking poor and are below prior year to date.
	iii Approve the 2015 subscription pricing list	Done.
	iv Approve the 2014 HINARI access list	Done.
2 Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods	i Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme</i> (CCPDP), as scheduled for delivery in 2014 in <i>The Cochrane Library</i> Technology Roadmap or through the Publishing Management Team executive	Ongoing. Please see section 5.3 and 5.4 of this report for full details.
	ii Implement a coherent Cochrane brand across all content within or parallel to the scope of the 2014 Roadmap ( <i>Cochrane Strategy to 2020</i> )	Part of roadmap plans. Implementation of new brand is in development.
	iv Establish a working group with Cochrane's communications department, Megan Helmers and Wiley's new communications manager for Cochrane to promote effective joint communications of Cochrane products	Working group established. Once new head of CEAD in post this will be assessed again.
3 Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by	i Engage collaboratively in the Cochrane led project to gather systematic data and improve understanding of end-user experience and need; and establish a framework for ongoing reassessment	Several members of the PubMan team are involved in this work, and will play a role in delivering this project.

	using them as the basis for publishing and delivery developments, improvements and innovations		( <i>Strategy to 2020</i> )	
		ii	Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area and undertake 'deepdives' in different areas of the business at each Management Team meeting	<p>Monthly reports and data available to all PubMan members. These are being used for deepdives and decision-making.</p> <p><b>Completed deepdives:</b> Marketing; Subscriptions analysis 2013; Usage 2013 review; Sales; 2015 pricing; Impact factor 2013 analysis; Licencing.</p> <p><b>Deepdives to come in Nov 2014 and Feb 2015:</b> Open Access strategy; Derivatives; Translations Strategy and roadmap; Roadmap review; Technology Service Standards review for 2014; Technology service standards sign-off for 2015; Dashboard review</p>
4	Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making available in languages other than English those elements identified by the Collaboration as appropriate for translation	i	Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme</i> (CCPDP), as scheduled for delivery in 2014 in the Roadmap or through the 'Publishing Management Team Exec', including the translations cards scheduled for 2014 ( <i>Cochrane Strategy to 2020</i> )	Ongoing. Please see section 5.3 and 5.4 of this report for full details.
		ii	Deliver Cochrane Clinical Answers and Cochrane Learning to market ( <i>Cochrane Strategy to 2020</i> )	<p><a href="#">CCA</a> delivered to market and selling through Wiley Sales Channels. Content being added continuously with over 400 CCAs published to date.</p> <p><a href="#">Cochrane Learning</a> delivered to market 70+ accredited modules for Canadian and American market. New modules under development.</p>
		iii	Continue to provide complementary licences to Wikipedia editors and work with the new Cochrane Wikipedian in Residence	100 licenses available for editors. Approximately 80 claimed so far. Deborah PG attended WikiMedia Conference, London, in August 2014 with Wikipedian in Residence to meet with editors.
5	Engage positively with all users and stakeholders	i	Aim to meet the standards of service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to service standards. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year	<p>Original standards approved.</p> <p>Additional standard around content production under consideration.</p>
		ii	Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the <i>Cochrane Strategy to 2020</i> .	Done.
		iii	Continue to engage Cochrane Centre Directors in developing sales strategies	Discussions for renewals and individual sales opportunities ongoing. Meetings at sales summits in Berlin, London, Malaysia to begin further

				detailed reviews.
		iv	Offer a co-ordinated Cochrane-Wiley series of events at the Hyderabad Colloquium	Done. See details in Section 4 of this report
6	Provide efficient and effective subscription management and support services for users	i	Aim to meet the standards of customer service set out in the Service Level Standards and use the Key Performance Indicators to implement a 'continuous improvement approach' to customer service. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year.	Ongoing.
7	Develop strategic partnerships with news providers, policy-makers, healthcare organisations, technology providers and others who can disseminate, promote and use Cochrane content in effective and appropriate ways	i	Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area	Ongoing.
		ii	Approve the 2014 Marketing Plan	Done.
		iii	Hold regional sales summits, inviting relevant Cochrane Centre and Branch Directors	Ongoing. Completed summits: <b>Region discussed</b> (location of summit): <b>Europe</b> (Berlin); <b>Middle East</b> (London); <b>Asia Pacific</b> (Maylasia).
8	Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity	i	Achieve the delivery of the translation cards in the Roadmap ( <i>Cochrane Strategy to 2020</i> )	Ongoing. Please see section 5.4 of this report for full details. There is also a deepdive planned on this topic.
		ii	Review the recommendations of the environmental impact review that Cochrane will be undertaking and implement them where appropriate	The environmental review has been delayed until 2015, so this is pending. This will return to our agenda when applicable.
9	Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including those in high-level business and management roles	i	Ensure that all activities are communicated to a member of the Publishing Management Team executive	Ongoing.
		ii	Continue to hold weekly Publishing Management Team Exec calls; and monthly Roadmap Committee and KPI group calls	Ongoing.
10	Recognise and respond to the culture and unique organisational structure of the Collaboration	i	Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the <i>Cochrane Strategy to 2020</i>	Done and planned for incoming new recruits induction.
		ii	Deliver Management Team reports to the Steering Group and its sub-committees for the Panama and Hyderabad Cochrane meetings	Done.

#### 4 Publishing Management Team dashboard

The dashboard includes data on usage and impact of *The Cochrane Library*, and our plans for the 22<sup>nd</sup> Cochrane Colloquium.

##### Usage:

- Figure 1. Full-text and abstract downloads of Cochrane Reviews: January to June 2014
- Figure 2. Full-text downloads of Cochrane Reviews: 2012 to 2014 (January to June)
- Figure 3. Full-text downloads of Cochrane Reviews by location: January to June 2013 and 2014
- Figure 4. Visits to *The Cochrane Library* website ([www.thecochranelibrary.com](http://www.thecochranelibrary.com)): 2013 and 2014 year to date

- Figure 5. Page views of Cochrane Review abstracts on Cochrane Summaries versus Abstract views on Wiley Online Library: 2013 and 2014 year to date.
- Figure 6. Referrals to Cochrane Reviews on Wiley Online Library: January to June 2014
- Figure 7. Usage (by 'views' of each record by database) of the CDSR, CENTRAL, and DARE in *The Cochrane Library*: January to June 2014
- **Error! Reference source not found.**

**Impact**

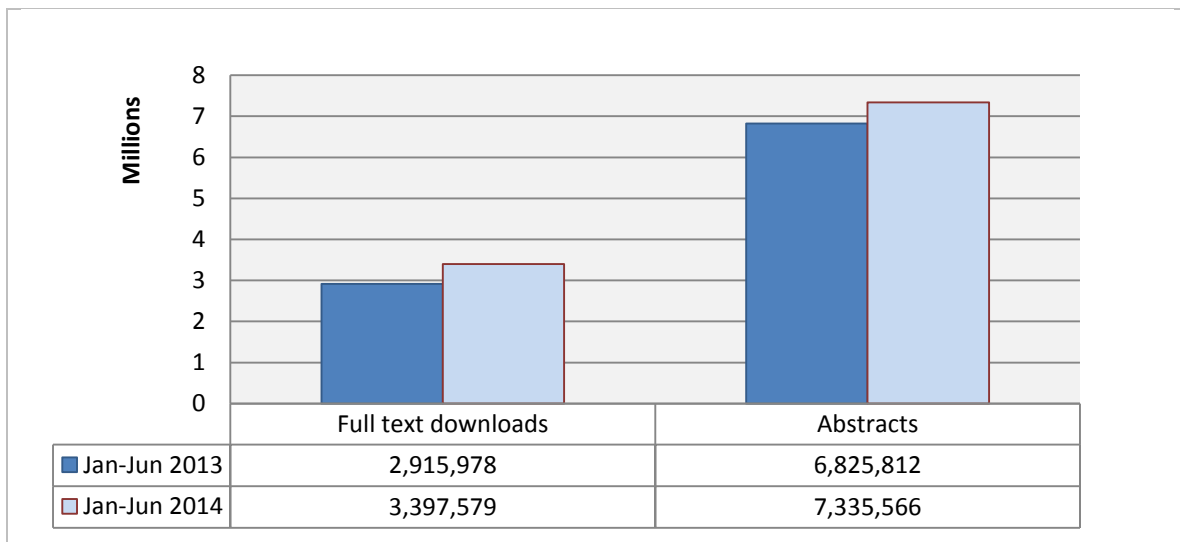
- Table 2. Top 10 Altmetric scores from Cochrane Reviews published January to June 2014
- Table 3. Impact factor: 2010 to 2013
- Table 4. Top 10 highest cited Cochrane Reviews: 2005 to June 2014
- Figure 8. Mentions of Cochrane Reviews as captured by Altmetric: 24 August 2013 to 1 August 2014
- Figure 9. Mentions of Cochrane Reviews in policy documents as captured by Altmetric: 24 August 2013 to 1 August 2014
- Figure 10. Location of Twitter users that tweeted about Cochrane Reviews as captured by Altmetric: 24 August 2013 to 1 August 2014
- Table 5. Different types of requesters for RightsLinks permissions in 2014
- Figure 11. Types of RightsLinks requests in 2014
- Figure 12. Demographic details of The Cochrane Library Facebook fans

**22<sup>nd</sup> Cochrane Colloquium**

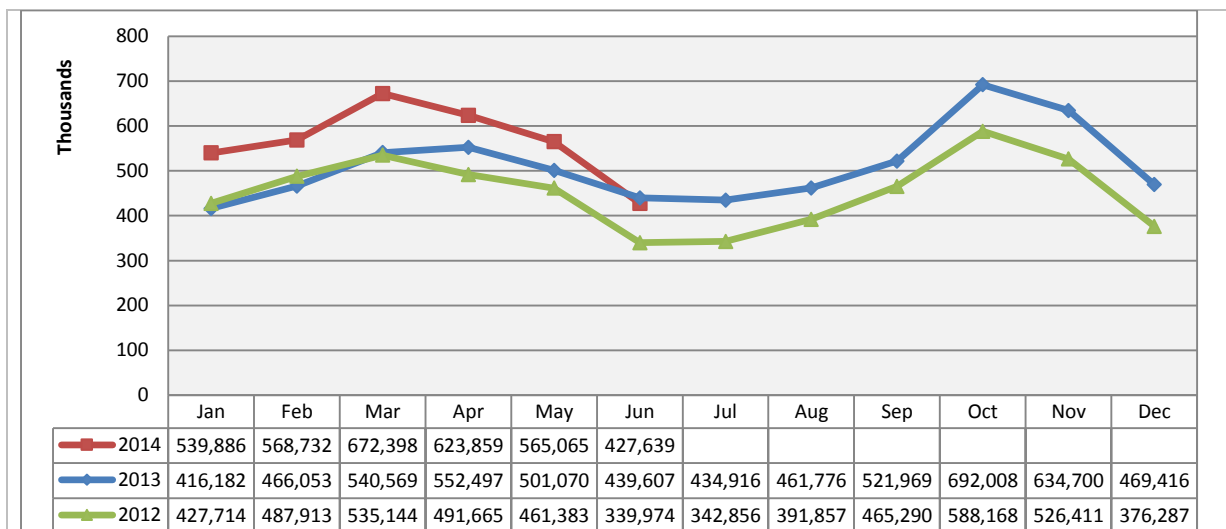
- Table 6. Workshops, oral sessions, and posters from Cochrane and Wiley for the 22<sup>nd</sup> Cochrane Colloquium

**4.1 Usage**

**Figure 1. Full-text and abstract downloads of Cochrane Reviews: January to June 2014**



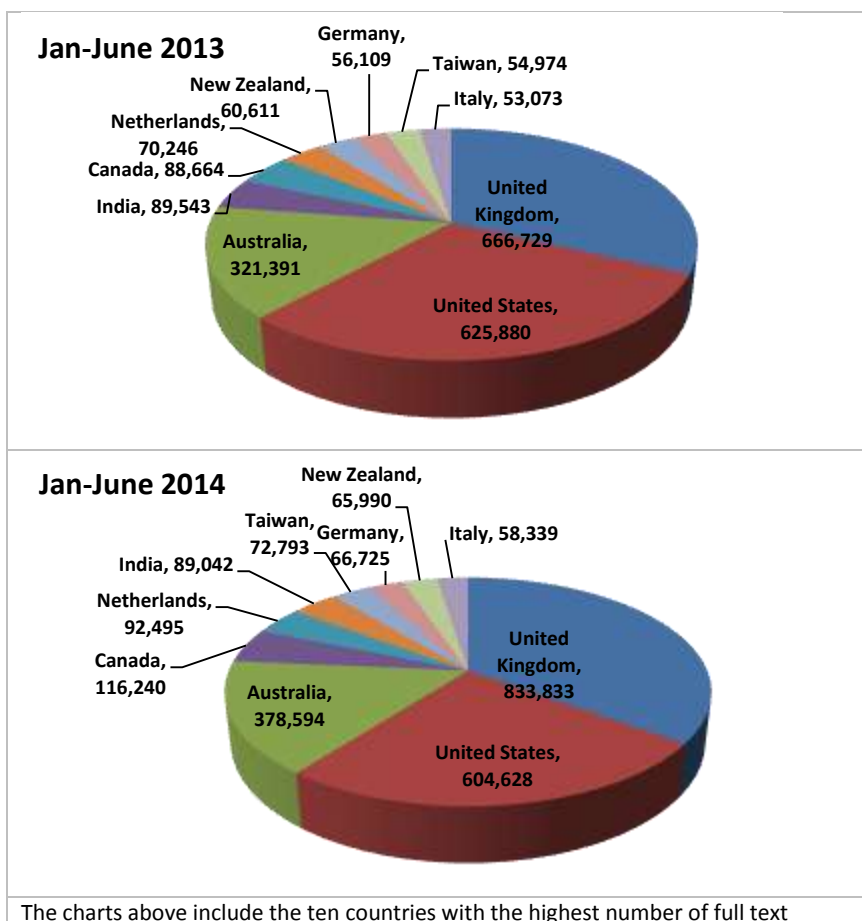
**Figure 2. Full-text downloads of Cochrane Reviews: 2012 to 2014 (January to June)**



The number of full text downloads received in 2014 is 14% higher than the same time period in 2013.

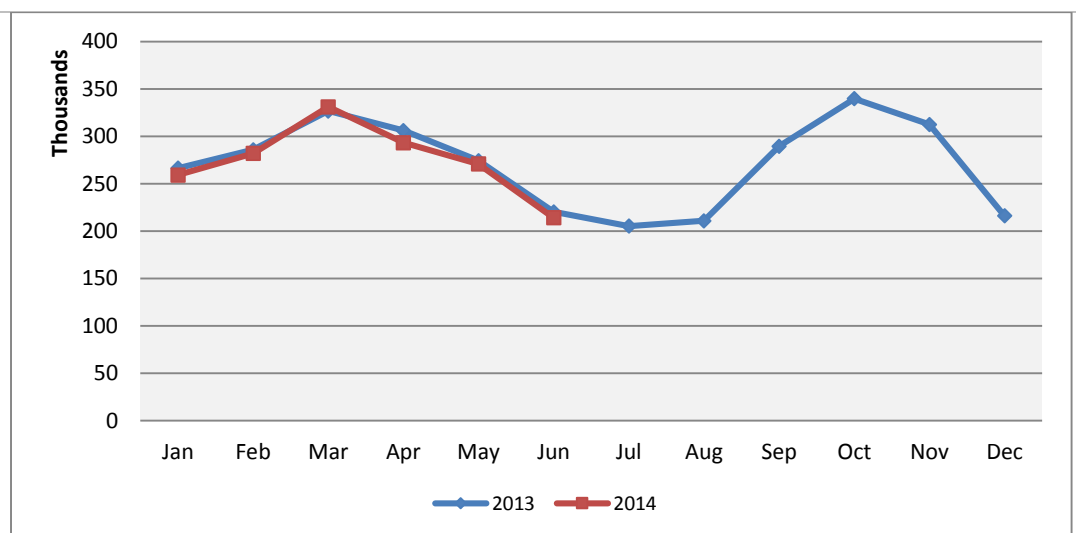
As reported in the monthly Publishing Management Committee dashboard reports, the reporting of html full text downloads from China in particular has been affected by [web crawlers](#). As a result, a decision was made to exclude html full text download usage from China in the chart above. In 2012, the last full year before web crawlers affected figures from China, there were approximately 50,000 html full text downloads. The chart above includes 56,757 PDF full text downloads from China in 2013 and 23,591 for 2014 to date. The web crawler issue previously affecting data for the UK has been resolved and is reflected in the chart above.

**Figure 3. Full-text downloads of Cochrane Reviews by location: January to June 2013 and 2014**



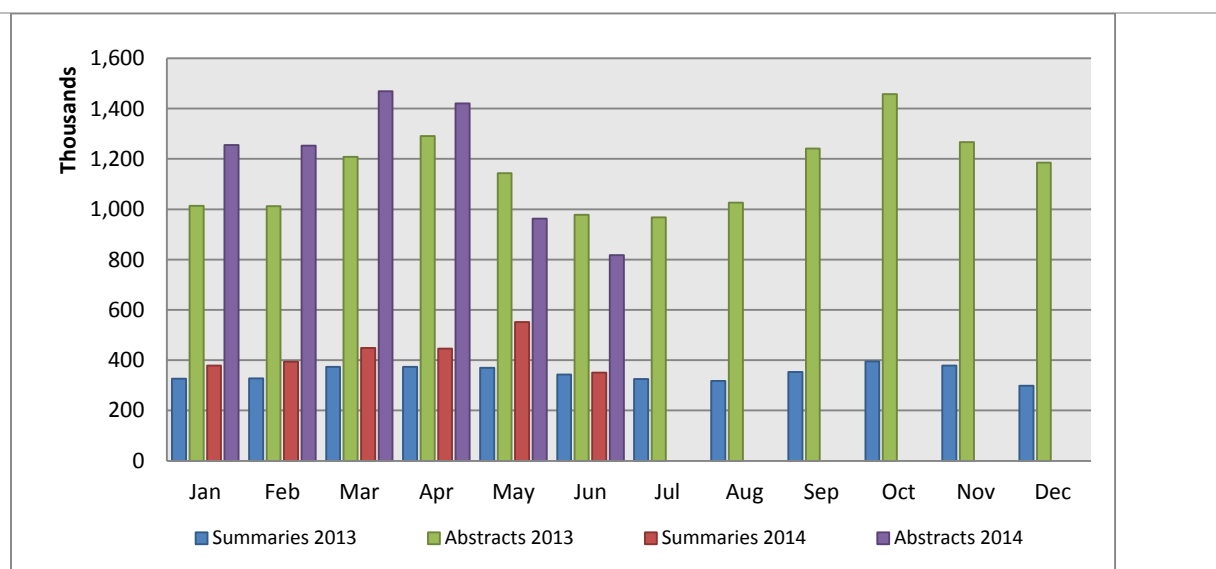
downloads over the time period. Canada (23%), India (21%) and the UK (20%) have made a larger number of full text downloads in the first half of 2014 than they did in the corresponding time period in 2013.

**Figure 4. Visits to *The Cochrane Library* website ([www.thecochranelibrary.com](http://www.thecochranelibrary.com)): 2013 and 2014 year to date**



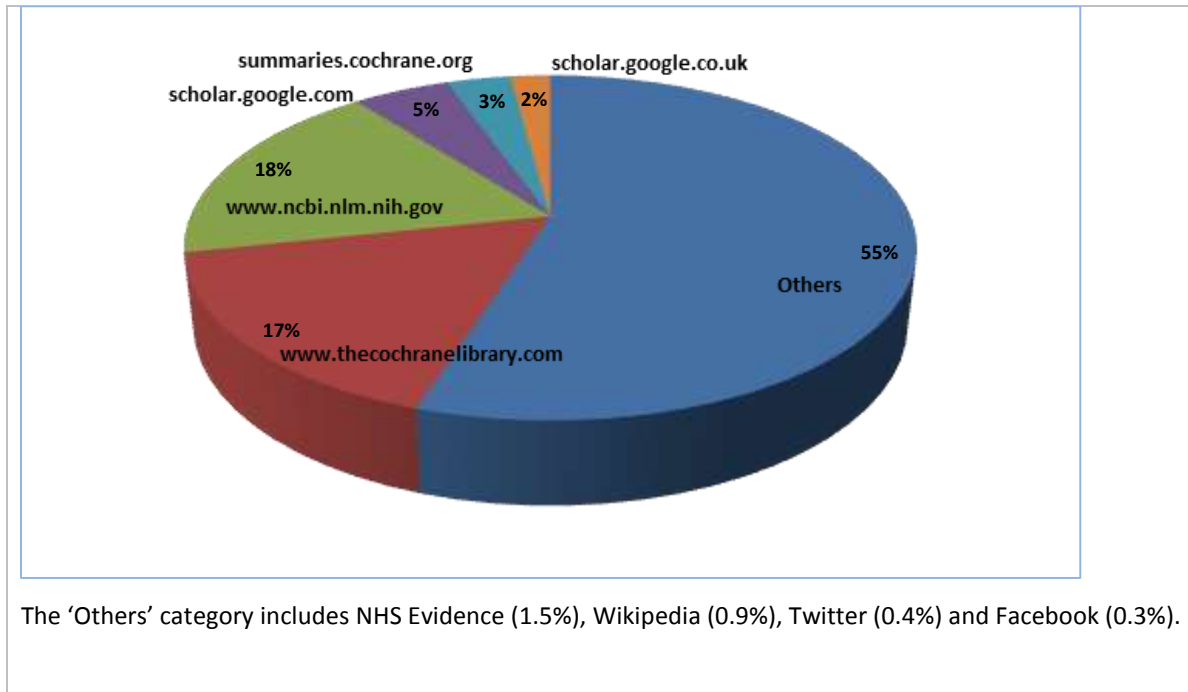
1,650,488 visits to *The Cochrane Library* website were recorded between January and June 2014 compared with 1,679,838 visits in the same time period of 2013.

**Figure 5. Page views of Cochrane Review abstracts on Cochrane Summaries versus Abstract views on Wiley Online Library: 2013 and 2014 year to date**

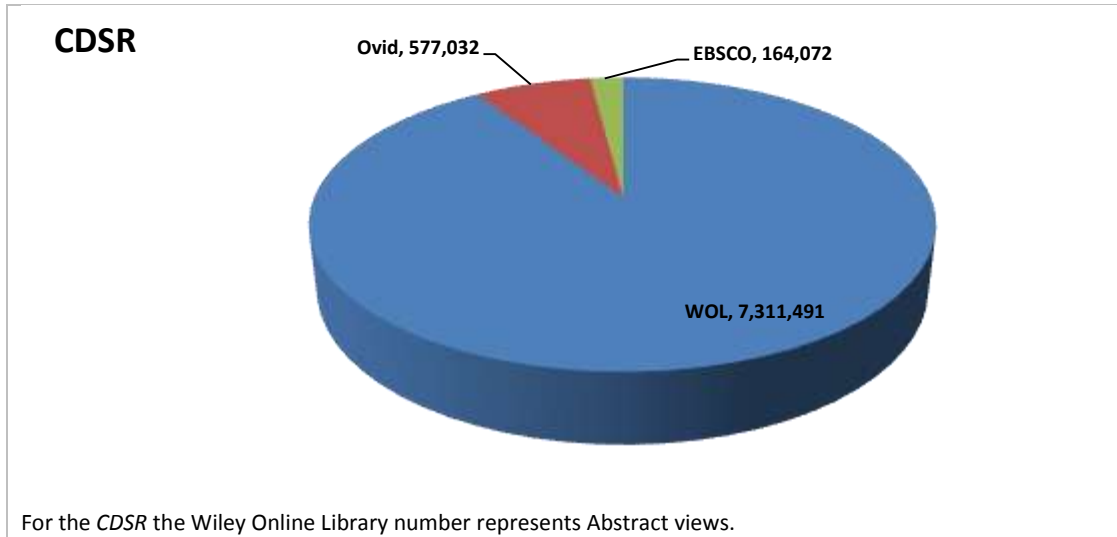


7,179,060 Abstract views on Wiley Online Library were recorded between January and June 2014 compared with 2,569,885 page views of Cochrane Summaries.

**Figure 6. Referrals to Cochrane Reviews on Wiley Online Library: January to June 2014**

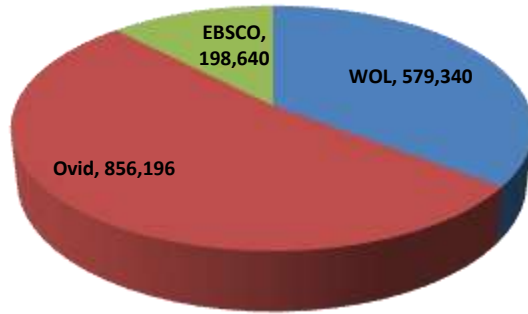


**Figure 7. Usage (by 'views' of each record by database) of the CDSR, CENTRAL, and DARE in The Cochrane Library: January to June 2014**

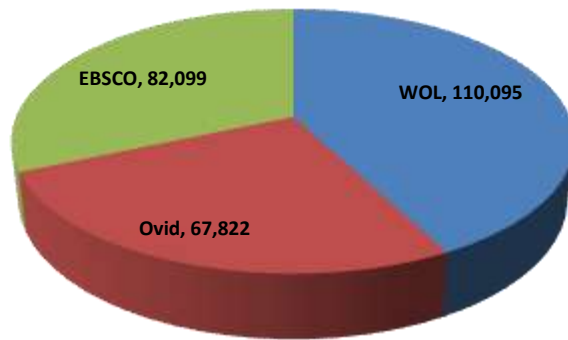




**Central**



**DARE**



We continue to seek greater clarification from Ovid and Ebsco regarding the accuracy of the data provided to Wiley. The very high usage of the Central database by Ovid users is of particular interest.

## 4.2 Impact

**Table 2. Top 10 Altmetric scores from Cochrane Reviews published January to June 2014**

Note: To date (13 August 2014), Altmetric has tracked scores for 4157 articles from the CDSR.

B=Bloggers T=Twitter G+=Google+ authors N=News outlets FB=Facebook walls M=Mendeley C= CiteULike readers

No.	Score	Cochrane Review	B	T	G+	N	FB	M	C
1.	255	<a href="#">Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children</a>	6	164	0	15	2	0	2
2.	107	<a href="#">Echinacea for preventing and treating the common cold</a>	0	53	0	9	0	0	0
3.	91	<a href="#">Risk assessment tools for the prevention of pressure ulcers</a>	2	110	0	0	0	3	0
4.	84	<a href="#">Powered versus manual toothbrushing for oral health</a>	3	93	0	0	0	0	0
5.	81	<a href="#">Stem cell therapy for chronic ischaemic heart disease and congestive heart failure</a>	3	17	0	6	0	2	0
6.	81	<a href="#">Healthcare outcomes assessed with observational study designs compared with those assessed in randomized trials</a>	0	125	0	0	0	2	0
7.	79	<a href="#">Inhaled steroids and risk of pneumonia for chronic obstructive pulmonary disease</a>	0	128	0	0	1	6	0
8.	79	<a href="#">Gloves, extra gloves or special types of gloves for preventing percutaneous exposure injuries in healthcare personnel</a>	0	100	0	1	2	5	0
9.	78	<a href="#">Exercise for osteoarthritis of the hip</a>	0	112	1	0	0	0	0
10.	77	<a href="#">Antibiotics for preventing suppurative complications from undifferentiated acute respiratory infections in children under five years of age</a>	1	68	0	4	1	2	0

**Table 3. Impact factor: 2010 to 2013**

Year	Rank	Impact factor	In-Window Cites	Citable items	Total Cites	Self-citation rate	5-Year Impact Factor
2013	10	5.939	9859	1660	39,856	8%	6.706
2012	12	5.785	8087	1398	34,230	8%	6.553
2011	10	5.912	7721	1306	29,593	5%	6.309
2010	10	6.186	6978	1128	27,366	7%	6.346

**Table 4. Top 10 highest cited Cochrane Reviews: 2005 to June 2014**

No.	Cites	Cochrane Review	Publication date	Updated?
1.	428	Cholinesterase inhibitors for Alzheimer's disease	Jan, 2006	No
2.	425	Interventions for preventing falls in older people living in the community	Feb, 2009	Yes
3.	353	Antidepressants for smoking cessation	Jan, 2007	Yes
4.	303	Interventions for enhancing medication adherence	Feb, 2008	No
5.	285	Nicotine replacement therapy for smoking cessation	Jan, 2008	Yes
6.	279	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Mar, 2006	No
7.	260	Pulmonary rehabilitation for chronic obstructive pulmonary disease	Apr, 2006	No
8.	225	Decision aids for people facing health treatment or screening decisions	Mar, 2009	Yes
9.	215	Effectiveness of brief alcohol interventions in primary care populations	Feb, 2007	No
10.	192	Group based training for self-management strategies in people with type 2 diabetes mellitus	Feb, 2005	No

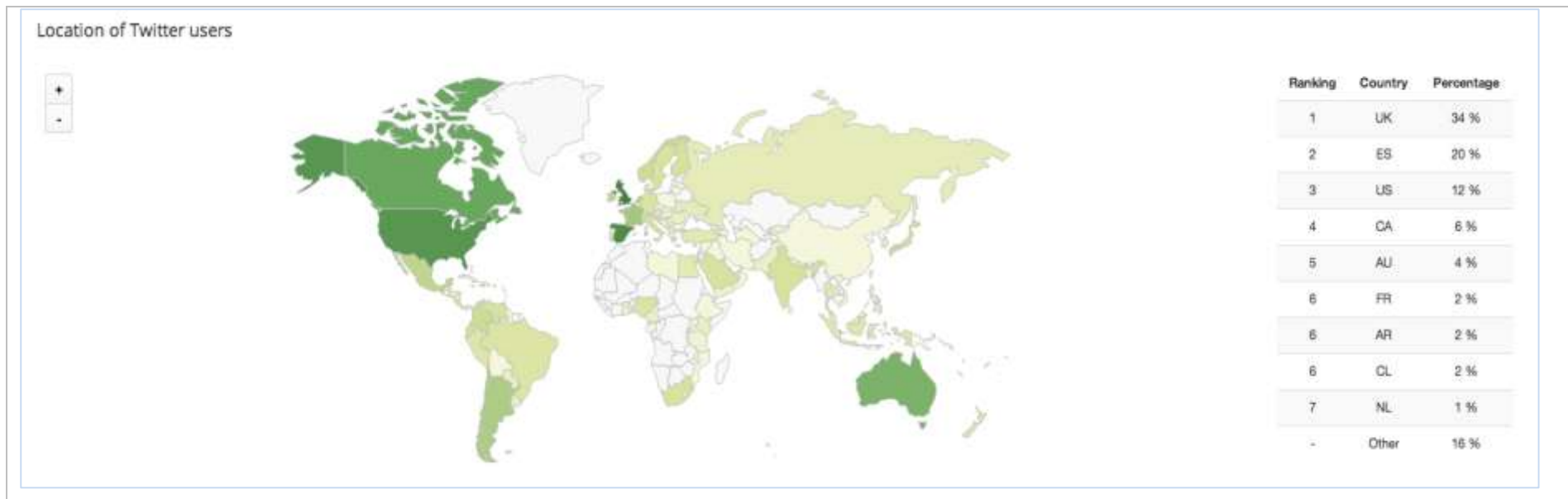
**Figure 8. Mentions of Cochrane Reviews as captured by Altmetric: 24 August 2013 to 1 August 2014**



**Figure 9. Mentions of Cochrane Reviews in policy documents as captured by Altmetric: 24 August 2013 to 1 August 2014**



**Figure 10. Location of Twitter users that tweeted about Cochrane Reviews as captured by Altmetric: 24 August 2013 to 1 August 2014**



#### 4.2.1 Kudos

Wiley have recently partnered with [Kudos](#) to help Cochrane authors maximize the visibility and impact of their published articles. Kudos is an online platform that enables users to create ‘profiles’ for their published articles. By using short titles, lay summaries and impact statements, authors can make their articles more engaging.

The Kudos pilot started in April 2014 and as part of the pilot, the details of all new Cochrane reviews published in 2014 (400-500 reviews) will be sent to Kudos.

The Kudos system is designed in a user friendly manner to make it easy for authors that ‘claim’ their research to create a profile for their article.

Once the Cochrane review is claimed the Cochrane author will be able to use the Kudos author dashboard, a central hub for the different methods and avenues that authors can use to increase the awareness of their work. Authors will be able to track how effective their dissemination efforts have been as usage data (including Altmetrics) is available and accessible via the Kudos dashboard.

Towards the end of the trial, Kudos will make available a reporting system to enable Wiley to gauge how successful the pilot has been.

See the following link for an interesting case study: <http://www.slideshare.net/AntonyWilliams/give-me-kudos-for-my-publications>

#### 4.2.2 Permission requests

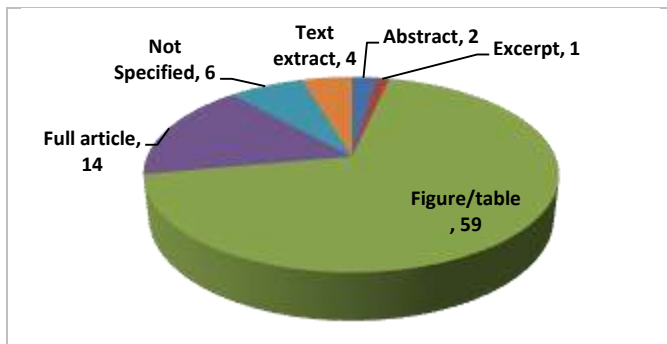
##### 4.2.2.1 RIGHTSLINK

Total number of requests January to June 2014 = **86** (74% of requests did not incur a charge).

**Table 5. Different types of requesters for RightsLinks permissions in 2014**

Requestor type	Number of requests
University/Academic	25
Author of this Wiley article	17
Government agency	10
Publisher (STM Signatory)	9
Non-commercial/Not-for-profit organization	7
Not Specified	6
Medical communication company	4
Pharmaceutical/medical products company	3
Publisher (Other/Non STM)	2
Commercial/For-profit organization	1
Medical educational organization	1
Non-governmental organization	1

Figure 11 shows that the majority of requests were for figures and/or tables:

**Figure 11. Types of RightsLinks requests in 2014**

Seven permission requests (four Japanese, one Lithuanian, one Romanian and one Russian) to translate material from *The Cochrane Library* were received.

#### 4.2.2.2 PATIENT ACCESS

Articles from *The Cochrane Library* are provided free of charge by Wiley for individual Patients or their Caregivers. Requestors pay only a \$3.50 administrative fee to Copyright Clearance Center (plus any applicable taxes) for delivery of the article by email.

This service was offered from the 15<sup>th</sup> March 2014. In the short period the service has been made available to Cochrane users it has proved very popular compared with other Wiley journals. *The Cochrane Library* has received the second highest number of requests behind the Journal of Advanced Nursing.

**131** article requests were received from 15<sup>th</sup> March to the 31<sup>st</sup> May. 52% of requests received were from the USA, 11% from Italy and 7% from Germany.

OPEN ACCESS

### 4.3 Workshops, oral sessions, and posters for the 22<sup>nd</sup> Cochrane Colloquium

Several abstracts were accepted for the Hyderabad Colloquium (Table 6).

**Table 6. Workshops, oral sessions, and posters from Cochrane and Wiley for the 22<sup>nd</sup> Cochrane Colloquium**

Type	Title	Subject	Contributors	Category
Workshop	Plagiarism and using Crosscheck	Plagiarism	Karin Dearness, Harriet MacLehose, Sera Tort, Anupa Shah, Gavin Stewart	Editorial processes and supporting review authors
	Navigating <i>The Cochrane Library</i>	Search	Colleen Finley	Knowledge translation and communicating evidence
	Advanced searching masterclass - <i>The Cochrane Library</i>	Search	Colleen Finley	Knowledge translation and communicating evidence
	Measuring and increasing the impact of Cochrane Reviews	Dissemination	John Hilton, Katie Breeze, Harriet MacLehose, David Tovey, Megan Helmers, Nancy Owens, Deborah Pentesco-Gilbert, Toby Lasserson, Gavin Stewart	Knowledge translation and communicating evidence
	Making a Podcast for a Cochrane Review	Podcasts	Paolo Rosati, Mike Clarke, Chris Mavergames, Gavin Stewart	Knowledge translation and communicating evidence
	Engaging healthcare professionals in using Cochrane Reviews within the clinical decision-making pathway: the Cochrane Clinical Answers initiative	Cochrane Clinical Answers	Karen Pettersen, Sera Tort	
	Implementing the new feedback system (roadmap-related)	Feedback	John Hilton, Tara Abaring, Sophie Joyce, Jo Garner, Gavin Stewart	
Oral	Anywhere Cochrane Systematic Reviews – responsive web design, the “connected article” and Cochrane evidence	Anywhere Article	Todd Toler, Sophie Joyce, Deborah Pentesco-Gilbert	#CochraneTech: systematic reviews and technology
	Open Access and Cochrane Reviews	Open Access	Lucie Binder/Chris Champion, Harriet MacLehose, Deborah Pentesco-Gilbert, David Tovey	
	Social Media (TBC)	Dissemination	Megan Helmers, Nancy Owens, Jen Beal(?)	
Poster	Typhoon Haiyan: the impact of free access	Evidence Aid	Megan Helmers, Gavin Stewart	Impact of Cochrane and Cochrane Reviews
	Could the Impact Factor of the Cochrane Database of Systematic Reviews (CDSR) be improved by prioritizing updates of Cochrane reviews based on citation data?	Impact Factor	Gavin Stewart	Impact of Cochrane and Cochrane Reviews
	How has usage of full text Cochrane Reviews developed since 2011 and what are the factors that lead to an increase or decrease in usage?	Usage	Gavin Stewart	Impact of Cochrane and Cochrane Reviews
	<i>The Cochrane Library</i> iPad edition: Is it meeting the needs of users?	iPad	Gavin Stewart, Megan Helmers	Knowledge translation and communicating evidence

## OPEN ACCESS

The Processing Of Cochrane Open Access	Open Access	David Hives, Harriet MacLehose, Jessica Thomas	
Selecting Cochrane Reviews to be developed as Cochrane Clinical Answers: what selection criteria should we use?	CCA's	Karen Pettersen, Sera Tort	
Feedback on Cochrane Reviews: how much is there and what happens to it?	Feedback	John Hilton, Jane Cracknell, Gavin Stewart	Editorial processes and supporting review authors
Going Mobile with Cochrane Systematic Reviews	iPad	Okwen P Mbah, Toby Lasserson, Gavin Stewart	
Cochrane Learning	Learning		



## 5 Management Team membership update

There have been some changes in membership and the roles of those participating since the last update provided in March 2014:

### Chairperson:

- Mark Wilson, Chief Executive Officer (Cochrane)

### Cochrane:

- Lucie Binder, Senior Advisor to the CEO (currently on maternity leave)
- Chris Champion, Senior Advisor to the CEO
- Harriet MacLehose, Senior Editor
- Chris Mavergames, Head of Informatics & Knowledge Management
- David Tovey, Editor in Chief

### Wiley:

- Deborah Dixon, Vice President & Publishing Director
- Deborah Pentesco-Gilbert, Editorial Director
- Ben Townsend, EMEA Sales Director
- Todd Toler, Vice President Digital Product Management \*
- Richard Cook, Director, Content Delivery Applications \*

\*Changes included re-joining of Todd Toler (Vice President Digital Product Management) again as Sophie Joyce is now on maternity leave and the addition of Richard Cook (Director, Content Delivery Applications) as the replacement for Freddie Quek, who has moved to other projects in Wiley but remains a resource as required.

## 6 Governance and reporting update

We have established some key working groups that have been meeting at regular intervals in between the Management team meetings to deliver the parties' overall programme of work. These include:

- **'Publishing Management Team executive'**: Lucie Binder (currently on maternity leave), Chris Champion, and Harriet MacLehose, for Cochrane; Deborah Pentesco-Gilbert for Wiley.
- **Key Performance Indicators working group**: Lucie Binder (currently on maternity leave), Chris Champion, Harriet MacLehose, David Tovey for Cochrane; David Hives, Sophia Joyce (currently on maternity leave), Deborah Pentesco-Gilbert, Richard Cook, and Shantul Sharma for Wiley.
- **Open Access working group**: Lucie Binder (currently on maternity leave), Chris Champion, Harriet MacLehose, and David Tovey for Cochrane; Deborah Dixon and Deborah Pentesco-Gilbert for Wiley.
- **Wiley–Cochrane Innovations Team**: Lorne Becker, Karen New, Denise Thompson for Cochrane Innovations; Deborah Dixon, Deborah Pentesco-Gilbert for Wiley. (This team was formed based on the recommendation at the Quebec City meeting to tighten liaison with derivative product development.)
- **The Cochrane Library Technology Roadmap Committee**: Lucie Binder (currently on maternity leave), Chris Champion, Ruth Foxlee, Harriet MacLehose, Chris Mavergames, Juliane Ried, Jessica Thomas, and David Tovey for Cochrane; Rowland Conway, Colleen Finley, Jo Garner, Sophia Joyce (currently on maternity leave), Todd Toler, and Deborah Pentesco-Gilbert for Wiley.
- **Wiley–Cochrane Technology Progress Review Meetings**: Regular meetings to discuss Technology and Product Management have been established involving Wiley senior managers

David Aldea and Todd Toler, and David Tovey, Harriet MacLehose, and Chris Mavergames from Cochrane.

## 7 The Cochrane Library Technology Roadmap and related technology work

There are three areas where Cochrane and Wiley work together to continue to improve the technology experience for our end users:

- *The Cochrane Library* Technology Roadmap
- Enhancements projects
- Content and production issues resolution

*The Cochrane Library* Technology Roadmap is for projects that result in a step change in service or functionality for end users and require significant resources (such as project management, time, people, technology) to develop and roll out. A dedicated Roadmap Committee (*see list of members at the start of the Publishing Management Team report*) manages the Roadmap work and reports to the Publishing Management Team. Further details about the Roadmap activity for 2014 and planned work for 2015 are provided below.

The enhancements projects (“mini-cards”) are for smaller changes to *The Cochrane Library*. A small team from Wiley (Sophia Joyce/Colleen Finley), the CEU (Harriet MacLehose), and the IKMD (Jessica Thomas) manages these projects. Ongoing projects include allowing two or more CRGs to be listed on a review (as “Editorial Group”) and replacing the ‘date assessed as up-to-date’ with ‘search date’.

The content and production issues list captures any problems identified with the correct functioning of *The Cochrane Library* and the pre-publication system. Like the enhancements, a small team from Wiley (David Hives), the CEU (Harriet MacLehose), and the IKMD (Jessica Thomas) manages this list.

### 7.1 The Cochrane Library Technology Roadmap

As mentioned above, *The Cochrane Library* Technology Roadmap is for projects that result in a step change in service or functionality for end users and require significant resources (such as project management, time, people, technology) to develop and roll out.

#### 7.1.1 Roadmap projects for 2014

As shown in Table 7, several cards have been completed in 2014, including the release of the enhanced Anywhere Article for Cochrane Reviews and Protocols.

The ongoing projects identified for 2014 are in the following areas:

- Website replatforming
- Translations
- Search
- Standalone projects

##### 7.1.1.1 WEBSITE REPLATFORMING

The objective of this project is to move from the content management system currently used for thecochranelibrary.com (Springboard) and the system that hosts our content (Wiley Online Library) to a new system for Cochrane content (dotCMS). The URL will remain thecochranelibrary.com.

This project incorporates several cards on the Roadmap (Table 8). Each card is dependent on the replatforming and work across the cards is being co-ordinated. Some of the cards are also dependent on other factors; for example, the new Special Collections functionality cannot be rolled out until the website has moved platform. This is a major project that has been using significant Wiley and Cochrane resources.

## OPEN ACCESS

This project is scheduled to be released in Q4, 2014, but the release date is to be confirmed in conjunction with the release date for the rebranded Cochrane.org website. Also, this project is likely to have additional phased releases to ensure that all aspects are completed over time.

While some of the cards are behind schedule in terms of delivery quarter, this is because the delivery dates were set some time ago as individual projects (and without having the specifications in place), not part of the project as a whole. It is more realistic to look at the project as a whole and apply a single delivery date of around Q4 2014 to Q1 2015. This will likely be followed up with further phased releases for various enhancements.

### 7.1.1.2 TRANSLATIONS

There are two translations cards in progress (Table 8). The specifications are being developed for both cards, and technology work can start once these have been defined and agreed by Cochrane and Wiley, and resourcing has been allocated. Key steps taken to date are that we have: agreed on an overarching architecture of a potential solution; recruited more than 200 of bilingual Cochrane users to help with product concept development and testing; and convened a wider group to discuss a potential short-list of languages for beta release. Other languages will be added in a second release. The next steps are to finalise the requirements gathering stage: this will then inform a more detailed project plan.

The current delivery quarter for both cards is Q4, 2014, but these were listed before the specifications were started. The delivery quarters will need to be agreed once the specifications and resourcing have been defined; these are likely to be in 2015.

### 7.1.1.3 SEARCH

The search functionality for *The Cochrane Library* continues to be enhanced with a range of projects in the Roadmap. There are seven search cards listed for delivery in 2014; these include the multi-language search card listed under translations and two cards listed under Operations (managed via the service standards/KPI work) – search performance operations and CENTRAL search date.

The specifications for the four mainstream search cards – export/email citation options, search results navigation, search by online date, and search backlog – are still being. Two of the cards (search results navigation and search by online date) had delivery quarters of Q3, 2013 and are currently overdue. The third, export/email citation options, did not have a delivery quarter noted pending specifications. An export options survey is scheduled for release in mid to late September, the results of which will help in the development of a clear technical specification for this card. The fourth, search backlog, is a collection of different pieces of search-related work and the next step is to separate the components into separate Roadmap cards or move into the enhancements work-stream. It is unknown at this stage which, if any, search cards will be delivered in 2014 as intended, and the Roadmap Committee will provide the Publishing Management Team with an update for the November meeting.

### 7.1.1.4 STANDALONE PROJECTS IMPACTING ON COCHRANE REVIEWS

There are two cards for projects impacting on Cochrane Reviews: flexible review types; and the Updating Classification System and Publishing Events (Table 8).

The programming to publish flexible review types (such as prognosis and qualitative reviews) using the new flexible review types RevMan file has been completed. We are now working on an enhancement (mini-card) to enable these reviews to be tagged and identified as these new types in the *Cochrane Database of Systematic Reviews (CDSR)*, including in the new faceted browse due to launch with the website replatforming. We aim to complete this project by the end of 2014.

The Updating Classification System and Publishing Events card is behind schedule according to the expected delivery date of Q3, 2014. We have checked the latest version of the Updating Classification System and are working with Wiley to finalize the technology specifications. It is likely that we will aim to develop the functionality in Archie for all CRGs and to start publishing the classifications for a number of early adopters before rolling out across all CRGs. The specifications and resourcing for the Publishing

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Events are still to be finalized. We aim to release this functionality for CRGs in 2014, but we will update the Publishing Management Team in November.

### 7.1.2 Projects that will not be delivered in 2014

We are aware that two cards will not be delivered in 2014 as originally outlined (Table 8):

- **User feedback:** The user feedback card, which focuses on the management of feedback on Cochrane Reviews by readers, although not complete, has not been static. The ‘front end’ (as used by our readers to submit feedback) has been developed as part of the Anywhere Article version (Enhanced version) of the Cochrane Review. The feedback system to manage the feedback by editorial teams in Archie and to display the published versions (and record type) in the *CDSR* is still being developed. We had developed some requirements for a feedback system, but the initial requirements were not feasible for Wiley given the cost of development versus the business value. The next step is for the editorial specification to be revisited in light of changes across publishing platforms and end-user expectations about submitting and managing feedback. Further approaches will be evaluated before finalizing a new set of specifications. No technology changes can take place until the specifications can be developed; we aim to complete this in 2015.
- **Supplement integration:** We had intended to have an editorial and technology system in place to manage *CDSR* supplements by the end of 2014. This is still a priority, but editorial requirements need to be developed before any technology changes to support these can be evaluated and resourced. The next steps are for Cochrane and Wiley editorial teams to work on the editorial requirements. No timeframe is available for this at present, but we will provide the Publishing Management Team with an update in November.

**Table 7. Roadmap projects completed in 2014**

No.	Area	Project	Brief description	Delivery quarter
1.	Cochrane Reviews	Anywhere Article Systematic Review	Roll out the features and functionality of the Anywhere Article Design for all Protocols and Reviews	Q2, 2014
2.	Website shell	Archiving and free access (green open access)	As part of the green open access policy, all Cochrane Reviews published from 1 February 2013 onwards are made free to view after 12 months	Q1, 2014
3.	Website shell	Gold open access	As part of the gold open access policy, develop support author systems for payment, access rights management, and display of open access articles in the <i>CDSR</i>	Q1, 2014
4.	Operations	Annual MeSH reload	Annual maintenance to update all database indexing, interface and testing for implementation of the 2014 version of the MeSH thesaurus	Q1, 2014
5.	Operations	CENTRAL reload	As part of the CENTRAL clean up project, it was necessary to perform a full resupply of the database requiring a full reload of CENTRAL in March 2014.	Q1, 2014
6.	Operations	MarkLogic upgrade (Wiley Online Library)	Update of the <i>The Cochrane Library</i> Search Engine, MarkLogic, to the latest version of the software; includes system development and testing activities plus extensive testing of saved searches, to ensure consistent search results	Q2, 2014
7.	Standalone	ReadCube	For the Anywhere Article, deliver PDF versions through ReadCube, which introduces additional features for users including reference linking directly from the PDF and online document management using the ReadCube software	Q3, 2014

**Table 8. Ongoing projects for 2014**

No.	Area	Roadmap card	Brief description
1.	Website replatforming	Website replatforming <sup>a</sup>	Improve current browse and topics features in The Cochrane Library; and introduce responsive-design of homepage for friendlier viewing on mobile devices
2.	Website replatforming	Decommission About database	Strategic and tactical work to determine what to do with content when the About The Cochrane Collaboration database, in The Cochrane Library, is retired.
3.	Website replatforming	Special Collections	Improve generation, display, user experience, and management of Special Collections
4.	Website replatforming	CDSR table of contents (TOC)	Improve the generation and display of the table of contents
5.	Website replatforming	Branding and messaging	Messaging and design development for overall site, including relationship with Cochrane.org, and to incorporate new Cochrane branding
6.	Website replatforming	Links to editorials, journal club, podcasts	Ability to manually add links on individual systematic reviews to other content, including podcasts, journal club pages and editorials on cochranelibrary.com, links to guidelines
7.	Translations	Translations portals	Develop a multi-language version of The Cochrane Library featuring the five other official World Health Organization languages and other languages as agreed aiming to ensure translated Cochrane Review content is accessible in the same way as the English content; with translated versions mirroring the English version, but allowing for language specific adaptation; allowing one-click switch between languages on any given page; including browse, feedback, permission request, and download functionality; and allowing for Cochrane to efficiently provide and update human translations for any part of the shell
8.	Translations	Multi-language search	Explore and implement search support for The Cochrane Library in the World Health Organization official languages and other languages as agreed; including basic and advanced search functionality enabling non-English speaking users to find the content available in their language; and enabling non-English speakers to find content in other languages using their own language
9.	Standalone	Flexible review types	Publish and display a new review type based on a generic template that permits flexibility in the authoring of future specific review types
10.	Standalone	Updating Classification System and Publishing Events	To implement the review classification system in Archie and to display the classifications in the CDSR; involves updating meta-data without publishing the content, and work on review display, the search interface and saved searches.
11.	Search	Export/email citation options	Improve citation export feature to work with a variety of reference management software, including newer features that support direct export to these services. Also includes support for an additional output format which would be optimized for ease of reading, print-friendly and report creation and not field tag based delivery. Also includes print/text friendly export version for whole search list export
12.	Search	Search results navigation	Improve and personalize search result output and improve the user experience of browsing through articles retrieved in search results.
13.	Search	Search by online date	Provide ability for users to search The Cochrane Library by the date of original publication of the Cochrane Review and the date that the Cochrane Review was loaded in the CDSR; includes fixing problematic dates in Cochrane content and review of proposed changes on statuses and their potential for impact on this effort
14.	Search	Search performance	Investigating ways, possibly through a survey, to identify any problems that still remain concerning performance
15.	Search	Multi-language search	See Translations above

<sup>a</sup> Previously called "Updated cochranelibrary.com: including browse, navigation, and mobile homepage".

### 7.1.3 Roadmap projects for 2015

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The Roadmap Committee met for an extended face-to-face session on 1 July 2014 to start the planning process for 2015. Our approach was based on the following parameters:

- Projects tabled for work in 2015 according to Schedule 2 of Wiley—Cochrane contract.
- Projects tabled for work in 2014 that may have delivery dates in 2015.
- Strategic/business value of projects, as assessed against their ability to help us deliver on wider goals, such as increasing revenue, increasing usage, mitigating the effects of open access, etc.

The Roadmap Committee therefore plans, with the approval from the Publishing Management team, to focus on the following high-priority themes, which will form the basis for planning for 2015:

- Unlock the value of CENTRAL.
- Support the introduction of new content types.
- Create an external-facing API to facilitate discovery and use of Cochrane content.
- Continue to take advantage of general Wiley product development initiatives and apply them, where appropriate, to Cochrane content.
- Support smaller scope projects as the same time as larger Roadmap cards through greater use of Wiley's enhancements team.
- Continue to show progress on projects, which will see delivery of initial phases in 2014 but will require further enhancements in 2015 (e.g. website replatforming).

### 7.1.4 Delivery planning for 2015

The Publishing Management team approved this direction of travel at the 28 August meeting. The Roadmap Committee will now concentrate on capturing and refining requirements on individual projects. These requirements will enable Wiley's business analysis team to start writing the detailed technical requirements ("stories") that are used to give the development teams instructions on exactly how to write code to develop the specific features. These requirements will also be used to co-ordinate activities between both technology teams at Wiley and Cochrane, so that they follow a similar process. These stories give the technology teams a detailed view of the scope of the projects and flush out any hidden technical dependencies that can affect the overall schedule. They will be used therefore to formulate detailed timelines for specific projects, which will form the basis of a delivery plan.

The Roadmap Committee aims to submit an initial draft of the 2015 delivery plan to the Publishing Management Team in November, 2014.

## 7.2 Roadmap Committee management and planning activities

The efforts of the Roadmap Committee have been heavily focused on three areas: (1) delivery of high-priority projects; (2) refinement and clarification of the requirements of projects tabled for delivery in 2014; and (3) communication and presentation of roadmap.

The Committee has continued to meet about every four weeks, with two extended meetings in March and early July in which we concentrated on requirements discussions for individual projects and planning for 2015 respectively.

### 7.2.1 Documentation and communication

The Committee has introduced several changes to the governance and communication of the roadmap, following feedback from Committee members and members of the Publishing Management team that existing processes did not provide the needed "at a glance" snapshot of progress to date. As a result, we are now managing the Roadmap using a set of documents that provide varying levels of specificity individually, but work together to provide a complete picture of progress at a portfolio and individual project level. These documents (not provided) are:

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- **Card-based roadmap:** this document organizes the technology stipulations of Schedule 2 of the Wiley—Cochrane publishing agreement into functionally organized “swim lanes” (e.g. search, systematic reviews). The purpose of this document is to give an overarching view of the whole roadmap.
- **Annual time-line:** this document shows what work on individual roadmap projects is planned in the next 12 months. It also captures whether this work is complete (i.e. delivered), scheduled for delivery, or planned. The purpose of this document is to give a medium-term view of progress on the roadmap and also to show the delivery status of pieces of work on individual projects. This replaces the old “tube map” document.
- **Roadmap progress document:** this captures on a project-by-project basis progress relative to initially agreed delivery dates and assigns a status to each project to show likelihood of delivery. The Roadmap Committee is responsible for jointly agreeing the status of each project. The purpose of this document is to show at a project level whether or not delivery objectives are being met.
- **Project plans:** these are developed for individual projects to show in detail roles, timelines and actions. They are developed after requirements are refined and understood.

### 7.2.2 Assigning delivery dates

The Roadmap Committee agreed that delivery dates for projects should only be assigned after requirements had been clearly articulated and agreed, either by the Committee or by smaller teams working on individual projects.

### 7.2.3 Resourcing

Wiley has reorganized their resources to provide support for technology work from the most appropriate Wiley technology teams. Therefore, Wiley is transitioning work on enhancements and maintenance away from the core Cochrane development team to enable the core team to concentrate continuously on large scale, new projects. This entails a period of knowledge transfer between the Cochrane development team and the teams working on Wiley-wide enhancements and maintenance. When this is complete, Cochrane-specific enhancements and maintenance will be prioritized within the scope of other Wiley enhancements and maintenance work, and this will give Wiley access to parallel sources of technology support, as opposed to our current model which puts all Cochrane work, regardless of scale, within one team.

## 8 Service standards

Since we last reported on progress in Panama we have finalised the remaining KPI standards to be measured. These remaining standards were agreed at the Publishing Management Team meeting in June. There is one final area where we have considered setting binding targets, which is relating to production systems availability. This will be discussed at the next Publishing Management Team meeting in November, and if considered appropriate a binding target will be set.

To date only one KPI target has been missed, which was in relation to Wiley Online Library availability. In July this slipped below the threshold set as a result of downtime caused by a hardware failure and the subsequent downtime required to replace the hardware. Other than this all KPIs have been met to date.

The KPI working group continues to meet monthly to walk through the reports produced by the Wiley team, and to discuss any issues arising.

## 9 Copy Edit Support update

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As reported in the report to CSG in Panama responsibility for managing the Copy Edit Support (CES) service has now been transferred to the CEU and due to this it will no longer be reported on by the Publishing Management Team, but instead it will be reported on by the CEU in the CET report.

An addendum to the contract has been agreed between Wiley and Cochrane as regards this change.

## 10 Sales and licenses

2014 year to date is holding up well in terms of new and renewed licenses for *The Cochrane Library*.

National provision license renewals have almost all completed; see Table 9 for the list of national provisions for the English language version of *The Cochrane Library* in 2014. Spain has access via *La Biblioteca Cochrane Plus*.

For a full list of countries and the various access options (including free access) please refer to: <http://www.thecochranelibrary.com/view/0/FreeAccess.html>

**Table 9. National provisions for the English language version of *The Cochrane Library* in 2014**

<ul style="list-style-type: none"><li>• Australia, includes Cocos (Keeling) Islands</li><li>• Denmark, includes Faroe Islands and Greenland</li><li>• Egypt</li><li>• England, includes Isle of Man</li><li>• Finland</li><li>• India</li><li>• Ireland and Northern Ireland</li><li>• New Brunswick</li><li>• New Zealand</li></ul>	<ul style="list-style-type: none"><li>• Norway</li><li>• Nova Scotia</li><li>• Oman</li><li>• Scotland</li><li>• Wales</li><li>• Wyoming</li><li>• South America, Caribbean and Lusophone Africa via Virtual Health Library (BIREME/PAHO/WHO)</li></ul>
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As reported in Panama, the Swedish National Provision was not renewed despite strong usage and support from the funders. A consortium of medical and academic institutions has taken up licenses with strong usage figures so far in 2014.

Further to the European sales summit involving Wiley and Cochrane regional directors and staff in November 2013, an Asia-Pacific meeting was held during the opening of the Malaysia Network in Kuala Lumpur in June 2014. These meetings are proving to be useful opportunities to explore regional sales strategies and market research gathering on increasing the impact and dissemination of Cochrane research locally. Future meetings are in planning stages for the Americas, South Africa, and Middle East.

## 11 Derivatives

The Publishing Management Team has oversight of derivative products and services working closely with Wiley and Cochrane Innovations. It is a standing item at all Management Team meetings and launch of Cochrane Learning and Cochrane Clinical Answers in 2014 is a key target.

To avoid duplication the details on the derivatives programme can be found in the Cochrane Innovations report.

## 12 The Cochrane Library marketing and communications: March to September 2014

This report focuses on providing a brief overview of the marketing activities carried out in promotion of *The Cochrane Library* for the period of **March–September 2014** as well as work plans for the future.

Here we report on our planned activities mapped against the 2014 marketing objectives (Source: *The Cochrane Library* 2014 Marketing Plan).



## 12.1 Usage and sales

### 12.1.1 2014 Marketing objectives:

- Increase access to *The Cochrane Library* in both established and emerging markets around the world by targeting specific segments and geographical areas (see [2014 List of Countries by Tier](#))
- Retain existing national provisions and support efforts to target and gain new national licenses
- Offer sales support for derivative products and promote them as part of *The Cochrane Library* package

### 12.1.2 Summary of key activities against plan:

#### 12.1.2.1 TARGETED MARKETING BY COUNTRY:

In addition to our global marketing activities, we have carried out marketing campaigns for specific countries. These countries we selected through analysis of subscriptions and revenue, usage and from discussions with the Editor-in-Chief.

A sales summit including several Centre Directors was held in early November 2013 to review and update the tiers further; this data was updated and the tiers below presented for the 2014 Marketing Plan, which was finalized in March 2014:

**Table 10. Market tiers**

Tier	Definition	Countries
1	High revenue markets to protect	National Provision countries, Japan, Taiwan
2	High revenue markets with potential to grow	USA, Canada, Germany
3	Low revenue markets with potential to grow	Sweden, Turkey, China, Middle East, Brazil, Mexico

Further details along with plans for use of these tiers in 2014 can be found in *The Cochrane Library* 2014 Marketing Plan; see highlights of initiatives taken forward from March 2014 in Table 11.

**Table 11. Highlights of marketing initiatives within the tiered markets**

<p><b>Tier One:</b></p> <ul style="list-style-type: none"> <li>• Conducted March webinar featuring Prathap Tharyan for users in India (Tier 1)</li> <li>• Sponsoring the Medical Informatics Meeting in Oman (Tier 1) in support of its national provision</li> <li>• Sponsored and attended UK Cochrane Centre Symposium (Tier 1)</li> <li>• Arranged sponsorship and attendance of SysNet Conference in Cardiff (Tier 1)</li> <li>• Provided an ad promoting <i>The Cochrane Library</i> for use at the Australian Medical Writers' Association Conference (Tier 1)</li> <li>• ISEHC meeting sponsorship in Taiwan (Tier 1), including a sponsored session by Lorne Becker</li> </ul> <p><b>Tier Two:</b></p> <ul style="list-style-type: none"> <li>• Sponsored and attended Canadian Cochrane Centre Symposium (Tier 2)</li> <li>• Supported Dr Cochrane licensing deal with Canadian Chiropractic Association (CCA) Guideline Initiative by providing our contact with marketing materials, graphics, text, and sample e-mails in order to promote Dr Cochrane activities to their members (Tier 2).</li> <li>• Ensured heavy Cochrane presence, including in-booth trainings, at MLA meeting in Boston (tier 2).</li> </ul> <p><b>Tier Three:</b></p> <ul style="list-style-type: none"> <li>• Partnership with SRS (Systematic Review Solutions) to arrange a series of webinars to help us engage with the hospital market in China (Tier 3)</li> </ul> <p><b>Non-Tiered Countries:</b></p> <ul style="list-style-type: none"> <li>• Complimentary access to <i>The Cochrane Library</i> arranged for all of Malaysia in June to celebrate the opening of the Malaysian Cochrane Branch and to encourage a potential national provision.</li> </ul>
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#### 12.1.2.2 SALES SUPPORT FOR DERIVATIVE PRODUCTS:

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Since March 2014, we have engaged closely with Wiley sales to ensure the support and continued promotion of derivative products (currently Cochrane Clinical Answers and Cochrane Learning). Full reporting on marketing activities has been provided to Cochrane Innovations on a monthly basis.

The following efforts are highlights of our activities in this area:

- Subject-targeted banner ads and marketing e-mails deployed to end users and librarians
- Heavy promotion of derivative products at MLA Conference in May – Chicago, IL
- Regular contact with internal Wiley sales teams to set up webinars and provide support materials in order to encourage sales of Cochrane Clinical Answers
  - Participation at meeting with APAC sales team in May
  - Webinar with EMEA team in May
  - In-person attendance and one-on-one CCA discussions at Americas sales meeting in June
  - Planned one-on-one discussions of CCA with EMEA sales colleagues in September

### 12.2 Discoverability and readership

#### 12.2.1 2014 Marketing objectives:

- Ensure readers are able to find the Cochrane research they need, when they are searching for it by improving discoverability online via search engine optimization, social media, and e-mail to encourage more web traffic.
- Promote apps, special collections, and the most highly cited and read articles.
- Ensure marketing efforts are included in Wiley campaigns as appropriate.

#### 12.2.2 Activities against plan:

##### 12.2.2.1 EMAIL CAMPAIGNS AND WEB ADVERTISING

In the past, we have sent a monthly e-mail highlighting Cochrane content to a preselected list of Wiley opt-in contacts. Our typical approach has been to promote every new issue 'launch' with an email campaign to related Wiley email lists. However, in 2013 we saw our click through and click-to-open rates gradually decrease. At the beginning of 2014 we experimented with using these e-mails for a dedicated focus on product launches (such as Cochrane Learning and Cochrane Clinical Answers) rather than the monthly newsletter style which had become the norm. These experiments in different format and content were quite successful. We saw click-throughs and CTOR increase significantly, from an 8.4% CTOR and 2405 clicks (December launch e-mail) to a vastly improved **CTOR of 14.1%** and **4,457 total clicks** for our dedicated Cochrane Clinical Answers e-mail.

Analytics have continued to show a strong improvement with these less-frequent, more targeted e-mails. Our strategy going forward will continue to take a more flexible approach to the monthly e-mail promotion, highlighting newsworthy items like product launches and site changes on an as-needed basis. For promotion of individual articles and editorials, we will continue to use social media as our main promotional outlet.

Cochrane content is continually provided to Wiley marketers who manage e-mail campaigns and social media accounts in a variety of related subject areas, including dentistry, oncology, neurology, and many more. This regularly includes highlighted reviews, podcasts, journal clubs, and reposting social media content from our *Cochrane Library* accounts.

##### 12.2.2.2 WEB ADVERTISING

Web links to *The Cochrane Library* and details of new Cochrane podcasts, reviews, and Journal Clubs are placed on the health care and journal web pages on Wiley Online Library. These ads typically receive anywhere from 3,000 to 10,000 impressions depending how long they are scheduled to run.

### 12.2.2.3 PRINT PROMOTIONS

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

- *The Cochrane Library* Reference Guide
- Cochrane Library banner stands
- Cochrane Library pens, bookmarks and notepads

As part of our 2014 marketing strategy (reflected in the 2014 Marketing Plan), we have begun to increase our support for events in tiered countries by providing promotional items which could be of value in those locations.

## 12.3 Visibility and profile

### 12.3.1 2014 Marketing objectives:

- Expand visibility of the Cochrane product brands and connect with our community through a global conference presence and coordinated efforts with Cochrane, including social media.
- Publicize research findings to gain relevant media coverage and showcase the impact of research published in *The Cochrane Library* on the public.

### 12.3.2 Activities against plan:

#### 12.3.2.1 SOCIAL MEDIA

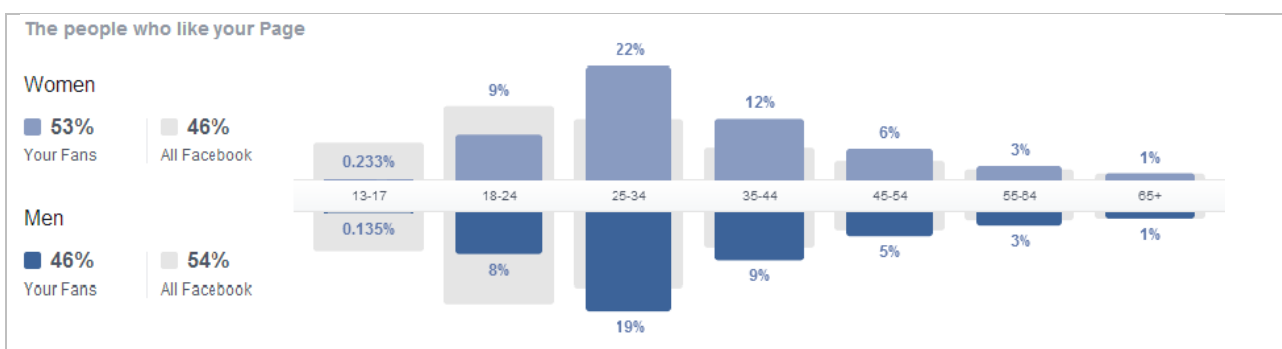
*The Cochrane Library* has been active on social media throughout 2014, and our social reach has continued to grow at a rapid pace.

#### 12.3.2.2 FACEBOOK

From September 2013 to September 2014, *The Cochrane Library* Facebook page grew from 6,103 to 6,103 to **8190** total likes, an increase of **34%**.

The demographics of our fans reflect the overall popularity of social media with the 25 to 34 age group. Fans of the Facebook page are mostly female in all age groups except those users aged 45 to 54 years and 65+ years. These demographic details have remained largely unchanged over the past two years (Figure 12).

**Figure 12. Demographic details of The Cochrane Library Facebook fans**



Examining the geographic locations of our Facebook fans reveals that the top countries represented are Egypt (679) followed by the US (646), the UK (425), Ecuador (386), Italy (373), and Brazil (361). South American countries have grown the most quickly, having edged out India from the top five. Three of our top cities are also located in South American countries; the top five are Cairo (392), Quito (293), Lima (211), Mexico City (115), and London (107). This is an interesting shift which has occurred in the last six months and may be partially attributable to the mid-year meeting held in Panama. By far, the majority of our fans list English as their default language (3079 fans) with Spanish gaining in second position (1347 fans, up from 1068 fans just six months ago).

### 12.3.2.3 TWITTER

Through September 2014, *The Cochrane Library's* Twitter account (@cochranelibrary) has increased its total follower count to 16,538 followers, and increase of **34%** from six months ago and **213%** one year ago. Twitter has proved to be an excellent place to promote individual reviews, connect with our communities, and engage with Cochrane entities.

With accounts on both Facebook and Twitter as well as a small and growing presence on Google+, *The Cochrane Library* has reached a global community of healthcare professionals, librarians, researchers and students.

### 12.3.2.4 INTERNATIONAL CONFERENCE PROMOTION

In the past year, we established a co-promotion program which ensures that *The Cochrane Library* promotional materials are sent to each medical conference attended by Wiley. Every medical conference receives copies of the Quick-Reference Guide for display, and *The Cochrane Library* banner stands are sent to key shows. For large conferences such as the Medical Library Association, custom materials and graphics are created to ensure *The Cochrane Library* is heavily promoted, and in-booth demonstrations heavily feature Cochrane. For Cochrane events we have been unable to attend, such as Cochrane Centres' Symposia, we have worked with the organizers to send promotional materials, delegate bag inserts, and custom giveaways. We also provided sponsored registrations at the Cochrane mid-year meeting in Panama.

For the 22<sup>nd</sup> Cochrane Colloquium in Hyderabad, we have agreed to sponsor many conference items and initiatives for attendees. Items supplied or funded by Wiley include the following:

- Badges and lanyards for attendees
- Badges and lanyards for the Evidence Aid meeting
- Conference bags for all attendees
- Printing and typesetting of the abstract book as well as Methods supplements
- Pens, pads
- Sponsored attendee from Wikipedia
- Additional sponsorship funds to be used at the organizers' discretion.

# Cochrane Training and Professional Development Strategy

Prepared by Miranda Cumpston, Senior Training Co-ordinator  
5 September 2014

## **Executive summary**

Following the introduction of centralised Cochrane Training activities around four years ago, a comprehensive Strategy for training activities in Cochrane is needed. An extensive consultation and planning process has been undertaken in 2014 to develop the Cochrane Training and Professional Development Strategy.

This document outlines:

- the vision, mission, goals and objectives for Cochrane Learning and Development;
- a prioritised programme of target projects to be conducted over the next three years;
- an outline of operating principles, staffing and strategic advice structures; and
- a budget proposal, including options for the level of investment to be made.

This Strategy focuses on the provision of learning pathways, infrastructure and guidance. The objectives and projects have been selected to strengthen our capacity and quality while addressing the needs of diverse contributors. The work will be undertaken in collaboration with many groups across the organisation, harnessing their capacity and expertise.

Note that the revised terminology “Cochrane learning and development” is used to replace “Cochrane Training”, to reflect a broader focus of activities.

## **Recommendations to the Steering Group:**

1. That the Steering Group endorse the Cochrane Training and Professional Development Strategy.
2. That the Steering Group identify a preferred implementation option and associated budget proposal, to be managed by the Central Executive Team.

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## 1. Background to the Training Strategy

Training has always been a core Cochrane activity, but co-ordinating activities under the central banner of 'Cochrane Training' is relatively recent. In 2008, the first meeting of the Training Working Group led to an Opportunities Fund proposal to develop standard author training materials. In 2010, a major needs assessment project led to the establishment of the part-time Training Co-ordinator position and the first tranche of centrally supported training projects. This work has gone some way to investing in training across the organisation and addressing priority needs. However, activities and funding remain somewhat fragmented without an overarching training strategy.

During 2013-2014, Cochrane has been working hard on the whole-of-organisation strategic planning process leading to the [Strategy to 2020](#), and is now embarking on the challenging task of putting our plans into action. It is timely to turn this strategic focus to Cochrane's learning and development activities, to review our priorities, and ensure that our efforts and resources are directed to the training and support activities that are of most value to Cochrane. The development of a Cochrane Training and Professional Development Strategy ('the Strategy') was requested by the Steering Group, and constitutes Target 4.2 under the *Strategy to 2020*.

The Strategy aims to:

- align Cochrane's learning and development priorities and activities to support the goals and objectives of the *Strategy to 2020*;
- prioritise improvements and new areas of activity in response to the needs of contributors;
- shift our focus from single projects to progressive, inclusive and developmental learning pathways;
- professionalise our activities, incorporating evidence-based teaching and learning expertise;
- consider the optimal organisational structure, leadership, expertise, and resources to support these activities;
- integrate evaluation throughout the programme to ensure that we deliver effective and high-quality learning opportunities that are fit-for-purpose; and
- explore opportunities for future income streams derived from learning activities.

In addition, we believe that in order to meet these aims, the Strategy should be informed, comprehensive, progressive, prioritised, strategic and actionable.

### 1.1. Scope

The scope of the Strategy encompasses two major areas:

- **Support for review production**, primarily focused on training in review methodology for all those current and prospective contributors who need it.
- **Support for contributors in other roles**, encompassing editorial teams, consumers, trainers, methodologists and other group staff and contributors.

There is a third area of relevant activity, encompassing external audiences and the use of systematic reviews in support of evidence-based decision making. Current central activities within this area include the derivative product strategy led by Cochrane Innovations, but could also be relevant to a broad range of activities from communication to knowledge translation currently undertaken by many Cochrane contributors. It has been agreed that the conversation about future directions should be ongoing, but that this area is not within the scope of the Strategy at this stage.

Detailed information about the development process of the Strategy is provided in Appendix 1.

## 2. Vision, mission and goals

### **Vision**

Cochrane provides a high quality learning environment, supporting contributors and enabling them to gain and enhance the skills and knowledge they need to contribute to Cochrane effectively, irrespective of geography and language.

### **Mission**

To provide outstanding, inclusive learning and support programmes that effectively enhance the skills, knowledge and experience of current and potential contributors, enable high quality participation in diverse Cochrane activities, and enable the effective implementation of Cochrane policies and procedures.

### **Goals**

1. **PRODUCING EVIDENCE**  
To provide learning opportunities to support Cochrane contributors engaged in the production and publication of high-quality, relevant, up-to-date systematic reviews.
2. **MAKING OUR EVIDENCE ACCESSIBLE**  
To provide learning opportunities to support Cochrane contributors who are working to ensure that Cochrane evidence is accessible and useful.
3. **ADVOCATING FOR EVIDENCE**  
To build recognition of Cochrane as a leading provider of learning opportunities in evidence synthesis.
4. **BUILDING AN EFFECTIVE and SUSTAINABLE ORGANISATION**  
To provide a sustainable, continually improving programme of learning opportunities that enable Cochrane to continue as a diverse, inclusive, international organisation and that effectively harness the enthusiasm, skills and knowledge of our contributors.



### 3. Objectives and brief project descriptions

The following objectives and projects have been selected based on Cochrane strategic priorities, the identified needs of our diverse contributor groups, and identified gaps in the quality and accessibility of training. A proposed roadmap for implementation of these projects is provided in Section 4, including currently projected timelines.

It is important to note that while CET Learning and Development staff will provide an overarching co-ordination role for all activities, only some of the following projects will be directly performed by these staff. Many of these will be led by other contributors with appropriate expertise and primary responsibility for specific areas of Cochrane activity, working with Learning and Development staff in a collaborative role. In many cases where new resources are planned, these will be collated and refined based on existing resources developed by contributors, rather than written from scratch.

A summary of which projects will be led by Learning and Development staff is provided in the Roadmap in Section 4, and proposed options for a staffing structure are outlined in Section 5 and 6.

#### Goal 1: Producing evidence

##### OBJECTIVE 1: TRAINING PATHWAYS

**To improve the processes and technologies available to support the delivery of high quality training in review methods.**

##### Support for new contributors

1. Restructure our 'getting involved' pathways, including revised information on our websites with clearer pathways and resources for prospective contributors; active collection and linkage of information on participant interests, skills and needs; improved systems for navigating and connecting with appropriate Cochrane Groups; and improved linkage with appropriate training/experience pathways.
2. Establish a co-ordinated mentoring scheme available to authors, editors, consumers and others, on a regional or subject area basis, and including appropriate training programmes for volunteers taking on the role of mentor.

##### Online learning

3. Redevelop our online training resources, including introduction of learning management system software (such as Moodle), testing participant knowledge, tracking usage and participant progress, incorporating good instructional design, and enabling online interaction with trainers.
  - 3.a. Establish a clear training and experience pathway for prospective author teams needing to acquire core competencies before registering a Cochrane title.
  - 3.b. Establish a process to incorporate good instructional design in the development of all new and updated online learning resources.
  - 3.c. Establish an interactive, living database of common errors, FAQs and associated training resources, and integrate with web-based searching through a range of appropriate points of access.

##### Workshops and other training events

4. Continue to support and improve co-ordination of the international programme of face-to-face workshops and webinars on producing Cochrane systematic reviews provided by Cochrane trainers.

- 4.a. Implement a coherent programme of workshops each year at the Cochrane Colloquium that delivers opportunities for all relevant audiences, and ensure post-Colloquium access (e.g. online) for those unable to attend.
- 4.b. Revise Standard Author Training Materials to incorporate good practice interactive learning principles.
5. Provide one annual training event to support Diagnostic Test Accuracy (DTA) reviews to complement the programme of training offered in the UK by the DTA Working Group, to be designed each year as needed to deliver training for a particular contributor group (such as authors, editors, methodologists or trainers), or contributors in a particular region.
6. Provide one annual Methods Training Event on an advanced topic, to be selected by the Methods Groups each year as appropriate, and ensure post-workshop online access to materials.

### Evaluation

7. Conduct a comprehensive evaluation of current training programmes (online and face-to-face), including developing a validated tool to measure the core skills and knowledge required to complete a systematic review; measuring effectiveness of training in achieving core competencies; and assessing the quality of review submissions following training.

## OBJECTIVE 2: EDITORIAL TRAINING

**To support a high standard of editorial practice in the publication of Cochrane reviews.**

### Supporting editors

8. Conduct a major project to define and support editorial excellence within Cochrane, including identifying a core set of skills and knowledge for editorial teams publishing systematic reviews; developing a validated tool to measure skills and knowledge; developing a training programme to support Cochrane editorial teams in achieving these skills and knowledge; measuring the effectiveness of the training programme; and establishing a system of accreditation for Cochrane editors. This project will be led and funded matched by David Moher's group at the Ottawa Hospital Research Institute.
9. Co-ordinate a programme of face-to-face workshops at regional meetings and webinars addressing key topics for staff of editorial teams in a variety of global regions.
  - 9.a. Develop new training resources to support Editors and Managing Editors in assessing commonly challenging areas of Cochrane methods such as Summary of Findings tables, editing forest plots and statistics.

### Implementing editorial policies

10. Ensure communication and training plans are implemented to support new Cochrane editorial and publishing policies, such as policies on plagiarism and the new updating classification system.
  - 10.a. Develop a framework and guidance for editorial teams to support fair rejection of unacceptable or low priority review proposals and submitted manuscripts, with clear alternative pathways for referral of authors to training where appropriate.

### Supporting consumers

11. Co-ordinate a programme of face-to-face workshops and meetings for consumer contributors and potential contributors in a variety of global regions, including at regional meetings and Colloquia.
  - 11.a. Develop an online training resource for consumers on providing feedback on Cochrane reviews.

- 11.b. Establish a framework for routine feedback from CRGs to consumer referees, especially those new to the role, to support their development as effective contributors to the review process.

### OBJECTIVE 3: CONTENT DEVELOPMENT

**To improve and expand the availability of training resources on topics relevant to review production.**

#### Improving current practice

12. Develop and implement training and communication strategies around critical errors arising from the CEU program of screening new Cochrane reviews.
  - 12.a. Produce new training materials on interpreting your results, including the role of GRADE and 'Summary of Findings' tables.
13. Develop and implement training and communication strategies to support compliance with a prioritised subset of MECIR standards (Methodological Expectations for Cochrane Intervention Reviews) (*S2020 Target 1.2*).
14. Develop an online training resource on writing and commenting on plain language summaries.
15. Develop new training resources on advanced and complex review methods including quick online modules on specific tasks (e.g. survival data), and broader curricula for face-to-face or online learning on complex reviews.

#### New methods and technologies

16. Ensure communication and training plans are implemented to support ongoing use and the introduction of new and updated software, including future versions of RevMan, Archie, the Group Website Builder, the Cochrane Register of Studies, the Guideline Development Tool for Summary of Findings tables, and the Cochrane Author Support Tool (*S2020 Target 1.3i*).
17. Ensure a communication and training plan is implemented for the introduction of the new Risk of Bias tool for non-randomised studies.
18. Develop a package of training resources for authors undertaking a review update, incorporating current developments in updating methods such as those arising from the methods meeting in Hamilton in 2014.
19. Respond to updated methodological, editorial and organisational guidance, including changes arising from the Cochrane Handbooks, Methods Groups, Methods and Review Standards (MARS) Advisory Committee, Methods Innovation Fund projects and Game Changer project(s).

#### Learning through experience

20. Monitor the development of citizen science and crowdsourcing projects, such as the Embase project, that provide opportunities to engage with systematic reviews and gain experience in specific tasks, and integrate these into appropriate learning pathways.

## Goal 2: Making our evidence accessible

### OBJECTIVE 4: DISSEMINATION AND READABILITY

**To support projects to increase the dissemination and readability of published Cochrane reviews.**

21. Ensure a communication and training plan is in place for the introduction of a dissemination checklist to be used with every Cochrane review (*S2020 Target 2.2*).

22. Ensure a communication and training plan is implemented to ensure that Cochrane contributors understand and are able to apply the new guidelines on accessible language (*S2020 Target 2.5*).
  - 22.a. Review all training materials to ensure consistency with new guidelines on accessible language (*S2020 Target 2.5*).

### Goal 3: Advocating for evidence

#### OBJECTIVE 5: PROVIDER OF LEARNING SERVICES

To promote Cochrane as a provider of high quality learning opportunities in evidence synthesis.

23. Allow people outside Cochrane to access the Cochrane Online Learning Modules on a fee-paying basis (these are currently available free to all Cochrane contributors).
24. Provide appropriate training opportunities as part of Cochrane's formal partnering agreements with external organisations (*S2020 Target 3.2*).
25. Establish one or more university-affiliated course(s) in systematic review methodology (considering options including formally accredited courses or degrees, in person or distance learning formats, and Massive Open Online Course (MOOC) structures).

### Goal 4: Building an effective and sustainable organisation

#### OBJECTIVE 6: CAPACITY BUILDING

To build capacity among contributors to fulfil their current roles and achieve their development goals.

##### Developing training capacity

26. Establish a Training Innovations Fund to support training initiatives with the potential to create important impact for the organisation, such as the development and testing of new training models, development of new areas of training content, or build capacity among methodologists to support specific areas of Cochrane activity.
27. Develop and implement a system of support for Cochrane Trainers, including a programme of train-the-trainer activities and events, peer feedback, accreditation and ongoing support for the Cochrane Trainers' Network.
  - 27.a. Develop a trainers' manual incorporating guidance on conducting workshops, links to good practice materials, links to resources on teaching and learning.

##### Professional support and development

28. Establish a Support Programme for induction, mentoring and ongoing training and support for Trials Search Co-ordinators (TSCs), including support in using the Cochrane Register of Studies, to replace the pilot programme concluded in 2013.
29. Support the Managing Editor (ME) Support programme, providing induction, mentoring and ongoing training and support to MEs.
30. Support the Fields' induction programme, providing induction, mentoring and ongoing training and support to new staff of Cochrane Fields.
31. Identify development pathways for different contributor groups, including opportunities to gain experience and take on more senior positions, and establish a policy on professional development for all individuals employed by Cochrane groups.

**OBJECTIVE 7: DIVERSITY AND ACCESS**

**To ensure that training resources are accessible and able to support diverse contributors.**

**Online resources**

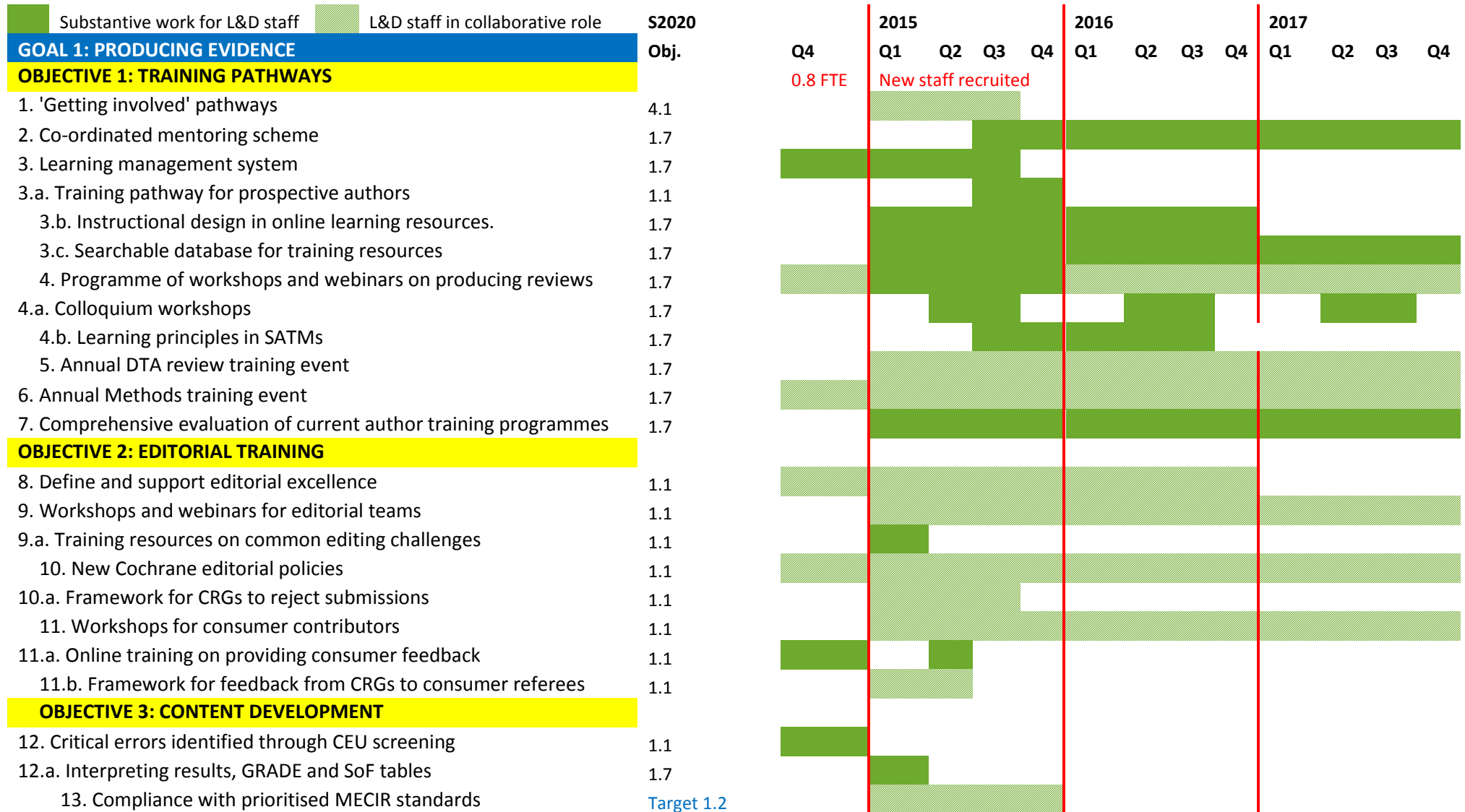
32. Redesign the Cochrane Training website to ensure discoverability and usability.
33. Translate core training materials and the Cochrane Training website into the official languages of the World Health Organization: Spanish, Russian, French, Chinese and Arabic, in collaboration with the Cochrane Translation Strategy.

**Supporting diverse contributors**

34. Establish a system linking authors whose first language is not English with assistance in editing draft manuscripts for English expression. This may also include authors of parts of systematic reviews, such as Plain Language Summaries.
35. Assess participation and accessibility of training for diverse groups of contributors.
  - 35.a. Monitor the equity of responses from Cochrane Review Groups to prospective contributors from non-English-speaking countries and low- and middle-income countries.
36. Collaborate with the Global Evidence Synthesis Initiative (GESI, formerly the Cochrane Academy) to ensure training opportunities are available and coordinated with broader evidence synthesis activities.

## 4. Roadmap

These timelines have been projected based on known milestones, priorities identified during consultation, and likely staff capacity. This version is based on Budget Option 1 (see Section 5). Under Options 2 and 3, changes in timelines for some projects would occur, and direct involvement of Learning and Development staff would be reduced.



- 14. Online training on Plain Language Summaries
- 15. Advanced methods and complex reviews.
- 16. Introduction of new software
- 17. Risk of Bias tool for non-randomised studies
- 18. Updating reviews
- 19. Update face-to-face and online training materials
- 20. Citizen science

**GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE**

**OBJECTIVE 4: DISSEMINATION & READABILITY**

- 21. Dissemination checklist
- 22. Guidelines on accessible language
- 22.a. Training materials written in accessible language

**GOAL 3: ADVOCATING FOR EVIDENCE**

**OBJECTIVE 5: PROVIDER OF LEARNING SERVICES**

- 23. External access to Cochrane Online Learning Modules
- 24. Training for external partners
- 25. University-affiliated course(s) in systematic reviews

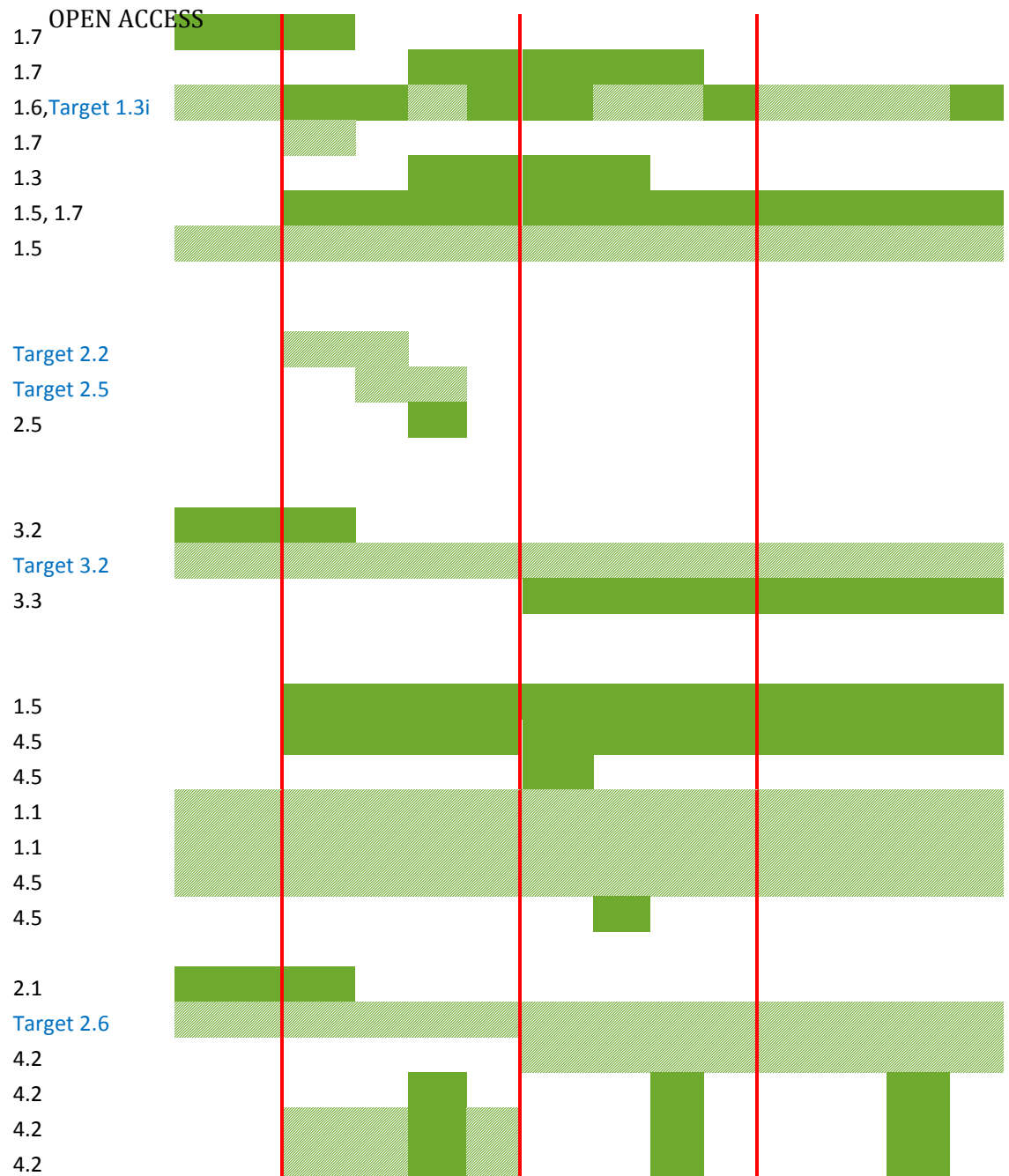
**GOAL 4: BUILDING AN EFFECTIVE and SUSTAINABLE ORGANISATION**

**OBJECTIVE 6: CAPACITY BUILDING**

- 26. Training Innovations Fund
- 27. Support for Cochrane trainers
- 27.a. Trainers' manual on conducting workshops.
- 28. TSC Support Programme
- 29. ME Support programme
- 30. Fields induction programme
- 31. Professional development for contributors

**OBJECTIVE 7: DIVERSITY AND ACCESS**

- 32. Redesign website
- 33. Translate training materials and website into WHO languages
- 34. English language editing support for authors
- 35. Equity of access to and participation in training
- 35.a. Equity of responses to prospective contributors
- 36. Collaborate with GESI.



## 5. Budget

The budget for this Strategy is intended to maintain and improve the core capacity within the CET to co-ordinate and collaborate in training activities, while directing substantive funds to prioritised areas on a project basis.

In the short term, the budget supports prioritised activities that will increase our capacity and the quality of our output, such as short term professional consulting on eLearning, with the aim of upskilling Cochrane staff in the process, and establishing training and accreditation for our editorial teams based on rigorous research methods. In the longer term, the budget is built on a lower underlying set of long-term commitments (staff and ongoing programmes), enabling us to respond to changing priorities and income over time.

### 5.1. Summary of resources requested

The following are brief summaries of the resources requested. Detailed comparisons of the project outputs impacted by the budget options are provided in Section 5.2. Complete budget tables for each option are provided in Appendix 2.

These proposals build on existing budgeted expenditure levels on learning and development across the CET of approximately £311,000 in the current 2014-2015 year, and £255,000 in the previous 2013-2014 year.

Note that some learning and development activities are supported through other budgets within the Central Executive, and not included in the budget requests for this Strategy. Totals including these provisions are provided below for information.

#### OPTION 1

Four staff:

- Head of Department
- 2 x two Learning and Development Officers
- Online Learning Support Officer

Impact summary:

- All projects to proceed in line with the Roadmap in Section 4.

Budget:

	2014-15	2015	2016	2017
Salary & expenses	£85,200	£332,600	£337,600	£344,600
Projects	£79,100	£273,500	£437,500	£142,500
<b>Total requested</b>	<b>£164,300</b>	<b>£606,100</b>	<b>£775,100</b>	<b>£487,100</b>
Total incl. other CET budgets	£311,000	£822,600	£998,100	£717,100

#### OPTION 2

Three staff:

- Head of Department
- 2 x Learning and Development Officers



## OPEN ACCESS

Impact summary compared to Option 1:

- Delays in commencement of 8 Roadmap projects.
- Reduced capacity or scope of 9 Roadmap projects.

Budget:

	2014-15	2015	2016	2017
Salary & expenses	£85,200	£268,200	£272,200	£278,200
Projects	£79,100	£152,000	£158,000	£82,000
<b>Total requested</b>	<b>£164,300</b>	<b>£420,200</b>	<b>£430,200</b>	<b>£360,200</b>
Total incl. other CET budgets	£311,000	£636,700	£653,200	£590,200

### OPTION 3

Two staff:

- Head of Department
- Learning and Development Officer

Impact summary compared to Option 2:

- Additional delays in commencement of 7 Roadmap projects.
- Additional reduced capacity or scope of 12 Roadmap projects.

Budget:

	2014-15	2015	2016	2017
Salary	£85,200	£184,000	£187,000	£191,000
Projects	£79,100	£107,500	£81,000	£27,000
<b>Total requested</b>	<b>£164,300</b>	<b>£291,500</b>	<b>£268,000</b>	<b>£218,000</b>
Total incl. other CET budgets	£311,000	£508,000	£491,000	£448,000

## 5.2. Impact of budget options on critical outputs

The following comparisons reflect changes in activities conducted or contracted by the central team. In some cases where central activity is delayed, other Cochrane Groups or trainers may independently develop resources to meet these needs. Those activities in the Roadmap not mentioned here will proceed as planned under all three options.

	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Mentoring</b>	Begin Q2 2015, incl. high level support for development phase, ongoing in-person contact and training, active management and engagement from dedicated administrator.	Delayed until Q1 2016. High level support would remain for the development phase, and ongoing support such as in-person training and meetings would be scaled back.	Delayed until Q1 2016. Development phase scaled down, reduced capacity for dedicated time from collaborators and face-to-face meetings and training. Ongoing support limited to central staff time, distance training and communication.
<b>LMS</b>	Could include a paid subscription, with higher functionality and external expert support.	Open source, with some reduced functionality and design features compared to subscription model. Some funding required to train IKMD staff.	Open source, with some reduced functionality and design features compared to subscription model. Some funding required to train IKMD staff.
<b>Online learning</b>	Begin Q1 2015. eLearning consultants to assist with 2 modules in 2015, 1/year after that, branded templates, major revision of the 12 OLMs in 2016. Central staff available to work with content leads.	Begin Q1 2015. eLearning consultants to assist with 1 module/year, branded templates, no assistance with major revision of OLMs. Reduced capacity of central staff to work with content leads.	Delayed until Q3 2015, eLearning consultants to assist with 1 one prototype module & training for central staff, no branded templates, no assistance with major revision of OLMs. Limited capacity of central staff to work with content leads likely to limit rate of production.
<b>Workshops &amp; webinars</b>	Led by Centres & Branches, with central staff support. 2015 period of intensive central support, incl. conversion of workshop materials to webinar format, support for trainers in webinar software, etc.	Led by Centres & Branches, with central staff support, no period of intensive central support in 2015.	Led by Centres & Branches, reduced capacity for central staff support.
<b>SATMs</b>	Updating content to begin Q1 2015. Review for teaching & learning principles to begin Q3 2015.	Updating content delayed until Q3 2015. Review for teaching & learning principles delayed until Q1 2016.	Updating content delayed until Q1 2016. Review for teaching & learning principles delayed until Q1 2016.
<b>Author training evaluation</b>	Begin Q1 2015.	Begin Q1 2015.	Delayed until Q3 2015.

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<b>Editorial excellence</b>	As planned.	As planned.	Phases 3 and 4 significantly reliant on identifying additional external funding sources to proceed without delay or change to scale.
<b>Editing challenges resources</b>	Begin Q1 2015.	Delayed until Q4 2015.	Delayed until Q1 2017.
<b>Framework to reject submissions</b>	Begin Q1 2015.	Delayed until Q1 2016.	Delayed until Q1 2016.
<b>Online modules on consumers feedback &amp; PLS</b>	Led by central staff with assistance of content experts.	Led by central staff with assistance of content experts.	Additional funding required for temporary project officer to lead development with assistance of content experts.
<b>Advanced methods &amp; complex reviews</b>	Begin Q3 2015.	Delayed until Q3 2016.	Delayed until Q3 2016.
<b>Updating reviews</b>	Begin Q3 2015.	Delayed until Q1 2016. Reduced capacity of central staff to assist directly with development	Delayed until Q3 2016. Reduced capacity of central staff to assist directly with development
<b>Dissemination checklist &amp; accessible language</b>	Central staff available to support introduction.	Central staff available to support introduction.	Very limited central staff capacity to support introduction.
<b>Training for partners</b>	Central staff available to develop or provide training.	Central staff available to develop or provide training.	Central staff not available, but can facilitate support through Trainers' Network.
<b>University-affiliated courses</b>	Begin Q1 2016.	Begin Q1 2016.	Delayed until Q1, 2017.
<b>Training Innovations Fund</b>	Begin Q1 2015, with sufficient funds available to support substantive content development projects or events.	Delayed until Q3 2015, with reduced funds available but sufficient to support substantive content development projects or events (although projects likely require complementary funding).	Delayed until Q4 2015, with reduced funds available sufficient to support smaller projects only (unless substantive complementary funds available).
<b>Trainer support</b>	Central staff capacity and funding available to directly support regional activities.	Central staff capacity and reduced funding available to directly support regional train-the-trainer and related activities.	Reduced capacity for central staff to support and no funding available, so primary reliance on Centres & Branches to fund and lead.
<b>Equity of CRG responses</b>	Central staff available to develop project.	Central staff limited to information-gathering & reporting.	Central staff limited to information-gathering & reporting.
<b>CET professional development</b>	Funding available.	Reduced funding available.	Further reduced funding available.

## 6. Operating principles and structure

### 6.1. Operating principles

As we work to implement the Vision, Mission and Goals, Cochrane Learning and Development will be guided by the following operating principles:

1. Provide strategic leadership and co-ordination to the diverse range of Cochrane's learning and development activities.
2. Shift the focus of our activities from individual training projects to providing supportive infrastructure and more developmental, inclusive, flexible learning pathways for all our contributors.
3. Support collaboration, communication and connection between learning and development projects and the people involved in implementing them.
4. Draw on the extensive expertise of our contributors and existing training resources where they are available, rather than working from scratch.
5. Evaluate all activities to ensure they are accessible, accessed and effective in achieving their aims, and provide a sound basis for future developments and possible revenue streams.
6. Maintain a watching brief and ongoing consultation on emerging needs and projects that will require a learning and development response.
7. Be guided by the priorities and values of Cochrane as a whole.

### 6.2. Staffing

Given the vital role learning and development, capacity building, training and support for Cochrane's collaborators and future membership will play in our content production and organisational growth in the coming years, the Senior Management Team is considering establishing a new 'Membership Support, Learning & Development Department' as part of the Central Executive Team. Staffing would be subject to decisions about the scope and budget under this Strategy, but indicative roles are as follows:

#### **Head of Membership Support, Learning & Development**

- member of Senior Management Team
- responsible for leading and co-ordinating all membership support, training and development activities across the organisation, including strategic planning and ongoing collaboration
- responsible for supervising other members of the Department and managing financial resources
- experienced in systematic review methodology and familiar with a broad range of Cochrane contributor roles
- experienced Cochrane educator

#### **Learning and Development Officer (2 positions)**

- reports to the Head of Membership Support, Learning & Development
- equivalent level to CEU Editor roles
- responsible for collaborating on the content and delivery of learning and development projects in collaboration with a wide range of Cochrane contributor groups
- should have a combination of the following skills and experience:
  - experienced in learning theory and teaching

- experienced in online learning and instructional design
- experienced in systematic review methodology and familiar with a broad range of Cochrane contributor roles
- experienced Cochrane educator

#### Online Learning Support Officer

- reports to the Head of Membership Support, Learning & Development
- equivalent level to senior administrative roles
- responsible for providing technical support in online learning software and websites
- responsible for co-ordination and support for participants in online learning pathways including training, mentoring, etc.

Of the current Cochrane Training staff, contracts with the two part-time Training Co-ordinators have been completed, and the contract with the current part-time Senior Training Co-ordinator expires on 31 December 2014. Recruitment of new staff is expected to begin immediately following approval of this Strategy, beginning with Head of Department, to ensure smooth transition to new staff in 2015.

### 6.3. Learning and Development Advisory Committee

It is important that Cochrane learning and development activities are supported by good strategic advice. The purpose of the Learning and Development Advisory Committee will be to provide high level advice to support the direction, planning and evaluation of these activities, including looking forward beyond the term of the current Strategy.

To encourage a nimble and interactive group, the committee will not comprise members of every Cochrane contributor group. Members will be selected for their experience and active engagement in learning and development activities both within and outside Cochrane. The full TOR and meeting schedule will be developed following the appointment of the Head of Learning and Development, and in consultation with members.

The Advisory Committee will not replace the need for direct consultation with specific contributor groups around learning needs, projects and implementation.

#### Proposed membership (13 members):

- Head of Membership Support, Learning & Development (Chair)
- author representative
- Cochrane trainers (x3)
  - at least one LMIC representative
  - at least one representative whose primary language is not English
- CEU representative (quality standards, policy and process measures)
- consumer representative
- editorial team representatives (x2)
- external EBHC learning expert
- educationalist expert
- IKMD representative (review production tools and learning infrastructure)
- methods representative

## 6.4. Monitoring and reporting

For each of the projects proposed under the Strategy, individual work plans and deliverables will be identified. Progress against these will be monitored and reported on an annual basis. The Strategy Roadmap, priorities and resource allocation will be reviewed at that time, taking into account any emerging new priorities or opportunities, any necessary amendments will be proposed.

During the third year of implementation of the Strategy, a process will be undertaken to review the success of the Strategy as a whole, and to plan for a new Strategy to guide our learning and development activities from 2018.

## 6.5. Looking ahead

The objectives and projects outlined in this Strategy are strategically directed, but in some cases may appear to be focused addressing currently identified gaps and priorities for immediate action. It is important to note that this Strategy looks ahead to future strategic development in two ways.

Firstly, our options for future development are supported by investment in key aspects of our learning and development programme, such as professional-standard eLearning platforms, building skills among our community of trainers, and rigorously evaluating and ensuring the quality of our training. This investment in skills and infrastructure will stand us in good stead and ensure we have a strong foundation for acting in the future.

In the meantime, consideration continues of identified 'big picture' plans that, while they may not be ready for immediate implementation, will be the ongoing subject of case development and planning under this Strategy. Some examples given placeholders in the objectives and projects of this Strategy include:

- Developing future revenue streams arising from online and face-to-face training services for systematic review authors, editors and others.
- Developing accredited university-level courses aligned with Cochrane methods, or integrated with our research programmes.
- Expanding Cochrane's engagement in learning and development around using systematic reviews and implementing them in practice.

Over the coming year, thinking and discussions will continue in these and other directions, with a view to identifying concrete plans of action beyond 2015.

## Appendix 1 Strategy development process

### 1.1. Aims

The aims of the Training and Professional Development Strategy development process were to:

- Align Cochrane Training priorities and activities to support the goals and objectives of the *Strategy to 2020*.
- Conduct a major consultation exercise to consider the current needs of our contributors, evaluate current resources and services, and prioritise improvements and new areas of activity to be undertaken as part of the Cochrane Training work plan.
- Consider the optimal organisational structure, leadership, expertise, and resources for Cochrane Training staff.
- Establish a framework for ongoing links between Cochrane Training and other areas of the Collaboration's activity, including quality assurance, staff support, Cochrane Innovation, technology development, methods development, consumer support, etc.
- Revise the framework for ongoing guidance and consultation within the organisation, e.g. Training Advisory Committee, links to other Committees/entities/staff groups.
- Professionalise Cochrane Training by bringing in evidence-based teaching and learning expertise.
- Investigate avenues for expanding Cochrane Training activities to encompass new models including accreditation, mentorship programmes and extended online courses.
- Establish a rigorous evaluation program to ensure that Cochrane Training delivers effective and high-quality training that is fit-for-purpose.
- Outline a comprehensive budget for Cochrane Training activities going forward.

### 1.2. Development process

Work on this Training Strategy began in October 2013, following endorsement of the project by the Steering Group at the Quebec Colloquium. The framing documents for the project are available on the Cochrane Training website at <http://training.cochrane.org/about/strategy>.

We established a Project Board to provide high-level strategic guidance to the project, and two Working Groups with representatives of key groups of Cochrane contributors, who brought a strong interest and experience in training activities. Membership of these groups is listed in Section 1.3.

To develop this draft, the Working Groups considered a broad matrix of issues relating to training, considering the diversity of tasks and roles within Cochrane, and the many possible activities through which training activities could be improved or introduced. Recently conducted needs assessments, such as those conducted by the Managing Editor Support Team and the Consumer Network in 2013, were fed into the process to ensure that existing understanding of training needs was included.

The Working Groups met by teleconference in January and March 2014. At the Mid-Year Meetings in Panama in March-April 2014, members of the Working Groups met to identify key priority areas of work and develop more detailed project plans. Meetings were also held with the Executives and other groups of key contributors in Panama to discuss their training needs and priorities. Throughout 2014, additional conversations with internal and external key informants have been held to inform development of relevant areas of the Training Strategy (see list in Section 1.3).

Based on these discussions, a framework of audiences for training and support was developed, including a draft list of possible projects to be undertaken as part of the Strategy to meet the diverse needs of Cochrane's many contributor groups. A summary of the framework of audiences and roles is provided in Section 1.4. In June 2014, an open consultation survey was conducted across the organisation, inviting comments on a draft Vision, Mission and Goals, and prioritisation of the list of possible projects. The consultation documents are available on the Cochrane Training website at <http://training.cochrane.org/about/strategy>. Over 130 responses were received to the survey, representing a diverse cross-section of Cochrane contributors. A summary of the respondents' characteristics are provided in Section 1.5.

It has been clear from these discussions that there is a strong desire within Cochrane to generate a coherent, comprehensive and progressive programme of activities, and that contributors see the value of training activities in supporting their work. This Strategy represents the results of the work of many contributors, and I am grateful to all those who have contributed their insights and expertise to date.

### 1.3. Project Board, Working Groups and key informants

#### **Project Board**

David Tovey, Chair (Editor-in-Chief, The Cochrane Library)

Martin Burton (Director, UK Cochrane Centre; Co-Ed, Ear, Nose and Throat Disorders Group)

Cindy Farquhar (Co-Ed, Menstrual Disorders and Subfertility Group; Director, NZ Branch, Australasian Cochrane Centre)

Donna Gillies (Former author representative on Steering Group, Western Sydney Local Health District)

Paul Glasziou (Professor of Evidence-Based Medicine, Centre for Research in Evidence-Based Practice, Bond University)

Dragan Ilic (School of Public Health and Preventive Medicine, Monash University)

Tamara Kredó (Deputy Director, South African Cochrane Centre)

Marta Roqué i Figuls (Trainer, Iberoamerican Cochrane Centre)

#### **'Training' Working Group**

Jill Hayden, Co-Convenor (Trainer, Canada; Convenor, Prognosis Methods Group)

Lotty Hooft, Co-Convenor (Associate Director, Dutch Cochrane Centre)

Andrew Booth (Convenor, Qualitative and Implementation Methods Group)

Agustin Ciapponi (Southern American Branch, Iberoamerican Cochrane Centre; Authors' Forum)

Solange Durão (South African Cochrane Centre)

Leanne Jones (Editor, Pregnancy and Childbirth Group; MEs' representative)

Toby Lasserson (Senior Editor, CEU)

Manu Easow Matthew (South Asian Cochrane Centre)

Ashraf Fawzy Nabhan (Trainer, Egypt)

René Spijker (TSC, Dutch Cochrane Centre)

Yemisi Takwoingi (Convenor, Screening and Diagnostics Tests Methods Group)

#### **'Development' Working Group**

Chris Cates (Co-Ed, Airways Group)

Emmanuel Effa (Nigerian Branch, South African Cochrane Centre)

Lynn Hampson (TSC, Pregnancy and Childbirth Group)

Harriet MacLehose (Senior Editor, CEU)



Ian Shemilt (Convenor, Campbell and Cochrane Economics Methods Group)  
Anne-Marie Stephani (Managing Editor, Infectious Diseases Group)  
Caroline Struthers (Consumer Network representative; former Cochrane Training Co-ordinator)  
Jessica Thomas (Cochrane Information and Knowledge Management Department)  
Hilary Thomson (Editor, Public Health Group)  
Marialena Trivella (Editor; former Cochrane Training Co-ordinator)  
Susan Wieland (Complementary Medicines Field)  
Lilia Ziganshina (Trainer, Russian Federation)

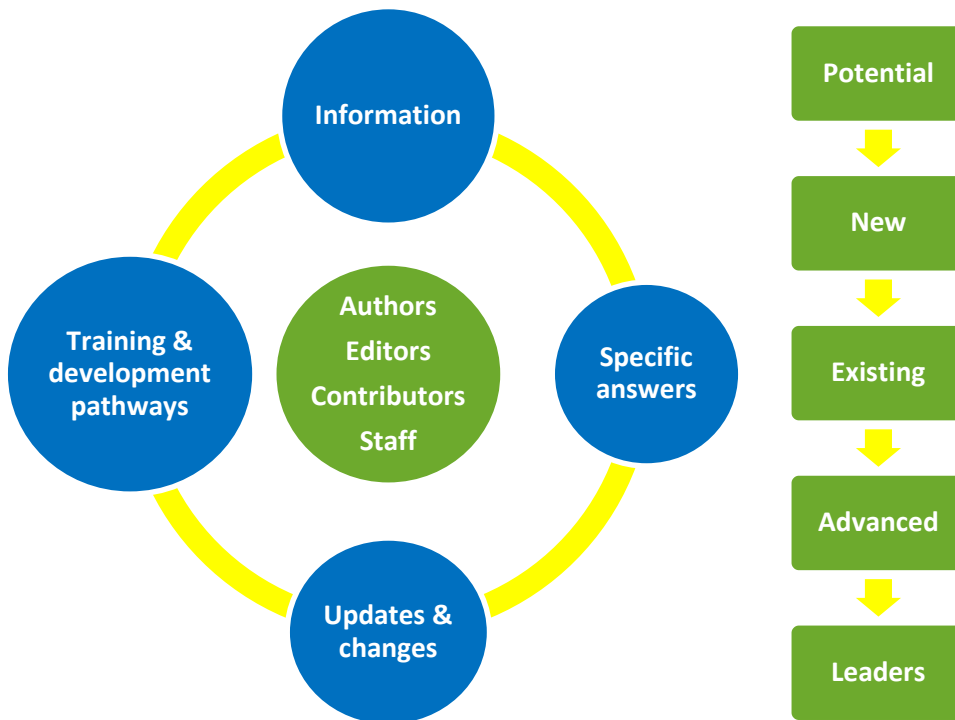
### **Key informants**

Cochrane senior leadership  
Cochrane Group Executives  
Jackie Chandler, Methods Co-ordinator  
Michael Henderson, Learning with New Media Research Group, Monash University Faculty of Education  
Catherine McIlwain, Consumer Co-ordinator and Anne Lyddiatt on behalf of the Consumers' Executive  
David Moher, Larissa Shamseer and James Galipeau, Bias Methods Group and researchers in scientific publishing.  
Mona Nasser, Author Forum and Agenda and Priority-Setting Methods Group  
Eamonn Noonan, Chief Executive Officer, The Campbell Collaboration  
Marisa Viray Carlos and George Kotsanas, eLearning Services, Monash University Faculty of Medicine, Nursing and Health Services  
Rachael Wallwork, Human Resources Manager, Cochrane Central Executive Team  
Jon Deeks, Jackie Chandler, Clare Davenport, Lotty Hooft, Mariska Leeftang, Petra Macaskill, Rob Scholten and Yemisi Takwoingi, Cochrane DTA Working Group  
Chris Mavergames, Jessica Thomas, Martin Janczyk, Paolo Rosati and Tom Cracknell, Cochrane Informatics and Knowledge Management Department.  
Zack Harvey, Kineo, online learning development company.

## **1.4. Audiences and roles**

### **Audiences for training and development**

The Working Groups considered the following audiences for this Training Strategy. These groups are overlapping and not mutually exclusive. Individuals may belong to more than one group over time, or for different aspects of their work.



### Tasks and roles

To identify training needs, we considered the many different roles within Cochrane, and also the complex range of tasks performed by each role. These classifications are not straightforward. Some tasks are performed by many roles, and some are performed by different roles in different Cochrane groups or author teams.

We made the decision to focus on tasks. Training activities designed to support tasks can be made available to and tailored for different audiences as required. Each group or team can make their own decisions as to who performs these tasks, and requires the necessary skills and knowledge to do so.

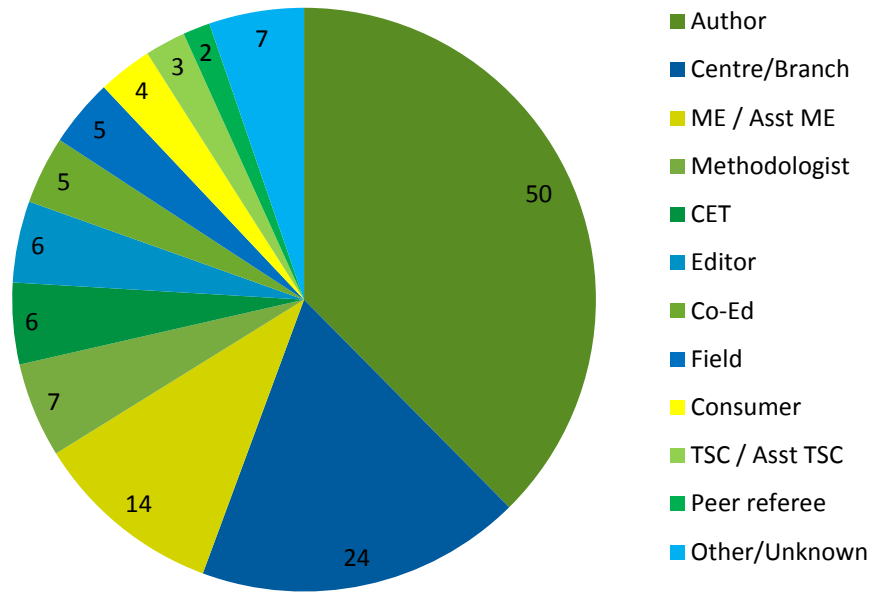
In the list of possible activities provided later in this document, we have not attempted to identify each possible target audience for each activity. A matrix mapping these audiences is provided on the Cochrane Training website at <http://training.cochrane.org/about/strategy>.

## 1.5. Consultation survey respondents

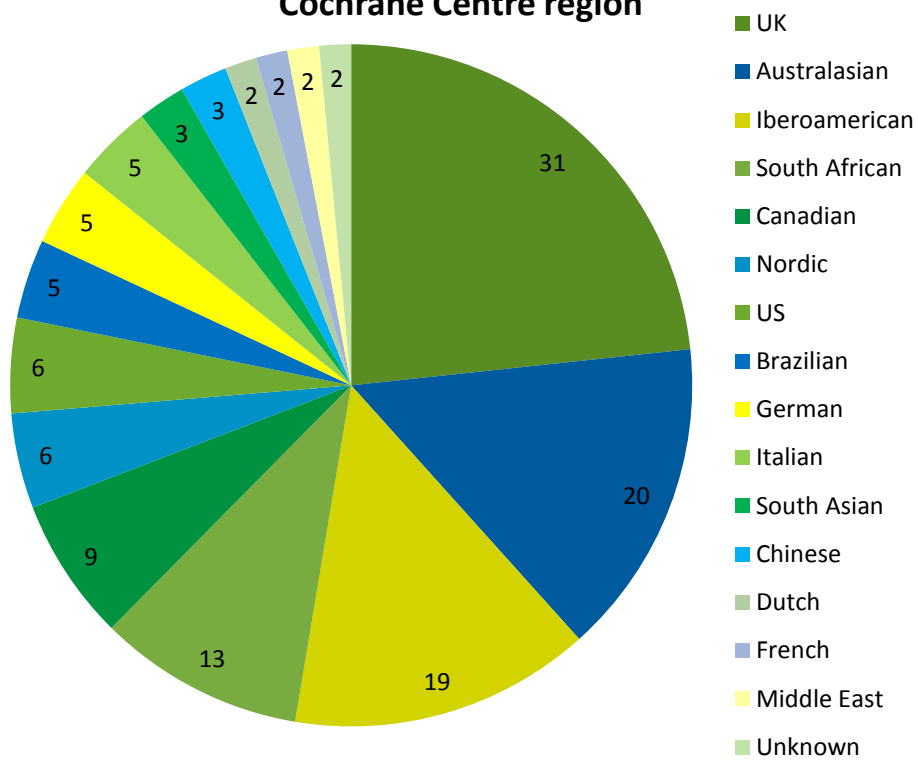
134 responses were received to the online consultation survey conducted in June 2014. In addition, a number of direct responses were received via email (precise numbers uncertain as some responses were submitted on behalf of groups).

The following summaries related to responses to the online survey:

**Primary roles**



**Cochrane Centre region**



In addition to information on geographic location, 36% of respondents identified a language other than English as their primary language.

**Trials Search Coordinator (TSC) Support Team:**

**Proposal to provide induction, mentoring, training and support to TSCs**

**Document prepared by:** TSC Executive (Liz Stovold, Anna Noel-Storr, Douglas Salzwedel, Rene Spijker, Karen Hovhannisyanyan, Sarah Dawson, Deirdre Beecher; Michelle Fiander); Ruth Foxlee; David Tovey

We also acknowledge the contribution of former TSC Executive members Lynn Hampson and Gail Higgins, and the comments provided by Sally Bell-Syer, Miranda Cumpston and Steve MacDonald on this current version of the proposal.

**Submitted to Cochrane Steering Group (CSG):** September 2014

**Purpose**

To request CSG approval for a TSC Support Team (TSC ST)

**Urgency**

High

**Access**

Open

**Background**

Trials Search Co-ordinators (TSCs) work in a CRG, Centre, or Field providing information retrieval and management expertise to review authors and to their Cochrane Group. They are responsible for managing the Group's Specialised Register and publishing those records in CENTRAL. There are currently 98 people listed in Archie with the role of TSC (as of 22 August 2014). Many TSCs work in isolation from other information professionals and may not have access to the support and training required to be successfully inducted into this highly specialised job. The role requires a high degree of technical knowledge about systematic reviews and Cochrane-specific methodology and processes, and ongoing support and development. Two training and support programmes for TSCs have previously been developed: a pilot Induction & Mentoring programme (I&M) and the Cochrane Register of Studies User Support Team (CRS UST).

The I&M pilot project was initiated in 2010 in response to a needs assessment undertaken by the Cochrane Training Working Group and the TSC Executive. The goal of the programme was to provide orientation and professional support to new TSCs. A training guide was developed; mentors provided one-to-one support through email, telephone or Skype and face-face meetings were arranged if possible. Mentors were recruited to provide coverage of different geographic areas. As of March 2014, the mentors had worked with nine Trials Search Coordinators. Funding was provided for the initial development of training materials (£6000), and for face-to-face meetings (£150 per day plus travel expenses), but ongoing and ad hoc support was unfunded. The pilot has now concluded, although a small number of induction visits with TSCs recruited during 2014 are being supported through existing Cochrane Training funds.

The CRS UST was funded in October 2011 to train and support users of the Cochrane Register of Studies (CRS). Initially two Canada-based CRS UST members were appointed, each at one day per week, to prepare documentation, develop tools (e.g. filters to import data into CRS), and provide ongoing CRS user training and support (at conferences, via Skype and webinars). In late 2012, this number increased to four (one in Australia and Canada and two in the UK) to meet the increased workload during the rollout period. Since August 2014, there have been two CRS UST members (Canada, UK). The CRS UST has functioned at a high level of activity for almost three years and has produced extensive documentation and learning materials, including delivering 75+ webinars to support TSCs as they work with the CRS. Funding for the CRS UST is due to finish in October 2014.

Currently there is no formal provision for a comprehensive induction, ongoing training and support programme for TSCs, who represent a large number of Cochrane editorial team members.

### **Proposal**

We propose that a TSC Support Team (TSC ST) be established, taking on the role of continuing professional development, training, and general support of TSC activities across Cochrane. The team structure should be similar to the Managing Editors Support Team model, which was successfully introduced in 2012. We propose that five part-time, paid, regional posts should be created as follows:

- Asia-Pacific [1 post]
- North/South/Central America [1 post]
- Continental Europe/Africa [1 post]
- United Kingdom [2 posts]

Spreading the workload among five posts (up to a total of 1.0 FTE) is intended to ensure the widest possible geographic and time zone spread of the TSC community and recognises the ongoing need for fairly high-level CRS support. A provisional job description is included in the appendix to this job description.

The TSC Support Team Manager will lead the TSC Support Team members. This role will be integrated into the job description of the Cochrane Editorial Unit Information Specialist (CEU IS) who is currently the CRS UST Manager. We propose that the CEU IS commits 1 day per week (0.2 FTE) to the programme. This will be included in the CEU salaries budget, therefore we are not seeking additional funding for the TSC ST Manager role.

### **Rationale**

The guiding principle in this proposal is that support for all aspects of the TSC role should be delivered within a single framework by a unified team of experienced TSCs. The TSC Support Team will:

- provide support to TSCs on any aspect of the TSC role in their region by phone, email, or online virtual support (e.g. via remote meeting and desktop sharing software).
- streamline the induction process and deliver induction sessions to new TSCs.
- continue with the provision of CRS training and support.
- ensure that current CRS training materials are expanded to reflect upcoming software developments and new material created wherever necessary.

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- update and maintain the TSC User Guide for Managing Specialised Registers
- deliver training at colloquium, national meetings and online.
- continue to maintain and improve existing tools to support TSC work, such as the TSC Portal, and to develop new resources such as a Wiki, videos and webinars.
- provide an opportunity for the ongoing dissemination of existing best practices within the TSC community
- provide a supportive environment for continuous teaching and learning
- work with Cochrane Training Coordinator to identify the priorities for the training needs of both new and more experienced TSCs

### *Induction and mentoring*

Feedback from mentees about the I&M programme was very positive, and running the programme provided the mentoring team with a better understanding of topics which require more detailed coverage (developing search strategies), and those which require less (hand searching). Within a funded TSC support programme we would continue to offer all new TSCs high-quality induction, using updated training and support materials. We would also like to expand the support methods used to include webinars, training videos, podcasts, and interactive online tools to provide more effective support and training. We would also be able to continue providing a face-to-face induction session for new TSCs where possible.

### *CRS support*

The CRS is currently in the process of being handed over to the Information and Knowledge Management Department and within that there is a strong emphasis on developing the program as a part of our suite of review production tools. The 'Future of Review Production' framework is browser-based and accordingly the CRS will move from being a standalone, desktop application, to a browser-based system. To support TSCs at every phase of this transition we anticipate relatively intensive support will be required for a further 24 months. During this development period, the TSC ST will work with the Cochrane User Experience Group (UxG) Lead to ensure that the existing CRS functionality wish list items are prioritised to reflect the needs of TSC users. At the same time the TSC ST will have a key role to play in further promoting the use of the CRS to help groups develop study-based registers and ensuring that new features to support this work are developed as part of the CRS browser-based system.

The CRS UST has provided support to all CRS users for the past three years, but primarily TSCs. Cochrane CRGs have engaged with the CRS in different ways and to varying degrees. CRS use is continually evolving and the demand for CRS UST support to TSCs is high. The CRS UST are now providing more one-to-one support to TSCs who are using the CRS in more innovative and complex ways, i.e. moving beyond the simply using it for submitting records to CENTRAL. It is essential that CRS support continues in order to ensure maximal use among editorial groups, however the level of support required should naturally drop over the 2015-16 time frame. We envisage that eventually CRS Support can be delivered at levels similar to that provided by the ME Support team for other Cochrane software such as RevMan and Archie.

### *General support, training and development of TSCs*

The existing training programmes focus on induction of new TSCs, and support for a specific piece of software, but so far there has been no general support and training programme for

all TSCs. Queries posted to the TSC mailing list clearly demonstrate a need for better day-to-day support with editorial activities. Recent examples include questions around the management of Specialised Registers and which sources to search; working with authors to develop search strategies; requests for help with peer-reviewing search strategies; and the best methods for de-duplicating references in the CRS. The TSC ST would help with this sort of day-to-day support by:

- monitoring the TSC forums and email list to ensure timely correct responses to queries
- responding proactively to key issues raised by the TSC community and helping to prioritise these
- providing a regular bulletin which summarises issues raised, and those resolved or outstanding.
- providing help and advice about all Cochrane editorial tools not just the CRS, i.e. RevMan; Archie; the new Cochrane Author Support Tool.
- escalating technical issues when necessary, and/or collating and disseminating responses, (e.g. with a database of FAQs)
- encouraging and assisting the contribution of ideas and suggestions from the TSC community for improving software tools through the appropriate channels.
- supporting TSCs who wish to create or further develop study-based registers.
- liaising with colleagues from the Cochrane Information Retrieval Methods Group to ensure that all TSCs are aware of new and changing Cochrane-wide policies, such as the MECIR conduct and reporting standards, and of developments in information retrieval methods, especially as new types of reviews become more common (e.g. DTA reviews, prognosis reviews, network meta-analyses)
- keeping TSCs informed about developments in the wider health information environment (e.g. search interfaces, free database trials, resources ceasing etc.) that affect their work.
- facilitating the sharing of best practices
- supporting the harmonization project and ensuring that there are appropriate resources to support the development of high quality specialised registers.
- working with the Cochrane Training Coordinator to identify ongoing training needs.

There are other projects in the pipeline that have the potential to affect TSC working practices. To ensure that the TSC training needs are properly considered the TSC ST will:

- work with the TSC Executive to ensure that policy decisions made by the Exec can be implemented in an effective manner
- engage in the Cochrane Link Data Project, particularly the testing of a new PICO Annotator Tool in order to support TSCs in its use.
- work with CEU IS on implementing any changes that arise out of the proposed revision of the Cochrane Style Guide.
- work with the CEU IS to ensure that the training and support aspect of any changes that may arise out of the CRG Structure and Function Project is properly covered.
- where appropriate, work with the CEU IS and Game Changer project teams to ensure that there is proper training and support in areas relevant to TSCs.

### Estimated workload 2015-2017

During the period of transition to a browser-based system, the development of a comprehensive training and support programme for all TSCs will most likely be subordinate to providing CRS support and training. The table below aims to describe how the balance of workload might change over time, anticipating that the workload will shift from CRS support toward carrying out the training and support work for all TSCs that has hitherto not been possible.

The overall IT environment shifts, software evolves, and Cochrane policies and methods change, thus the need for continuing professional development and support persists for TSCs and MEs alike. Nevertheless, once the new TSC support systems and processes have bedded-down we should take the opportunity to review the level of support needed.

Q1 2015 – Q3 2015 (period of conversion to CRS browser-based system)	10% New TSC Induction & Mentoring 60% CRS User Support 30% General TSC Support
Q4 2015 - Q4 2016 (period of conversion to CRS browser-based system)	10% New TSC Induction & Mentoring 50% CRS User Support 40% General TSC Support
Q1 2017 - Q4 2017 (post conversion to CRS browser-based system)	10% New TSC Induction & Mentoring 30% CRS User Support 60% General TSC Support

### Summary of recommendations

1. A single TSC Support Team be created, comprising up to five part-time regional posts which will make up 1.0 FTE post
2. These five posts should be centrally funded
3. The TSC Support Team should be managed by the CEU IS
4. The TSC Support Team will be responsible for an integrated support service which will include:
  - i. Induction, mentoring and training of new TSCs
  - ii. Mentoring and support of existing TSCs
  - iii. Ongoing CRS user support and training
  - iv. Training and professional development for the TSCs at any stage of their Cochrane career.

### Resource implications

We are seeking funding for three years in the first instance. Funding for years two and three will be conditional on a review of the programme at the end of the first year.

5 x TSC Support Team posts*	£45,000 per annum (5 x 0.2 FTE secondments)
CEU information specialist	(included in CEU budget therefore no additional funding required)
Travel**	£7,000 per annum



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TSC ST training	£3,000 per annum
<b>Total anticipated cost/year***</b>	<b>£55,000</b>

\* Based on 2013-2014 costs for CRS UST members. Salaries dependent upon experience and local circumstances

\*\*Budget for face-to-face meetings at Colloquia to be covered by team members' CRGs. If not, this budget could be used to support attendance at annual meetings. We may also consider an additional face-to-face meeting, but this will depend upon need and financial resources.

\*\*\*We anticipate an increase in total costs of 3% per year; budget to be managed by the CEU IS.

### **Impact statement**

This proposal for the creation of a single, centrally funded TSC Support Team will ensure that all new TSCs and those already in post receive consistent, high quality mentoring, support, and training.

A professional TSC support team will be able to deliver bespoke training and support to TSCs. This will help them in their role of achieving an efficient and high quality search service across the Collaboration, whilst reflecting new forms of evidence synthesis such as DTA, prognostic, qualitative and network meta-analysis reviews which require different search methods. In addition support for the use of existing technologies (e.g. CRS) and emerging technologies (e.g. Linked Data, CAST) will be managed through the programme.

Providing a comprehensive support and training programme for a large number of Cochrane staff is in line with Goal 4 of the Cochrane Strategy to 2020: "Building an effective & sustainable organisation: To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources." Investment in the training and support of editorial staff contributes toward the achievement of Goal 1 of the Strategy to 2020: "Producing evidence: "To produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making."

### **Declarations of interest**

Douglas Salzwedel is currently a member of the CRS User Support Team. Karen Hovhannisyan is part of the I&M. Ruth Foxlee is the current CRS UST Manager and CEU Information Specialist.

### **Decision required of the CSG**

The CSG is asked to approve the proposal. Approval is a matter of some urgency, as the current CRS UST contracts expire in October 2014, the I&M pilot has concluded, so there is a lack of formal support and training provision for TSCs.

## Appendix : draft job description

### **POST TITLE: TSC Support Team Member (TSC ST)**

#### **Location**

We are seeking candidates to provide representative, geographical (or time zone) coverage as follows:

- North/South/Central America [0.2 FTE]
- Asia-Pacific [0.2 FTE]
- Continental Europe/Africa [0.2 FTE]
- United Kingdom [0.4 FTE]

#### **Hours of work**

In general we would expect TSC Support Team members to work 1 full day per week (0.2 FTE). In this proposal 1 day/0.2 FTE is considered to be 7.0 hours per week, however there will be some flexibility depending on the number of suitable candidates and their geographical spread. Typically TSC ST members will be expected to work during normal business hours in their region, however, given the distribution of Cochrane groups, some work may take place outside of these hours. All team members will be expected to join teleconferences which may also take place outside of normal business hours.

#### **Salary**

Salary will depend upon local circumstances, experience and hours worked, and will be negotiated with successful candidates (or their CRGs).

#### **Terms of employment**

- TSC ST members will be selected via a competitive process open to all TSCs with current or recent experience in the role. Positions will be for one year from date of hire, with the possibility of extension depending upon funding and performance.
- TSC ST members may be employed through their CRG, Centre or Field. Payment arrangements will be made to the CRG or an individual TSC as appropriate.
- Site visits for induction and mentoring of new TSCs may be required and will be funded; attendance at Cochrane's international or national conferences is desirable, but generally we would expect TSC ST members to be attending meetings as part of their normal TSC role and therefore to be funded through their CRG.

#### **Reporting Structure**

TSC ST members report to the Cochrane Editorial Unit Information Specialist.

#### **Contact with**

- Trials Search Coordinators at CRGs, Centres and Fields
- TSC Executive
- Other CET staff, including the Training Coordinator
- Information & Knowledge Management Dept
- Information Retrieval Methods Group

## **Objective**

TSC ST members will provide both introductory and ongoing support and training related to Cochrane editorial processes, information technology, and study identification methods. Support and training will be guided by the needs of practicing TSCs and current Cochrane policies and technology developments.

## **Principal Duties and Responsibilities**

1. Provide new TSCs with an introduction and orientation to processes, procedures, and policies related to the production of systematic reviews and Specialised Register maintenance.
2. Provide ongoing training and support to all TSCs in using the CRS.
3. Provide help and support to TSCs in using Cochrane editorial tools, i.e. RevMan; Archie; the new Cochrane Author Support Tool.
4. Provide established TSCs with support for processes, procedures and policies related to the production of systematic reviews relevant to their role.
5. Develop programmes and materials to support the training and educational needs of TSCs, including management of CRG Specialised Registers within the CRS.
6. Identify and/or advocate for professional development opportunities for TSCs within Cochrane.
7. Work with the CEU IS to ensure training projects/support align with CET initiatives and objectives.
8. Work with the Cochrane Training Coordinator on issues of teaching and learning opportunities, initiatives, and methods.
9. Consult with IRMG for input on topical methodological issues.
10. Organise, co-facilitate and/or participate in workshops and seminars relevant to the TSC community at Colloquia or regional conferences.
11. Organise, co-facilitate and/or participate in online workshops and seminars relevant to the TSC community.
12. Assist the CEU IS to ensure that reports on the activities of the TSC ST are prepared for Cochrane as required.
13. Maintain activity logs to assist in the assessment of the TSC ST programme.
14. Participate in regular telephone conferences.
15. Join the Cochrane Training Network and other networks as necessary.
16. Other duties as required.

## **Person Specification**

### **Required**

1. Experience of working at a CRG editorial base as a TSC, preferably for at least two years within the last three years.
2. Strong understanding of information retrieval methodologies, particularly as they apply to the production of systematic reviews.
3. Experience of managing a Cochrane Review Group's Specialised Register using the Cochrane Register of Studies.
4. Knowledge and experience of the core Cochrane IT infrastructure, i.e. Review Manager and Archie.
5. Experience in biomedical database searching, e.g. The Cochrane Library, MEDLINE, Embase, trial registries, etc.

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6. Strong written, verbal and presentation skills in English.
7. Ability to work independently and in a self-directed manner, and as part of a virtual team. Flexibility and willingness to undertake national and international travel on occasion.
8. Strong organisational and time management skills.
9. Self-motivated.
10. Good communicator with well-developed listening skills

### **Desirable**

1. Library and information science qualification.
2. Experience as a trainer or instructor.
3. Demonstrated presentation skills, whether online or in person.
4. Experience developing educational or instructional material in any format.
5. Teaching or training qualification.
6. Knowledge of or experience using online educational software.
7. Experience in developing podcasts, wikis, blogs, websites, videos, or other technology that may be used to provide education or training.

# Governance Review Update

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**Prepared by:** Mark Wilson

**Date:** 4<sup>th</sup> September 2014

**Purpose:** To provide an update on the progress of Cochrane's Governance Review for information and discussion by the Steering Group

**Urgency:** Medium

**Access:** Open (Main Paper); Annexes (Restricted Access)

## UPDATE

Cochrane's Steering Group (CSG) discussed the 'Governance Review: A Preparatory Paper' both in Panama and again in a teleconference in mid-May. The CSG recognised that the rationale for a 'Governance Review' was to ensure the CSG was fit for purpose as Cochrane moves into the next phase of its development. Presently the Steering Group is structured as a representational model which, despite possessing many strengths, may not be the right model for the future given the need for Cochrane's highest governance body to be more strategic and open to external perspectives. The *Strategic Review* of 2009 had recommended Cochrane establish an external advisory board and in its discussions in Panama the CSG recognised the value to the organisation's governance that external, non-executive members of the Steering Group would bring.

The CSG also recognised that a significant shift in its role now needed to be made from a focus on operational matters and 'hands-on' implementation to strategic policy development, oversight and governance. The CSG agreed on the need for special governance development training and support for both existing and incoming Steering Group members to help them navigate this transition. A CSG Working Group was established and this group organised a Steering Group development day to be held on September 20<sup>th</sup> in Hyderabad - for existing and newly-elected and nominated trustees only - that would be facilitated by an external governance expert. Following an open tender process Annie Tobias, a Canadian consultant, was hired and she conducted individual interviews with trustees and selected members of the Central Executive as well as analysing key documentation in preparation for the development day.

As the 'Governance Review: A Preparatory Paper' prepared for the CSG in Panama in March set out, there exists a *Good Governance Code* (see <http://www.governancecode.org> for more details) designed for UK-based charities that Cochrane can use to assess the strengths and weaknesses of its own governance. The Code sets out six principles lying at the heart of a well functioning governance body:

- Principle 1: An effective Board will provide good governance and leadership by understanding its role.
- Principle 2: An effective Board will provide good governance and leadership by ensuring delivery of organisational purpose.
- Principle 3: An effective Board will provide good governance and leadership by working effectively both as individuals and as a team.
- Principle 4: An effective Board will provide good governance and leadership by exercising effective control.
- Principle 5: An effective Board will provide good governance and leadership by behaving with integrity.
- Principle 6: An effective Board will provide good governance and leadership by being open and accountable.

Claire Allen (Manager, Governance & Membership Support) developed two self-assessments based on the *Code* that were attached as annexes to the March paper; and in August the CSG Working Group, Co-Chairs and Annie Tobias agreed to a variant using elements from both. These were sent to CSG members and 11 assessments were received back (including from an incoming member of the Steering Group). The results were compiled and are attached (Annex 2 - Restricted).

Claire and I have also used the *Good Governance Code* to map and assess where – in our view – Cochrane stands in relation to the Code's requirements and recommendations. This assessment is attached (Annex 1 - Restricted).

The CSG will go through their own analysis and unpacking of the results on 20<sup>th</sup> September but an important starting point should be the realisation that in many ways Cochrane's Steering Group and governance performance is good. There is a high level of adherence to the 'best practice' policies, procedures and practices recommended by the Code. However, some common areas to improve are evident from the two sets of analyses:

#### *Induction Process for CSG Members*

Cochrane Steering Group's (CSG) induction process was reviewed and improved in 2014. However, an early evaluation of its success will be important to see to what extent it has been successful and how it might be further improved. Existing CSG members felt their inductions to the CSG role were inadequate.

#### *Development of Skills for CSG members*

CSG members welcome the Governance development day and that this can help them to identify future learning, training and development needs.

#### *CSG Performance Self Assessment*

Similarly, the development day, self-assessment process and Governance Review introduces for CSG members the opportunity to critique their individual and collective performance and set up a mechanism to do this at regular intervals in future.

#### *Governance-Executive Relations*

As mentioned above, with the development of the role of the CSG away from a quasi-executive role and the introduction of an expanded Central Executive team the roles and accountabilities of governance/executive duties need to be clarified and communicated better. There are frustrations by CSG and staff members around communication, documentation, agenda setting and decision making that are likely to be eased as a result. Terms of Reference for CSG-related working and advisory groups also need to be clarified.

#### *Succession Planning*

There is insufficient succession planning in place for Co-Chairs, CSG members and key staff members. Cochrane needs to do more to attract suitable candidates for CSG and Co-Chair posts by (amongst other potential reforms) explaining the roles better; nurturing and supporting future leaders; and studying what more it can do to attract CSG candidates from diverse geographic and linguistic backgrounds. Recent elections and nomination processes for the Co-Chair position on the CSG have attracted few candidates, with some constituency elections simply asked to confirm single candidates. CSGs continue to reflect the high concentration of senior Cochrane staff from the UK, Europe, North America and Australia.

#### *CSG Meetings, Planning & Support*

Although CSG members appreciate improvements made over the last year it is clear that more can be done to improve CSG agenda setting, teleconferences and record keeping.

#### **Other (Non-Steering Group) Governance Review Preparations**

The CSG decided that the first phase of the Governance Review should focus on the future development of the Steering Group; but it also recognized that a second phase looking at the broader implications for other governance structures highlighted in the 'Governance Review: A Preparatory Paper' (see pages 4-5) within the organisation should also run concurrently, particularly as issues of power and accountability would be included in the structure and function reviews of Cochrane Groups (CRGs, Methods and Fields), Centres and Branches.

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In August's CSG teleconference Jeremy Grimshaw suggested forming a small Working Group of CSG members with the CEO as an ex-officio member and potentially involving one or two external advisors as well as receiving the support of an expert in governance structures of global not-for-profit organisations. The Working Group would have to be given sufficient administrative and project management support to ensure delivery in the required timeframe. The Co-Chairs, CEO and Editor in Chief were asked to flesh out a proposal that would come back to the Steering Group. This has not yet been done; but the delay allows conclusions and recommendations from the CSG development day and discussion on the Governance Review in the CSG in Hyderabad to be integrated into these plans.

In the meantime, the CEO and Manager, Governance & Membership Support have been preparing further documentation linked to the issues and questions raised in the Governance Review preparatory paper in readiness for the establishment of this Working Group.

## **Report of the Colloquium Policy Advisory Committee (CPAC): 2017 and 2018 Colloquium proposals**

*Paper prepared by Jordi Pardo Pardo and Juliane Ried, CPAC Co-convenors, 18 August 2014*

### **Purpose:**

1. To present the CPAC's feedback on the proposals from the UK and South African Cochrane Centres to host the Colloquium in 2017 (Decision required).
2. To inform the Steering Group about expressions of interest to host the Colloquium in 2018.

**Urgency:** High (in relation to the decision on the 2017 Colloquium).

**Access:** Open.

### **1. Proposals to host the 2017 Cochrane Colloquium in Edinburgh, UK, and Cape Town, South Africa**

We received two formal proposals from Centres who wish to host the Cochrane Colloquium in 2017: from the UK Cochrane Centre, and from the South African Cochrane Centre. Generally, both proposals have been judged to be sufficiently solid and coherent for either of them to be approved and to deliver a successful Colloquium. Different CPAC members considered either Edinburgh or Cape Town the more attractive location from a purely visitor point of view, so there was no clear preference in this respect. Indicative costs of organising the Colloquium (and as a result the anticipated registration fees) were similarly high for both proposals. We acknowledge that the provision of firm details on the budget is difficult at this stage. We should however follow up with the successful Centre in a timely manner to affirm financials and potential sponsorship to reduce the costs.

### **Specific comments on the two proposals**

#### *UKCC (Edinburgh, UK)*

- There was concern that the proposed timing was very late in October, and that it may clash with British half-term school holidays. The potential alternative option given for late September was more suitable and should be explored.
- The plenary hall of the proposed venue may not be large enough, and, more importantly, the number of smaller rooms not sufficient for a potentially very large Colloquium, so additional provisions would need to be made, which is likely to increase the cost.
- The cost calculated for catering is for packed lunches. While CPAC members are not in favour of providing only packed lunches throughout the Colloquium, other types of catering (e.g. buffet lunch) are likely to increase the cost.
- There was concern in relation to the potential impact of the upcoming referendum in Scotland (to be held on 18 September 2014, so the outcome will be known in time for the Steering Group meeting).

#### *SACC (Cape Town, South Africa)*

- There was concern that the proposed timing in Mid-September may clash with many European school holidays. The alternative option given was very late in October, so also not ideal. Other options in between those two should possibly be explored.



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- Given that the Colloquium had already been held in Cape Town in 2000, some CPAC members suggested that it may be preferable from a strategic point of view to choose a different city in South Africa, or indeed a different country in Africa. However, we realise that the SACC may have already considered this option and ruled it out because of inferior or insufficient pre-conditions of other locations.
- While the proposal provides explicit information on applied safety measures, some concern remained. Adequate communication would need to be planned for in order to anticipate potential worries of participants.
- It was pointed out that in the past a potential MARC meeting in South Africa had been abandoned due to the high cost of organising the event. With that in mind, we would like to iterate the importance of following up on budget details and sponsorship early on, should the SACC's proposal be accepted.

### **Recommendation**

Since we trust that both proposing hosts would be able to deliver a successful Colloquium and that potential deficits and concerns with either proposal could be mended or clarified, the decision on which proposal to accept should be made with a view to Cochrane's strategic goals.

Overall, comments from CPAC members tended towards favouring the SACC's proposal for the following reasons:

- A Colloquium in Africa would demonstrate Cochrane's commitment to global health, and to striving to be a truly global organisation by increasing our impact and promoting participation in one of the parts of the world where we are currently least represented; and where achieving our goals is made more difficult by limited resources, infrastructure and opportunities, and partly challenging political, social and cultural situations. It was proposed that, if the SACC's proposal is accepted, the hosts together with the Collaboration should develop a detailed plan on how the Colloquium held there could help to further develop Cochrane activities and stabilise structures in Africa.
- The 20<sup>th</sup> anniversary Mid-Year Meeting in 2013 was held in Oxford, UK. At the time, both the SACC and the UKCC had proposed to host it, too, but the SACC's proposal was declined.

The main argument given for holding the Colloquium in Edinburgh over Cape Town was as follows:

- Edinburgh as a location would facilitate easy access for and engagement with the majority of Cochrane's current contributor base and funders.

### **Resource implications**

No additional resources required.

### **Impact statement**

Acceptance of either proposal will ensure continuity of the annual Colloquium. A decision for the SACC's proposal would affirm Cochrane's commitment to global health, and to increasing our impact in regions where we are currently underrepresented. A decision for the UKCC's proposal would facilitate easy access for and engagement with the majority of our current contributor base and funders.

### **Decision required**

To accept either the UKCC's or SACC's proposal to host the Cochrane Colloquium in 2017.

#### Notes:

- The comments and concerns outlined above would need to be discussed and addressed with the awarded host.
- The successful Centre should be informed that a strategic review of the Colloquium may be conducted and completed before 2017. The results of this review may (or may not) have a substantial impact on the scope, format and logistics of Colloquia.

## **2. Proposals to host the 2018 Cochrane Colloquium**

In addition to the two proposals from the UKCC and SACC to host the 2017 Colloquium, we have already received three informal expressions of interest to host the Colloquium in 2018. Initial conversations will be held with proposing groups in Hyderabad or via teleconference to affirm requirements, expectations and feasibility, and to explore to whether some of these may be postponed to later years. An official call for proposals to host the 2018 Colloquium will then be made in 2015, and proposals put to the Steering Group for decision at its Vienna meeting.

## Proposal to host the Cochrane Colloquium in 2017 in Edinburgh, Scotland at the Edinburgh International Conference Centre (EICC)

Host Cochrane Centre or Branch	UK Cochrane Centre
Location (city, country)	Oxford, United Kingdom
Date (month, year)	October 2017
Contact person for this proposal	Carly Mole ( <a href="mailto:carly.mole@cochrane.nhs.uk">carly.mole@cochrane.nhs.uk</a> ) Therese Docherty ( <a href="mailto:therese.docherty@cochrane.nhs.uk">therese.docherty@cochrane.nhs.uk</a> )

[Expand boxes as required]

### 1. Style and format of Colloquium

Briefly describe the style or format of Colloquium you propose to organise. (Please refer to 'Models for Cochrane Colloquia' at <http://cpac.cochrane.org/policies> for guidance.)

We propose to use the 4+1 model with the aim of attracting existing Cochrane contributors, national and international newcomers to the Collaboration, students, charity members and those interested and involved in evidence based medicine.

### 2. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to The Cochrane Collaboration of holding the Colloquium in this location? Do you have a particular theme in mind?

By 2017, 10 years will have passed since the UK Cochrane Centre last hosted the Colloquium in Dublin, Ireland; we should very much like to have the opportunity to host it again. The UKCC supports just under half of the Collaboration's Review Groups, whose editorial bases are in the UK. Hosting the Colloquium here is a fantastic opportunity for the many UK and Ireland based Cochrane contributors and supporters who are not able to travel to international meetings, to experience a Colloquium. It will provide an opportunity for them to engage, share ideas and receive further training.

At the same time, we believe there are great benefits for those from outside the UK to come and meet their friends, colleagues and collaborators from the UK and Ireland.

The 2017 Colloquium will be the 25<sup>th</sup> and holding it in the British Isles is a great opportunity to celebrate the beginnings of the Collaboration in the UK (the 25<sup>th</sup> Birthday of the UKCC) as well as recognizing the global nature of the organization as it is now.

Finally, the Collaboration will be at the half way point in its "Strategy to 2020". The Colloquium will provide an opportunity to take stock on the progress that has been made and to plan for the period to 2020 and beyond.

The proposed theme is "Cochrane evidence: helping patients make the right decisions".

### 3. Timing of Colloquium

Are there particular reasons for wanting to host the Colloquium in the year chosen? (If you propose to hold the Colloquium at a different time of year, i.e. not October, please explain why.)

As mentioned above 2017 will be the 25<sup>th</sup> Colloquium and this is an opportunity to celebrate 25 years of Colloquia close to where the Collaboration began.

We propose holding the Colloquium from the 22<sup>nd</sup> – 27<sup>th</sup> October (22<sup>nd</sup> set up day).

Holding the Colloquium over these dates also avoids clashing with the following holidays that take place around this time of year:

Holiday	Date(s) in 2017
Eid-al-adha (Muslim Holiday)	2 <sup>nd</sup> September
Labor Day (USA & Canada)	4 <sup>th</sup> September
Yom Kippur (Jewish Holiday)	30 <sup>th</sup> September
Labour Day (Australia)	2 <sup>nd</sup> October
National Day (Chinese Holiday)	1 <sup>st</sup> October
Mid-Autumn Festival (Chinese Holiday)	4 <sup>th</sup> – 7 <sup>th</sup> October
Columbus Day	9 <sup>th</sup> October
Thanksgiving (Canada)	9 <sup>th</sup> October
Halloween	31 <sup>st</sup> October

The availability of the venue is very restricted, but between the 22<sup>nd</sup> and 27<sup>th</sup> October there is good availability for a large number of meeting rooms. Having checked availability throughout September and October the alternative option is the 17<sup>th</sup> to 22<sup>nd</sup> September, this would however be on second option as the EICC already has a provisional booking in for another company on first option, the company would be given 48 hours to decide if they wanted to go ahead with their booking should we wish to proceed with these dates.

We would give consideration to hosting the Colloquium in another year, however we are submitting this bid for the 25<sup>th</sup> anniversary Colloquium in 2017 and would like it to be considered for this one in particular.

### 4. Travel and transport

How good are transport links, particularly access to international airports for overseas delegates?

Edinburgh Airport is Scotland's busiest airport, with more than 40 airlines serving 130 worldwide destinations. It is only 20 minutes from the centre of Edinburgh. For those delegates who may not be able to fly directly to Edinburgh Airport there are internal flights from London Heathrow to Edinburgh via British Airways or Virgin Atlantic and the flight takes around 55 minutes.

Trains are also available from London's Kings Cross Train Station, which is a tube ride away from London Heathrow airport; the journey takes approximately five to six hours. There is also an express service which takes approximately four hours or alternatively, if delegates choose to fly into Manchester Airport, trains are available from there and take approximately four hours.

Edinburgh Airport is 20 minutes from the EICC by taxi. The cost for a single journey is around £15.

**Buses to and from Edinburgh City Centre:**

**Airlink 100 (Stance 19)**

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This 24-hour express bus service runs from the airport to Waverley Bridge (near Princes Street and the main rail and bus stations).

Buy tickets at the Airlink Kiosk outside Domestic Arrivals in advance at the Lothian Buses website [http://lothianbuses.com/services/airlink?utm\\_source=Short-URLs&utm\\_medium=Short-URLs&utm\\_campaign=airlink](http://lothianbuses.com/services/airlink?utm_source=Short-URLs&utm_medium=Short-URLs&utm_campaign=airlink)

- Frequency: Every 10 minutes.
- Journey time: 30 minutes approximately (Waverley Bridge).
- Fare: Single £4, return £7 (reductions for children).

### **Trams to and from Edinburgh City Centre:**

Trams offer a frequent and reliable service linking the airport and the city centre. Interchange with rail services is available at Edinburgh Park and Haymarket stations. Other stops include Murrayfield Stadium and Princes Street.

- Frequency: approximately every 8-12 minutes
- Journey time: average journey time 35 minutes
- Fare: Adult single £5, adult return £8 (reductions for children)
- Tickets can be purchased from the ticket machines at the tram halt.

## **5. Meeting and venue facilities**

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent meetings. Are there suitable venues available?

We are proposing the Edinburgh International Conference Centre (EICC) to host the 2017 Colloquium. The EICC is a modern purpose-built conference centre located in the heart of Edinburgh.

There is WIFI throughout the venue free of charge for delegates to use. The EICC has full disabled access with lifts to access all areas of the conference centre, adapted toilets on each floor, induction loops and spaces for wheelchair users in the auditoria.

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*The EICC*

The Pentland Suite, reserved for the plenary sessions can seat up to 1200 delegates in a tiered theatre style, this space can also be adapted to seat fewer people if required (600 or 900 people).



*The Pentland Suite*

There is a dedicated area at the main entrance for registration and a separate area for exhibition/posters and catering.

Additional rooms for workshops, meetings and other sessions can cater for the following numbers:

Number of rooms	Maximum capacity
1 (The Pentland Suite)	1200
1	600
2	300
3	200
1	136
1	115
1	110
1	100
1	45
2	50
6	30
3	Small boardrooms

### 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues).

Scotland's inspiring capital city is a fusion of fabled streets and historic buildings, contained within a vibrant modern city. Quite simply, it is a brilliant destination in which to hold an international conference.

Named as one of the world's top ten cities to visit by readers of travel magazine Wanderlust, it is stunningly beautiful and also compact, with a wonderful atmosphere.



*Edinburgh, with a view of Edinburgh Castle*

There are a wide variety of things to do and see in and around the city, some of which are outlined below:

**Edinburgh Castle** is the top visitor attraction in Scotland. Situated on an extinct volcano it is part of **Edinburgh's World Heritage site**, it was built on the Castle rock. Houses in Edinburgh were historically built on the area in front of the Castle. This area was called the **Lawnmarket** which can still be visited today. The old town continued down the **High Street** and **Cannongate** towards the **Palace of Holyrood House**. These streets are collectively called the **Royal Mile**. This route will also now take you from the Castle to the new **Scottish Parliament**.

**The Royal Mile** leading down from the castle is a day out in its own right with **St. Giles Cathedral**, **Museum of Childhood**, **John Knox's House**, **King Mary's Close** and shops selling whisky, tartan and other various Scottish gifts. Everything you would want to take home as a reminder of your trip to Scotland can be found on the High Street.

We are aware that Scotland will vote in the referendum on the choice of independence for Scotland in September 2014. Within the existing UK system and devolved nations arrangement, health is already an area that is devolved to Scotland. Currently the Cochrane groups, and other Cochrane activity that is based in Scotland is funded by the Chief Scientists Office in Scotland, and in a similar way those in Ireland are funded by the Health Research Board, Ireland. The UK Cochrane Centre is currently the reference centre for these Cochrane activities and supports all Cochrane work on the British Isles and Ireland. Given these established relationships with funders, Cochrane Contributors and the existing arrangements of devolved health care, we anticipate that the UKCC will continue to be the reference centre for Scotland regardless of the outcome of the Scottish referendum. Should any changes to these arrangements be made beyond September 2014 we are confident that we can still deliver a successful Colloquium at this venue.

When we began the process of researching suitable venues for the Colloquium we also considered a venue in London (Excel) and a venue in Manchester (Manchester Central) both venues were also excellent dedicated conference venues, however after some discussion and further investigation we discounted the London venue due to it's location in London and the very high prices. The Manchester venue, although more affordable and in a great location in central Manchester could only offer us 15 rooms and the space wasn't as flexible as what is on offer at the EICC, we also felt that Edinburgh would be a nicer location for delegates that may not have visited the British Isles before. We have also conducted a site visit to the EICC to inspect the facilities, and we feel very confident that this venue could help us to deliver a successful Colloquium.

Should additional meeting space be required beyond what the EICC can offer, the Sheraton Edinburgh Hotel, which is just a stone's throw away from the EICC, has fourteen flexible meeting rooms that could be utilised.

## 7. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue? Briefly describe the available options.

There is an extensive choice of accommodation near to the venue, many are within walking distance, an example of some of what is available is outlined below:

### Hotel options:

Hotel name	Star rating & price from	Distance to venue	Walking time	Taxi time
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Premier Inn Edinburgh Central	Trip advisor rating 4.5 From £70pn	0.2 miles	5 minutes	3 minutes
Sheraton	5 star From £165pn	0.2 miles	5 minutes	3 minutes
Double Tree by Hilton	4 star From £109pn	0.3 miles	7 minutes	4 minutes
Hilton Edinburgh Grosvenor	4 star From £79pn	0.3 miles	7 minutes	4 minutes
Hotel Novotel Edinburgh Centre	4 star From £68pn	0.4 miles	9 minutes	5 minutes
Edinburgh City Hotel	From £71.20pn	0.4 miles	9 minutes	5 minutes
Waldorf Astoria	Trip advisor rating 4.5 From £175	0.4 miles	10 minutes	5 minutes

### Bed & Breakfast/Apartment & Hostel options:

Name	Star rating & price from	Distance to venue	Walking time	Taxi time
Fountain Court Apartments (various locations across the city centre)	Rates vary depending on location prices from £76.50pn	0.1 - 0.3 miles	4 - 6 minutes	2 - 4 minutes
Kew House & Apartments	From £81.00pn	0.8 miles	15 minutes	4 minutes
Number29	From £110pn	0.4 miles	9 minutes	5 minutes
The Victorian Town House	4 star from £70 - £100pn	0.6 miles	13 minutes	6 minutes
City Centre Guest House Hostel (various options across the city centre)	From £15pn	0.3 miles	6 minutes	4 minutes

## 8. Meeting costs

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.?

The EICC have offered two options, these are outlined below:

Option 1	
Item	Cost (Inc. VAT)
X1 Registration area X1 Plenary room X1 Exhibition & Catering area <b>X16 Breakout rooms</b>	£192,720

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Technical services/AV hire	£62,820
Security	£5,328
Stewarding	£8,400
Packed lunches x5 days	£81,000
Tea, coffee and pastries 1 <sup>st</sup> thing each day	£21,000
Tea, coffee and biscuits mid-AM and PM	£28,800
Professional Conference Organizer fees	£40,000
Approximate Welcome Reception costs	£40,000
Approximate Gala Dinner costs	£84,600
<b>Total</b>	£564,668
<b>Total per delegate based on 1000 delegates</b>	£564.68

<b>Option 2</b>	
<b>Item</b>	<b>Cost (Inc. VAT)</b>
X1 Registration area X1 Plenary room X1 Exhibition & Catering area <b>X22 Breakout rooms</b>	£283,200
Technical services/AV hire	£77,892
Security	£9,792
Stewarding	£13,200
Packed lunches x5 days	£81,000
Tea, coffee and pastries 1 <sup>st</sup> thing each day	£21,000
Tea, coffee and biscuits mid-AM and PM	£28,800
Professional Conference Organizer fees	£40,000
Approximate Welcome Reception costs	£40,000
Approximate Gala Dinner costs	£84,600
<b>Total</b>	£679,484
<b>Total per delegate based on 1000 delegates</b>	£679.48

Having mapped the events from the Colloquium in Quebec, we believe that **Option 1** with 16 breakout rooms for workshops/meetings and other sessions would be sufficient.

We would propose charging the following registration fees:

Early Registration £625 (\$1,068)  
Regular Registration £750 (\$1282)

Charging these fees gives some flexibility in the budget should we reach the 1000 delegates we hope to attract to the event but it will also assist us should we have fewer delegates. For example, option 1 comes in at £627.41 per person should only 900 people register.

**Registration fees for past Colloquia:**

	2011	2012	2013	2014
	Madrid	Auckland	Quebec	Hyderabad
Early Registration	910 USD	1030 USD	1015 USD	1000 USD
Regular Registration	1100 USD	1150 USD	1265 USD	1250 USD

We will also look to obtain sponsorship from sources in accordance with the Colloquium Sponsorship Policy, this is one of the tasks for which we may request assistance from a Professional Conference Organiser who has previous experience in obtaining sponsorship.

## 9. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you?

We have identified the following Professional Conference Organiser who is able to assist where required:

### **Meeting Makers**

Costs involved:

Sponsorship - £300 per day plus 15 per cent of sales.

Social Programme - £1400

Tours - £12 per person per tour or a fixed sum depending on the work involved and number of tours at £300 per day.

The UK Cochrane Centre is experienced at organizing and hosting events, we have previous experience using the event manager system for our Annual Symposium so we would be comfortable with designing the website and using the additional functions required for organizing a Colloquium. This is the reason that at this stage we have only asked the PCO for assistance with obtaining sponsorship from permitted sources, the social programme and tours. A decision on exact services required would be made after the hosting decision is made and further planning for the event has taken place.

We have allowed a total of £40,000 in the budget for PCO services.

## 10. Local organising committee

Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

### *Local Organising Committee*

#### ***UKCC staff***

Martin Burton – Director

Therese Docherty – Business and Programme Manager

Carly Mole – Programme Support Officer

Holly Millward – Communications and Engagement Officer

Anne Eisinga – Information Specialist

Sarah Chapman – Information Specialist

#### ***UK-based Cochrane contributors***

We will include representatives from Cochrane entities based in the UK and also look specifically to engage with our Reviews Groups based in Edinburgh, The Stroke Group and the Peripheral Vascular Diseases Group.

We will also convene groups for specific areas of the organization including a scientific committee consisting of content experts to appraise the submissions, abstracts and workshop proposals. Membership of these committees will be sought once the hosting decision has been made.

**11. Any other information**

Is there anything else you would like to mention in support of your proposal?

*Thank you for completing this proposal. Please email this to Juliane Ried  
([juliane.ried@cochrane.org](mailto:juliane.ried@cochrane.org)) by **31 July 2014***

## Proposal to host the Cochrane Colloquium in 2017

Host Cochrane Centre or Branch	South African Cochrane Centre
Location (city, country)	Cape Town, South Africa
Date (month, year)	<p>10-16 September 2017</p> <p><b><u>South African Public Holidays – September 2017</u></b>            24 : Heritage Day            25 : Public Holiday / Heritage Day</p> <p><b><u>Religious Holidays</u></b>            01 : Religious year begins - <b>Orthodox Christian</b>            1-4 : Eid al Adha * - <b>Islam</b>            08 : Nativity of Virgin Mary - <b>Christian</b>            14 : Elevation of the Life Giving Cross (Holy Cross)            - <b>Christian</b>            21-22 Rosh Hashanah * - <b>Jewish</b>                  New Year - Hijra * - <b>Islam</b>            21-29 Navaratri ** - <b>Hindu</b>            22 : Equinox                  Mabon * - <b>Wicca/Pagan</b> northern hemisphere            22-22 Ostata * - <b>Wicca/Pagan</b> southern hemisphere            22-23 Ganesh Chaturthi ** - <b>Hindu</b>            22-24 Meskel - <b>Ethiopian Christian</b>            22-25 Michael and All Angels - <b>Christian</b>            22-26 Yom Kippur * - <b>Jewish</b>            22-27 Dasara - <b>Hindu</b></p> <p>The dates were selected after taking into account the availability of the venue and public/religious holidays. The other possible dates are 22-28 October 2017            We chose 2017 as it is the next available date and the Colloquium has not been in Africa since 2000</p>
Contact person for this proposal	Tamara Kredo (tamara.kredo@mrc.ac.za)

### 1. Style and format of Colloquium

Briefly describe the style or format of Colloquium you propose to organise. (Please refer to 'Models for Cochrane Colloquia' at <http://cpac.cochrane.org/policies> for guidance.)

At this stage, we are considering the 5 day 'traditional' model. This will include both Cochrane contributors and others interested and engaged with evidence-based healthcare that would not ordinarily have the opportunity to attend a Cochrane event. We are however, open to considering alternative models as suggested by the Cochrane Policy Advisory Committee.

### 2. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to The Cochrane Collaboration of holding the Colloquium in this location? Do you have a particular theme in mind?

Very few Cochrane contributors in the African region have ever attended a Colloquium and hosting it in South Africa will give many more contributors within Africa the opportunity to attend. This would not only provide the opportunity to network and meet with Cochrane entities but provide learning opportunities. It would also raise awareness and increase the profile of Cochrane within Africa. Cape Town has the ideal venue to host the Colloquium.

### 3. Timing of Colloquium

Are there particular reasons for wanting to host the Colloquium in the year chosen? (If you propose to hold the Colloquium at a different time of year, i.e. not October, please explain why.)

The SACC is proposing 2017 as all years leading up to this have been awarded. The Cape Town International Convention Centre (CTICC) is available in mid-September. The format mentioned in the first point will determine the exact dates which need to be blocked/reserved.

Cape Town has a typical Mediterranean climate – warm summers and mild and cool wet winters. Autumn is between April and May; Winter is between June – August, Spring in September and Summer from October to March.

Average temperatures in September range between 9 °C ( 59 °F) and 25 °C ( 80.6 °F )

September is just before the start of the Cape Town high season and this will be a good time to travel as the hotel and flight availability and rates will be more favourable.

The dates were selected after taking into account the availability of the venue and public/religious holidays. The other possible dates are 22-28 October 2017  
We chose 2017 as it is the next available date and the Colloquium has not been in Africa since 2000.

### 4. Travel and transport

How good are transport links, particularly access to international airports for overseas delegates?

Cape Town International Airport serves both domestic and international flights. It is the second-largest airport in South Africa and serves as a major gateway for travellers to the Cape region. Cape Town has direct flights to most cities in South Africa as well as a number of international destinations.

Cape Town International Airport recently opened a brand new central terminal building that was developed to handle an increase in air traffic and increase in tourist numbers.

The Cape Town International Airport was among the winners of the World Travel Awards for being Africa's leading airport.

The CTICC ([www.cticc.co.za](http://www.cticc.co.za)) is located 20kms away from Cape Town International Airport.

#### **INTERNATIONAL AIRLINES FLYING INTO CAPE TOWN:**

- Air Mauritius
- Air Namibia (Regional)
- British Airways
- Emirates
- KLM
- Lufthansa
- Singapore Airlines
- South African Airways
- Virgin Atlantic
- Turkish Airlines
- Qatar Airways
- SA Express

In addition, domestic carriers also service Cape Town, with frequent scheduled onward services to other centres in South Africa including Johannesburg, George, Durban, Port Elizabeth, East London, Kimberley, Bloemfontein, Upington and Nelspruit.

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- British Airways/Comair
- Kulula.com
- South African Airways
- South African Airlink
- South African Express
- Mango Airlines

### DOMESTIC FLIGHTS

Johannesburg – Cape Town	1h 50min
Durban – Cape Town	1h 55min
Port Elizabeth – Cape Town	1h 15min

### INTERNATIONAL

#### DIRECT

London	11h 30min
Dubai	09h 25min
Frankfurt / Munich	10h 30min
Singapore	13h 25min
Amsterdam	11h 15min
Paris	11h 15min
Zurich	11h 25min

### INTERNATIONAL

#### VIA JOHANNESBURG

Atlanta	17h 00min
Washington	18h 25min
New York	16h 15min
Hong Kong	13h 40min
Beijing	14h 20min
Mumbai	09h 15min
Sydney	11h 55min
Perth	09h 20min
Sao Paulo	10h 45min
Abu Dhabi	08h 20min
Istanbul	09h 40min
Doha	08h 00min
Zurich	10h 20min
Frankfurt / Munich	10h 55min
Cairo	07h 55min
Nairobi	04h 00min

The new Integrated Rapid Transit (IRT) System offers international visitors a scheduled bus service between the city centre, the airport, and select suburbs in Cape Town. CCTV surveillance cameras and security personnel are available to ensure commuter's safety and security is prioritised. Infrastructure is wheelchair friendly.

The approximate cost of transport from Cape Town International airport to the city centre is as follows:

- Taxi (US25-30)
- Myciti bus (US10)

## 5. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent meetings. Are there suitable venues available?

The CTICC offers a variety of flexible meeting spaces. With multifunctional 11 200m<sup>2</sup> exhibition and trade show space; two fixed raked seating auditoria for 1500 and 620 people; a Roof Terrace Room with spectacular city and mountain views; over 33 meeting rooms; spacious and deluxe banqueting and function rooms including a magnificent 2000m<sup>2</sup> Ballroom

There are no other venues within Cape Town. The CTICC is a venue which has been used for a number of international conferences e.g. 17<sup>th</sup> International Conference on AIDS and STI's in Africa 2013, Global Forum 2010, World Congress of Veterinary Anaesthesiology 2012 and the World Congress of Basic and Clinical Pharmacology 2014. The Global Symposium on Health Systems Research and South African HIV Clinicians Society Conference will be held at the CTICC later this year.

### Accessibility

The CTICC has been designed around its visitors, including the disabled. The complex features international standard wheelchair access, designated drop-off points and parking bays, toilets for the physically challenged and elevators with Braille inscription.

### Technology

The CTICC combines aesthetics with supreme functionality. The highly sophisticated IT network with its fibre optic backbone, includes some 1800 CAT5e data points located across the exhibition halls, meeting rooms and public spaces. This infrastructure is used to offer a host of technology services which include secure broadband internet. Every corner of the CTICC is also covered by separate wireless networks.

Remote control touch panels in certain venues allow event organisers to control light levels, blinds, and projection screens. Should a power failure occur, emergency back-up generators guarantee an uninterrupted power supply.

### Service and quality

The CTICC is supported by the qualified expertise of professional, preferred suppliers who complement the core services of the centre. These incorporate a full range of services from audio-visual and IT, to rigging and security.

### International Certifications

In 2009, the CTICC gained the distinction of being the first convention centre in Africa, and the second convention centre in the world, to obtain four management system certifications simultaneously. The CTICC had its work processes certified to the internationally recognised systems standards in the form of:

- ISO 9001 – Quality Management
- ISO 14001 – Environmental Management
- OHSAS 18001 – Occupational Health and Safety
- HACCP (Hazard Analysis and Critical Control Points) – Food Safety

### Amenities

Internationally renowned, ER 24 is the centre's onsite medical service provider. Guests and clients to the centre now have the convenience of an array of essential medical services at their disposal. For all personal foreign exchange transactions, Imali Express offers a hassle-free service to all delegates and visitors to the CTICC wishing to purchase or sell foreign currency, with competitive rates and friendly, helpful consultants.



## 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues).

Ideally situated at the confluence of the mighty Atlantic and Indian Oceans, and with Table Mountain - one of the natural wonders of the world - as its backdrop, the appeal of Cape Town as a first world destination of choice is undeniable. As the city's global appeal grows, so too does its profile as one of the world's leading convention and meetings destinations.

Modern, flexible, affordable and world class; the CTICC's location in the heart of Cape Town's business district, combined with the ease of access it offers from anywhere in the city, makes it the perfect location for any event. Located close to the major highways, guests are just 45 minutes away from the popular winelands, or a quick 20kms away from Cape Town International Airport.

### **ADDITIONAL REASONS FOR SELECTING CAPE TOWN**

#### **LANGUAGE**

- While French and German are becoming increasingly common with immigration from Europe as well as West and Central Africa, the business language of Cape Town and the Western Cape is English.

#### **A CENTRE FOR KNOWLEDGE**

- Cape Town and the Western Cape is an intellectual magnet, with four world-class universities and other research institutions in fields as diverse as astronomy, science, medicine and social politics.
- It is also the legislative capital of South Africa.
- The destination is fertile ground for intellectual dialogue and the exchange of ideas.
- Investment in technology and IT sectors are establishing Cape Town as the centre of Africa's development in these fields.

#### **EASY ACCESS**

- Cape Town International Airport is served by more than 20 international airlines on a weekly basis, linking the destination to global hubs like Frankfurt, Amsterdam, Dubai, Singapore and London (and a wide variety of other connections via Johannesburg)
- The city is an overnight flight from any European destination.
- The airport is situated 20 minutes from the city centre.
- On arrival, access to ground transport is simple and convenient, with taxis and coaches the most obvious options.
- Modern public transport system conveniently connect the city with the MyCiti Bus service.

#### **CLIMATE**

- A moderate Mediterranean climate.

#### **VALUE FOR MONEY**

- The destination is recognised internationally as one of the most affordable business events destinations in the world.

#### **ROOM FOR EVERYONE:**

- Cape Town and Western Cape has an extensive selection of first-class hotels that promise guests pleasurable experiences; from 5-star hotels to excellent bed and breakfast establishments.
- The region boasts more than 20 000 rooms.

## OPEN ACCESS

### **GLOBAL APPEAL**

- Cape Town has consistently been voted as one of the world's favourite tourist destinations. The city's global profile as a modern and convenient city, secure high delegate numbers.

### **FIRST CLASS WINING AND DINING**

- The region is one of the wine capitals of the world, and the renowned Cape Winelands is both within the city and on its doorstep.
- The destination's many restaurants serve traditional or contemporary Cape and international cuisine

### **COSMOPOLITAN DESTINATION**

- Cape Town and the Western Cape is a cosmopolitan destination, where cultural diversity is welcomed.
- Immigration from Europe and Africa has lent the city in particular an exciting vibrancy, adding to its creativity.
- A wealth of artistic and musical talent, opera, ballet, drama and comedy are always on offer.

### **EXCELLENT BUSINESS TOURISM INFRASTRUCTURE**

- There are a host of world-class multi-purpose venues to choose from, including the Cape Town International Convention Centre (CTICC), an impressive, architecturally striking city landmark.
- The destination also has an excellent support system for hosting any event, from the largest convention to innovative themed events.

### **WORLD-CLASS CONVENTION CENTRE**

- Conveniently located in the city centre, with immediate access to the national highways.
- 20 minutes from Cape Town International Airport.
- 6000 all-star rating hotel rooms within walking distance.

### **SCENERY & NATURE**

- One of the reasons Africa gets under the skin. The region offers unparalleled natural wonders, from the magnificent Table Mountain to pristine beaches, the big skies of mountains and semi-deserts and the most diverse of the world's six botanical kingdoms.
- Cape Town is the jewel of African tourism.
- Robben Island, a World Heritage Site, where Nelson Mandela was imprisoned for 18 years.
- Cape Floral Kingdom, another World Heritage Site, 4500 plant species at Kirstenbosch Botanical Gardens.
- The idyllic beaches of Camps Bay, Llandudno, Clifton, Fish Hoek, Muizenburg, Strand and Gordon's Bay.

### **WIDE VARIETY OF ACTIVITIES AND TOURS**

- Cape Town and the Western Cape offers a wide variety of tours and activities to suit all visitor's tastes.
- Tours range from visit to the Winelands, Cape Point, Table Mountain to shopping in one of the local markets or simply enjoy a leisurely stroll through the wide variety of world class shopping areas.
- The region is also a paradise for sports and adrenaline fanatics and offer, amongst others, world famous golf courses, hiking, fishing, kite-flying and mountain-biking in and around the Peninsula.

### **SAFETY & SECURITY**

Despite perceptions to the contrary, Cape Town is as safe as most international cities, and this is in no small measure due to the efforts of the Central City Improvement District (CCID).

Altogether, 200 security officers keep the streets of the CBD safe, day and night, for all those who work in, live in or visit the city. The dedicated team of security managers and foot officers, who are highly visible, patrol the streets on a 24-hour basis.

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Multi-lingual officers - All officers are fluent in English. The other languages spoken are Afrikaans and Xhosa.

A CCTV surveillance network and a municipal police force assists in keeping the city safe.

### 7. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue? Briefly describe the available options.

Cape Town and Western Cape has an extensive selection of first-class hotels that promise guests pleasurable experiences; from 5-star hotels to excellent bed and breakfast establishments. The region boasts more than 20 000 rooms with over 3000 luxury bedrooms within a short walking distance to the Convention Centre.

We have not contacted any of the hotels mentioned below but can confirm that discounted rates will be negotiated

The most popular congress hotels are:

#### **WESTIN CAPE TOWN (5 STAR)**

Direct access to the Convention Centre

<http://www.westincapetown.com/>

Deluxe Rooms

Single Occupancy : R 3500.00 (\$335.00)

Double Occupancy : R 3800.00 (\$362.00)

#### **SOUTHERN SUN CULLINAN (4 STAR)**

5 min walk to the Convention Centre

<http://www.tsogosunhotels.com/hotels/the-cullinan/pages/overview.aspx>

Standard Rooms

Single Occupancy : R 2195.00 (\$210.00)

Double Occupancy : R 2495.00 (\$238.00)

#### **SOUTHERN SUN WATERFRONT (4 STAR)**

5 min walk to the Convention Centre

<http://www.tsogosunhotels.com/hotels/waterfront-cape-town/pages/overview.aspx>

Standard Rooms

Single Occupancy : R 1995.00 (\$190.00)

Double Occupancy : R 2295.00 (\$220.00)

#### **SOUTHERN SUN CAPE SUN (4 STAR)**

5 min walk to the Convention Centre

<http://www.tsogosunhotels.com/hotels/cape-sun/pages/overview.aspx>

Standard Rooms

Single Occupancy : R 1795.00 (\$170.00)

Double Occupancy : R 2095.00 (\$200.00)

**CITY LODGE (3 STAR)**

10 min walk to the Convention Centre

<https://www.citylodge.co.za/cl10.php>

Standard Rooms

Single Occupancy : R 1665.00 (\$ 160.00)

Double Occupancy : R 2000.00 (\$ 190.00)

**NEW TULBAGH HOTEL (3 STAR)**

10 min walk to the Convention Centre

<http://www.newtulbaghhotel.com/>

Standard Rooms

Single Occupancy : R 1000.00 (\$ 95.00)

Double Occupancy : R 1200.00 (\$ 115.00)

**HOLIDAY INN EXPRESS (3 STAR)**

15 min walk to the Convention Centre

<http://www.newtulbaghhotel.com/>

Standard Rooms

Single Occupancy : R 1300.00 (\$ 125.00)

Double Occupancy : R 1500.00 (\$ 140.00)

**GUESTHOUSE ACCOMMODATION**

Cape Town offers a wide variety of guesthouse options. These properties are located within the city centre and within a close 10 minute transfer radius to the Convention Centre.

Rates for a 3 star guesthouse will range from R500 (\$48) per room to R1000 (\$95) per room per night

Notes:

- All rooms include breakfast in the hotel restaurant
- Complimentary Wi-Fi access at the Westin and Southern Sun Hotels
- Include 14% VAT
- US\$ costs are based on current exchange rates of US\$ 1 : ZAR 10.5 (July 2014) and is subject to change
- Above rates are guidelines only and subject to availability at time of booking.

**8. Meeting costs**

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.?

We will request financial assistance from the South African Medical Research Council - our primary funder, the Department of Health, Department for Science and Technology, and Department for International Development. Other non-commercial funders that will be approached include the World Health Organization, Health Systems Trust and the Alliance for Health Policy and Systems Research.

We have not engaged with potential funders however:

1. We anticipate that registration will cover most of the expenses
2. From our recent experience with the African Cochrane Contributors we were able to engage with a number of non-commercial funders who sponsored certain aspects of the meeting

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3. We have contingency funds from our primary funder, the South African Medical Research Council that could be mobilized for the event (up to US100,000)  
Below estimated meeting costs (based on 1000 participants):

Description	ZAR	US
Venue hire (incl. audio visual equipment, etc)	5000000	480769
Teas/coffee and daily lunches	2500000	240384
Welcome cocktail	450000	43269
Gala dinner	1000000	96154
Documentation (conference book, bags, name tags, etc)	400000	38462
Event management fee	1000000	96154
<b>Total</b>	<b>10350000</b>	<b>995192</b>

We estimate that we would charge between US 1100-1300 for registration fees for participants from high income countries. Participants from Africa will be charged a lower fee to ensure greater participation.

### 9. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you?

South Africa offers an advanced and very developed congress, tourism and events industry. A number of local associations control and manage the standards and development of the local industry. The Cape Town & Western Cape Convention Bureau will assist in shortlisting suitable Conference Organizers if required and also facilitate a formal bidding process. All shortlisted Conference Organizers will be selected based on the following criteria:

- Must have done a conference of this size and larger
- Must have worked at the Cape Town International Convention Centre
- Must be a member of a local trade association

A number of companies will be more than qualified to arrange this meeting and assist in making this event a success.

The SACC hosted the Colloquium in 2010 and 3 staff members involved in the organizing of the event is still working at the SACC. In addition we organized and hosted 2 regional meetings. The most recent meeting was held in May 2013 which was attended by 120 Cochrane contributors from 12 African countries as well as Cochrane contributors from Europe, Australia, Canada and India.

### 10. Local organising committee

Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

All business communication in Cape Town is conducted in English

### 11. Any other information

Is there anything else you would like to mention in support of your proposal?

The Cape Town and Western Cape Convention Bureau is a strategic business unit of Wesgro, the Western Cape Destination Marketing, Investment and Trade Promotion Agency. The bureau promotes Cape Town and the Western Cape as a premier destination for meetings, incentives, conferences, events, exhibitions and trade fairs. The bureau provides destination expertise and support to associations, corporates, professional conference organisers, destination management companies and event organisers.

The bureau will be able to provide the international organising committee with all the necessary information on product and service suppliers which will make the conference successful and will

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serve as the local contact. The bureau is a member of the BestCities Global Alliance ([www.bestcities.net](http://www.bestcities.net)) together with Melbourne, Singapore, Dubai, Berlin, Vancouver, Copenhagen, Edinburgh, Houston and Chicago. BestCities is committed to deliver the world's best service experience for meeting planners and is recognised globally for its innovative approach in setting the highest professional standards and best practices for the meetings and convention industry.

*Thank you for completing this proposal*

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# **The Cochrane Collaboration**

(A company limited by guarantee)

## **Report and Financial Statements**

**For the year ended 31 March 2014**

Company Number 3044323

Charity Number 1045921

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**THE COCHRANE COLLABORATION**

**31 March 2014**

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**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 March 2014**

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

**Reference and Administration**

Charity name: The Cochrane Collaboration

Registered and  
Correspondence Address: Summertown Pavilion  
18-24 Middle Way  
Oxford  
OX2 7LG  
UK

**Advisors**

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

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

Legal advisers: Penningtons Manches LLP  
Solicitors  
9400 Garsington Road  
Oxford Business Park  
Oxford  
OX4 2HN  
UK

**THE COCHRANE COLLABORATION**  
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## **Trustees**

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

Prof J Grimshaw (Co-Chair)  
Prof J Craig (Co-Chair; resigned 21 September 2013)  
Dr L Bero (Co-Chair; appointed 21 September 2013)  
Mrs S Bell-Syer  
Dr R Churchill  
Dr M Davoli  
Ms M Fiander  
Prof JPT Higgins (resigned 21 September 2013)  
Ms A Lyddiatt (appointed 21 September 2013)  
Dr S McDonald  
Ms M Nasser  
Ms ME Schaafsma (Treasurer)  
Dr H Schünemann (appointed 21 September 2013)  
Ms D Thomson  
Ms E Whamond (resigned 21 September 2013)  
Ms M Zhang

## **Senior Staff**

The senior staff of the Charity during the year comprised:

Mr M Wilson, Chief Executive Officer  
Dr D Tovey, Editor in Chief, *The Cochrane Library*  
Ms VM Hetherington, Company Secretary and Administrator (resigned 30 September 2013)  
Mrs C Allen, Company Secretary and Administrator (appointed 30 September 2013, resigned 6 January 2014)  
Mr H Sutherland, Company Secretary (appointed 6 January 2014)

## **Narrative Report**

### **1. Structure, Governance and Management**

#### **Nature of Governing Document**

The governing documents of The Cochrane Collaboration are the Articles of Association, as amended on 30 October 2013 (see below, Section 2).

#### **Trustee Appointment**

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

#### **Organisational Structure**

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

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

- 53 subject-based Cochrane Systematic Review Groups facilitate the preparation, by volunteer contributors, of Cochrane Systematic Reviews;
- 16 Methods Groups provide support in methods for research evidence synthesis;
- 14 Cochrane Centres (with responsibility for 21 Branches) in Europe, the Americas, Africa, Asia and Australasia provide a regional focus for the Collaboration's activities; and
- 12 thematic Fields and Networks represent cross-cutting health issues and carry out knowledge translation and advocacy activity.

Each Cochrane Group has a devolved management team appropriate to its function. For Cochrane Review Groups, for

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

The Cochrane Collaboration's Chief Executive Officer, Mark Wilson, has overarching responsibility for the management of the Collaboration, including its Central Executive (CE - the staff employed by the Charity or through Charity funding). This includes direct management of the CE staff based in Oxford, UK, which co-ordinates the business, financial, organisational, communication and outreach functions of the organisation.

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

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

### **Risk Management**

The board of Trustees has considered the principal risks to which The Cochrane Collaboration is exposed. It uses a risk management matrix to set out and evaluate the major risks, their likely impact, and the steps taken to mitigate risk, and further action that could be taken. The key risk in 2013-14 was considered to be whether the Collaboration's response to the demands of making *The Cochrane Library* 'Open Access' could substantially reduce Charity revenues; and whether attempts to diversify alternate sources of income through investment in a new commercial trading company, Cochrane Innovations, fail to replace these revenues adequately. Contingency plans have been developed to manage all of the identified risks.

### **Induction and Training of Trustees**

The Central Executive inducts new Trustees into their responsibilities as members of the Steering Group by sending them an extensive collection of materials in advance of their joining. These materials include: the Articles of Association; the most recently-approved Trustees' Report and Financial Statements; *Strategy to 2020* and associated documents; descriptions of the Steering Group's sub- and advisory committees (some of which they will join); Minutes of previous Trustees' meetings; and the latest Risk Management Report. Existing members of the Steering Group hold an induction meeting for new Trustees; and a special Trustees' development day for Steering Group members will be held in September 2014.

## **2. Objectives and Activities**

### **Legal Objects**

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

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

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

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

The Cochrane Collaboration is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with more than 34,000 collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

The Charity makes extensive use of volunteers. Amongst their many contributions, volunteers in 2013-14 were involved in the following activities:

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

It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates their contributions would cost tens of millions of pounds per year.

**Revision of the Charity's Articles of Association**

In September 2013 The Cochrane Collaboration's membership at its Annual General Meeting in Québec, Canada, unanimously approved a revised set of Articles of Association for the Charity; and these were formally adopted on 30 October 2013. The Articles had previously been approved by the UK Charity Commission because they incorporated new provisions allowing for the remuneration of the Co-Chairs of the Collaboration's Steering Group. The new Articles were also updated in accordance with changes in charity and company law made since the last revision in October 2003.

**Development of New Strategic Plans**

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

**GOAL 1: PRODUCING EVIDENCE**

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

*Objectives to 2020*

HIGH-QUALITY:

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

RELEVANT:

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

UP-TO-DATE:

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

WIDE COVERAGE:

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

PIONEERING METHODS:

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

EFFICIENT PRODUCTION:

1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.

1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

**GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE**

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

*Objectives to 2020*

USER-CENTRED DESIGN AND DELIVERY:

2.1 We will put the needs of our users at the heart of our content design and delivery.

2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.

2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

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

ACCESSIBLE LANGUAGE:

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**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

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

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

**GOAL 3:           ADVOCATING FOR EVIDENCE**

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

*Objectives to 2020*

GLOBAL PROFILE:

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

THE 'HOME OF EVIDENCE':

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

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

GLOBAL ADVOCATE:

3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.

3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.

3.6 We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GLOBAL PARTNER:

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

GLOBAL IMPACT:

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

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

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

*Objectives to 2020*

INCLUSIVE AND OPEN:

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

GLOBAL AND DIVERSE:

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

FINANCIALLY STRONG:

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

EFFICIENTLY RUN:

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

INVESTING IN PEOPLE:

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

TRANSPARENTLY GOVERNED:

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

ENVIRONMENTALLY RESPONSIBLE:

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

## THE COCHRANE COLLABORATION

### TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014

The *Strategy to 2020* was developed through an extensive process of consultation principally inside the organisation but also with external stakeholders between March and September 2013. The *Strategy* also included revised Vision and Mission statements (see above) but reaffirmed unchanged The Cochrane Collaboration's ten principles and strapline: 'Trusted evidence. Informed decisions. Better health.' In addition, the *Strategy* affirmed a change in the name of the organisation from 'The Cochrane Collaboration' to 'Cochrane'. A new brand identity will be developed through 2014 linked to this new name; and Cochrane's new name, logo and brand design will be launched in January 2015.

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

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

### 3. Achievements and Performance

Highlights of The Cochrane Collaboration's achievements in 2013-14, grouped under the strategic goals set out in its new *Strategy to 2020* include:

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

- The Charity published 465 new Cochrane Systematic Reviews, 515 updated Reviews (new citation versions) and 569 new protocols for forthcoming Reviews in *The Cochrane Library*; published by John Wiley & Sons, Ltd.
- At the end of March 2014 *The Cochrane Library* contained over 5,200 Cochrane Reviews, 2,300 protocols and over 690,000 records in its Central Register of Controlled Trials (CENTRAL).
- The Cochrane Database of Systematic Reviews achieved an increase in its 2013 impact factor (as calculated by the Journal Citation Report) to 5.939, ranking it as one of the top 10 medical journals in the world. Its five-year impact factor increased to 6.553. The CDSR also saw an increase in the number of citations (39,856 in 2013) making it the sixth most cited journal in its category.
- Cochrane's Editorial Unit (CEU, part of the Central Executive team) significantly expanded the number of editorials commissioned and published in the *Library* on important methodological, editorial and health care topics, as well as a series of editorials around Cochrane's 20<sup>th</sup> Anniversary celebrations. In addition, two Special Collections were published in the *Library* on 'Hospital-Acquired Infection' (August 2013) and on 'Cochrane Overviews' (January 2014) and updates to the 'Evidence Aid' special collections.
- The CEU continued to deliver improvements as part of the *Cochrane Content Publication and Delivery Programme*, a multi-year initiative to enhance *The Cochrane Library* user experience; content creation and quality; dissemination and impact (covering Goals 1-2).
- Between September 2013 and the end of March 2014 the CEU introduced a new screening programme that evaluated over 200 ready-for-publication Cochrane Systematic Reviews against the *Methodological standards for the conduct of new Cochrane Intervention Reviews* (the MECIR programme) to ensure they all met the highest quality standards. This ongoing work will also inform the development of a prioritised subset of the MECIR standards that will be developed and monitored from late 2014.
- Development continued of the information management systems that support the preparation of Cochrane Systematic Reviews; including in 2013-14 the transfer of all of the Cochrane Specialised Registers maintained by Cochrane Review Groups into a live version of the Cochrane Register of Studies (CRS), with a new web interface available to all Cochrane collaborators.

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

- Over 7.4 million pdf downloads of Cochrane Systematic Reviews were made from *The Cochrane Library*, with over 13.5 million abstract page views of Reviews made on Wiley's Online Library alone.
- A new Translation Strategy and Business Plan were developed and approved in 2013-14 that committed Cochrane to translate its key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content. A new Translation Management System is in development to facilitate volunteer 'crowd sourcing' translations in the coming years via a contract with Smartling, a specialist company.
- Cochrane Summaries ([summaries.cochrane.org](http://summaries.cochrane.org) - a portal aimed at consumers and patients providing plain language summaries and abstracts of Cochrane Systematic Reviews) attracted nearly 4.2 million page views in 2013. The site was expanded with the addition of new search and retrieval languages in Portuguese, Croatian and traditional and simplified Chinese as well as Spanish, French and German.

## THE COCHRANE COLLABORATION

### TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014

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

- Cochrane conducted a reputational audit in early 2014 of its profile and standing with key stakeholders in seven countries (Australia, Canada, China, Norway, Switzerland, the UK and USA). The results will inform both the development of new Cochrane products and services, and Cochrane's new brand identity to be launched in 2015.
- Substantial increases were achieved in Cochrane's social media reach, with subscriber numbers growing 68% year on year including a 371% increase in Twitter followers (though from a low base) and a 69% increase in Facebook 'likes'. Publication of a series of videos commissioned to celebrate Cochrane's 20<sup>th</sup> anniversary received more than 23,000 views and significantly increased traffic on Cochrane's YouTube channel.
- As part of its expanded communications and outreach programme a new global newsletter, *Cochrane Connect*, was launched in February 2014 (<http://www.cochrane.org/news/newsletters>) and a new internal newsletter, *Within Cochrane*, launched the following month.
- New partnerships were negotiated by Cochrane with Wikipedia and the Guidelines International Network (though formally signed later in 2014). It is hoped that these new relationships will increase the reach and impact of Cochrane evidence with guidelines developers, and amongst patients and the general public by promoting the use of independent, high-quality evidence in Wikipedia articles. Work also began with the World Health Organization (with whom Cochrane has an official relationship) on a revised programme of work for 2015 and beyond.

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

- The Collaboration's governing Steering Group led the strategic formation of Cochrane's new *Strategy to 2020* and continued its regular teleconferences and bi-annual face-to-face meetings in order to provide the oversight and strategic leadership for which it is responsible.
- The Collaboration held its annual conference - the 'Colloquium' - in Québec City, Québec, Canada, in September 2013. The Colloquium's theme was '*Better Knowledge for Better Health / Un meilleur savoir pour une meilleure santé*' and was attended by 1,063 delegates from 48 countries.
- The Collaboration accepted the invitation of the Korean Branch of the Australasian Cochrane Centre to host the annual Cochrane Colloquium in Seoul, South Korea, in 2016.
- A new, expanded Central Executive team was established under the leadership of the CEO bringing together Cochrane's Operations Unit, Editorial Unit, Web and IMS teams into one integrated structure in order to support the Collaboration's governance, groups and contributors better; and help to deliver the Charity's future objectives.
- The Collaboration continued activities to support new Cochrane contributors and sustain the skills and commitment of current contributors through various training initiatives, including a new Online Systematic Review training course; and a new Training Strategy is being developed for consideration later in 2014.
- A revised Cochrane policy on commercial sponsorship of Cochrane Reviews and Cochrane Groups was drawn up and approved by the Steering Group in March 2014.
- Cochrane further developed an initiative with other organisations in the sector to establish a 'Global Evidence Synthesis Initiative' (GESI) to build the capacity for producing systematic reviews and other synthesised evidence in developing countries, but also to expand the demand and use of such evidence amongst policymakers and practitioners there.
- The Charity continued to support and to oversee the work of its wholly-owned trading company, *Cochrane Innovations*, as it develops new Cochrane-related products and services for commercial sale – and thereby diversifying the Collaboration's funding base - without compromising our principal obligations as a Charity.

#### **Fundraising Performance**

The Cochrane Collaboration's core income is derived mostly from publication royalties from its main output, *The Cochrane Library*, published on its behalf by John Wiley & Sons, Ltd. During 2013-14 the income from this source increased, compared to 2012-13, again exceeding expectations based on global economic conditions.

## **4. Financial Review**

### **Reserves Policy**

The aim of the Charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims; and then to allocate these funds to projects of Collaboration-wide impact over single- or multi-year projects as required. The finalisation of Cochrane's *Strategy to 2020* led the Trustees to assess the Charity's future strategic reserve needs and the funding required and in September 2013 decided to retain at least £2.5 million for its strategic reserves. They decided to release up to £2.5 million for 'Game Changer' investments in the Charity's activities that supported its *Strategy to 2020* needs; and potentially a further investment of £1 million in Cochrane Innovations subject to a satisfactory business plan and projected returns for the additional capital injection by the Cochrane Innovations Board.

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

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

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

**Discretionary Fund**

In September 2013 the Steering Group approved an increase in the allocation to Cochrane's Discretionary Fund to £20,000 per year to facilitate small projects of general benefit to a majority of the Collaboration's Groups (with no project receiving more than £5,000). Three projects received funding totalling £13,790 this year:

- A contribution to the Prognosis Methods Group towards the costs of a project Manager to support the publication of three exemplar Cochrane Reviews in April 2013.
- Funding for members of the Archie Development Advisory Committee (ADAC) to attend a technology symposium and the Québec Colloquium, May 2013.
- Funding to the Australasian Cochrane Centre to support the development of the 'Review Exchange' IT project, June 2013.

Other designated funds are set out in the notes to these financial statements.

**Funds in Deficit**

There were no funds in deficit in the year.

**Investment Policy**

The Cochrane Collaboration has no investments other than deposit accounts. The Charity's current policy regarding investment is to put all surplus income into interest-bearing savings accounts. The funds for items of expenditure need to be readily available, in keeping with the ten-day notice periods on these accounts.

**Principal Funding Sources**

*Funding model*

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

Funding to support Cochrane Systematic Review preparation and related activities comes principally from national and trans-national government sources (typically from health and related ministries); and national and international charitable bodies. Some Entities also raise funds through conference hosting and training activities.

The Groups who contribute towards the work of the Collaboration are based within other organisations - such as universities and hospitals - which provide direct or indirect funding to support them. Groups are responsible for their own funding and for sourcing funding to support Cochrane Review preparation and related activities. In addition, many Cochrane review authors fund their own costs and time related to writing their reviews, though some authors are funded to undertake reviews.

*Policy on commercial sponsorship*

The Collaboration maintains a clear barrier between the production of Cochrane Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews. This policy was reviewed in 2012-13 and approved by the Steering Group in Panama (<http://www.cochrane.org/organisational-policy-manual/appendix-5-commercial-sponsorship-policy>).

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

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

The Collaboration's policy surrounding commercial sponsorship of Cochrane Colloquia was revised in 2012, following a review by the Colloquium Policy Advisory Committee and approval by the Steering Group. Previously, commercial sponsorship had been allowed under limited circumstances. The revised policy prohibits any sponsorship from commercial sources (as defined above) thus bringing the policy for Colloquia in line with the Collaboration's overall policy on commercial sponsorship.



**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

## **5. Future Plans**

The Charity's Goals and Objectives for 2014-15 are set out above (see Development of New Strategic Plans, page 4). Annual targets for 2014 have been established for each of the four strategic Goals and these can be found, along with full details of implementation plans, at <http://www.cochrane.org/community/organisation-administration/cochrane-strategy-2020>.

### **Public Benefit Statement**

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

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

The primary public benefit provided by The Cochrane Collaboration, therefore, relates to the advancement of health by assimilating, on behalf of the world's population, the results of primary research relating to individual treatments, and then presenting these results in a single scientific paper (a 'Cochrane Systematic Review'), formulated to be accessible to both healthcare consumer and practitioner.

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of 31,000 contributors, principally health professionals, patients and their representatives, and academics. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Collaboration's activities.

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

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

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

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

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

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

(a) As far as the Trustees are aware, there is no relevant audit information of which the company's auditors are unaware, and

(b) The Trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

**THE COCHRANE COLLABORATION**  
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

**Auditors**

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

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

Approved and signed on behalf of the Trustees by

.....

**Date:** .....

**Ms ME Schaafsma**, Trustee and Treasurer

## THE COCHRANE COLLABORATION

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

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

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

As explained more fully in the Trustees' Responsibilities Statement set out on page 9, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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

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

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

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

In our opinion the financial statements:

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

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

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

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

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

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

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

**THE COCHRANE COLLABORATION**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**FOR THE YEAR ENDED 31 MARCH 2014**  
Charity only (see over for Group Accounts)

	Note	Restricted	Designated	Unrestricted	2014	2013
		£	£	£	£	£
<b>INCOMING RESOURCES</b>						
<b>Incoming resources from generated funds</b>						
Voluntary Income	3	83,173	-	76,372	159,545	8,347
Investment Income	4	223	-	4,319,559	4,319,782	3,945,594
<b>Total Incoming Resources</b>		<b>83,396</b>	<b>-</b>	<b>4,395,931</b>	<b>4,479,327</b>	<b>3,953,941</b>
<b>RESOURCES EXPENDED</b>						
Costs of Generating Funds	7	-	-	600,417	600,417	599,839
Charitable Activities	8	93,582	15,790	2,263,035	2,372,407	1,674,136
Governance Costs	9	-	-	242,622	242,622	223,872
<b>Total Resources Expended</b>		<b>93,582</b>	<b>15,790</b>	<b>3,106,074</b>	<b>3,215,446</b>	<b>2,497,847</b>
<b>Net (Outgoing)/Incoming Resources</b>						
<b>Before Transfers</b>		(10,186)	(15,790)	1,289,857	1,263,881	1,456,094
<b>Fund Transfers</b>	16,17	-	2,518,790	(2,518,790)	-	-
<b>Net (Outgoing)/Incoming Resources</b>		<b>(10,186)</b>	<b>2,503,000</b>	<b>(1,228,933)</b>	<b>1,263,881</b>	<b>1,456,094</b>
<b>Reconciliation of funds</b>						
Total funds brought forward at 1 April		138,383	39,992	5,395,268	5,573,643	4,117,549
<b>TOTAL FUNDS CARRIED FORWARD AT 31 MARCH</b>	16,17	<b>128,197</b>	<b>2,542,992</b>	<b>4,166,335</b>	<b>6,837,524</b>	<b>5,573,643</b>

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

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

The funds carried forward at 31 March 2014 of £6,837,524 differ from the consolidated funds of £6,709,136 on page 10 due to the net reserves retained in the trading subsidiaries, Collaboration Trading Company Limited and Cochrane Innovations Limited.

The notes on pages 15 to 24 form part of these accounts.

**THE COCHRANE COLLABORATION**  
**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES**  
**FOR THE YEAR ENDED 31 MARCH 2014**

	Note	Restricted	Designated	Unrestricted	Group 31 March 2014	Group 31 March 2013
		£	£	£	£	£
<b>INCOMING RESOURCES</b>						
<b>Incoming resources from generated funds</b>						
Voluntary Income	3	83,173	-	76,372	159,545	8,347
Investment Income	4	223	-	201,919	202,142	42,257
<b>Incoming resources from charitable activities</b>	6	-	-	4,197,128	4,197,128	3,972,142
<b>Total Incoming Resources</b>		<u>83,396</u>	<u>-</u>	<u>4,475,419</u>	<u>4,558,815</u>	<u>4,022,746</u>
<b>RESOURCES EXPENDED</b>						
Costs of Generating Funds	7	-	-	600,417	600,417	599,839
Charitable Activities	8	93,582	15,790	2,263,035	2,372,407	1,674,136
Governance Costs	9	-	-	399,893	399,893	340,247
<b>Total Resources Expended</b>		<u>93,582</u>	<u>15,790</u>	<u>3,263,345</u>	<u>3,372,717</u>	<u>2,614,222</u>
<b>Net Incoming/(Outgoing) Resources before transfers</b>		(10,186)	(15,790)	1,212,074	1,186,098	1,408,524
<b>Fund Transfers</b>	16, 17	-	2,518,790	(2,518,790)	-	-
<b>Net Incoming/(Outgoing) Resources</b>		(10,186)	2,503,000	(1,306,716)	1,186,098	1,408,524
Fund balances brought forward at 1 April		<u>138,383</u>	<u>39,992</u>	<u>5,344,663</u>	<u>5,523,038</u>	<u>4,114,514</u>
<b>FUND BALANCES CARRIED FORWARD AT 31 MARCH</b>	16, 17	<u>128,197</u>	<u>2,542,992</u>	<u>4,037,947</u>	<u>6,709,136</u>	<u>5,523,038</u>

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

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

The notes on pages 15 to 24 form part of these accounts.

THE COCHRANE COLLABORATION

BALANCE SHEETS  
As at 31 March 2014

COMPANY NO. 3044323

		Cochrane		Cochrane	
		Collaboration	Group	Collaboration	Group
		31 March	31 March	31 March	31 March
	Note	2014	2014	2013	2013
		£	£	£	£
<b>FIXED ASSETS</b>					
Fixtures, Fittings & Equipment	11	7,532	14,518	8,173	14,425
Investments	12	301,200	1,000	301,200	1,000
		<u>308,732</u>	<u>15,518</u>	<u>309,373</u>	<u>15,425</u>
<b>CURRENT ASSETS</b>					
Debtors	13	1,494,131	1,868,788	2,853,062	1,808,677
Cash at bank and in hand		5,625,766	6,672,908	2,758,309	5,466,392
		7,119,897	8,541,696	5,611,371	7,275,069
<b>CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR</b>					
	14	(591,105)	(1,098,078)	(347,101)	(817,456)
		<u>6,528,792</u>	<u>7,443,618</u>	<u>5,264,270</u>	<u>6,457,613</u>
<b>NET CURRENT ASSETS</b>					
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>					
		<u>6,837,524</u>	<u>7,459,136</u>	<u>5,573,643</u>	<u>6,473,038</u>
<b>CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR</b>					
	15	-	(750,000)	-	(950,000)
<b>NET ASSETS</b>					
		<u><b>6,837,524</b></u>	<u><b>6,709,136</b></u>	<u><b>5,573,643</b></u>	<u><b>5,523,038</b></u>
<b>INCOME FUNDS</b>					
Restricted funds	16	128,197	128,197	138,383	138,383
Unrestricted funds:					
Designated	17	2,542,992	2,542,992	39,992	39,992
Other unrestricted		4,166,335	4,037,947	5,395,268	5,344,663
	18	<u><b>6,837,524</b></u>	<u><b>6,709,136</b></u>	<u><b>5,573,643</b></u>	<u><b>5,523,038</b></u>

The notes on pages 15 to 24 form part of these accounts.

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

Approved and authorised for issue by the Trustees on

2014 and signed on their behalf by

**Ms M E Schaafsma**  
Trustee and Treasurer

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**1. ACCOUNTING POLICIES**

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

The Charity's main accounting policies are as follows:

**a) Accounting Convention**

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

**b) Incoming Resources**

Donations, legacies and gifts income is recognised on a receipts basis (i.e. when it is virtually certain that the income will be received) under Gift Aid from the subsidiary undertakings, Collaboration Trading Company Limited and Cochrane Innovations Limited, and is recognised on a receivable basis (i.e. when the income is earned).

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

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

Investment income, representing amounts received from subsidiary and bank interest earned, is recognised on a receivable basis (i.e. when the income is earned).

**c) Resources Expended**

Expenditure shown in the accounts includes accruals for goods and services rendered up to the financial period end.

Expended resources are classified between the relevant activity categories of resources expended as relevant to the nature of the expenditure incurred. All expenditure is considered to be directly chargeable to the relevant activity category apart from salary costs for COU staff which are apportioned evenly across activity categories.

**d) Fixed Assets**

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

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

Fixed assets with an initial cost of under £100 are not capitalised.

**e) Investments**

Investments in subsidiary undertakings are included at cost.

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

**f) Basis of Consolidation**

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

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

**g) Funds Structure**

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

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**h) Unrestricted Funds**

Unrestricted funds represent revenue grants and donations and interest receivable etc, which can be applied to the objectives of the Charity. Transfers out of unrestricted funds represent new designations made in the period and are detailed in note 17.

**i) Grant Expenditure**

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

**j) Foreign Exchange**

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

**k) Operating Leases**

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

**l) Financial Commitments**

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

**m) Liabilities**

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

**n) Governance Costs**

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

**2. SURPLUS FOR THE FINANCIAL YEAR**

	Cochrane Collaboration 2014 £	Collaboration Trading Co. 2014 £	Cochrane Innovations 2014 £	Group 2014 £	Group 2013 £
The surplus is after charging:					
Auditors' remuneration - audit services	3,500	1,500	1,500	6,500	5,500
- non – audit	-	750	750	1,500	2,750

**3. VOLUNTARY INCOME**

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2014 £	Collaboration Trading Co. 2014 £	Cochrane Innovations 2014 £	Group 2014 £	Group 2013 £
Donations	83,173	-	76,372	159,545	-	-	159,545	8,347
	<u>83,173</u>	<u>-</u>	<u>76,372</u>	<u>159,545</u>	<u>-</u>	<u>-</u>	<u>159,545</u>	<u>8,347</u>



**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**4. INVESTMENT INCOME**

	Restricted	Designated	Unrestricted	Cochrane Collaboration	Collaboration Trading Co.	Cochrane Innovations	Group	Group
	2014	2014	2014	2014	2014	2014	2014	2013
	£	£	£	£	£	£	£	£
Bank interest	223	-	175,709	175,932	26,073	137	202,142	42,257
	223	-	175,709	175,932	26,073	137	202,142	42,257

Investment income in the Charity SOFA of £4,319,782 (2012-13: £3,945,594) also includes monies receivable from Collaboration Trading Company Limited for donations made under Gift Aid.

**5. TAXATION**

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

**6. INCOMING RESOURCES FROM CHARITABLE ACTIVITIES**

	Cochrane Collaboration 2014	Collaboration Trading Co. 2014	Cochrane Innovations 2014	Group 2014	Group 2013
	£	£	£	£	£
<b>Unrestricted Funds</b>					
Royalties from subscriptions to and sales of The Cochrane Library and other income	-	4,051,867	-	4,051,867	3,908,306
Other income	-	78,247	67,014	145,261	63,836
	-	4,130,114	67,014	4,197,128	3,972,142

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

**7. COSTS OF GENERATING FUNDS**

	Restricted	Designated	Un- restricted	Cochrane Collaboration 2014	Collaboration Trading Co. 2014	Cochrane Innovations 2014	Group 2014	Group 2013
	£	£	£	£	£	£	£	£
Meeting expenses	-	-	132,909	132,909	-	-	132,909	195,035
Staff salaries (see note 10)	-	-	171,330	171,330	-	-	171,330	110,531
Editorial costs	-	-	296,178	296,178	-	-	296,178	294,273
	-	-	600,417	600,417	-	-	600,417	599,839

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

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

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2014 TOTAL £	Collaboration Trading Co. 2014 Unrestricted £	Cochrane Innovations 2014 Unrestricted £	Group 2014 £	Group 2013 £
<b>Awards, Scholarships &amp; Prizes</b>								
Anne Anderson Award	-	-	-	-	-	-	-	1,875
Thomas C Chalmers Award	623	-	-	623	-	-	623	631
Aubrey Sheiham Scholarship	11,651	-	-	11,651	-	-	11,651	5,686
Chris Silagy Prize	-	-	-	-	-	-	-	3,180
Bill Silverman Prize	624	-	-	624	-	-	624	622
Kenneth Warren Prize	3,820	-	-	3,820	-	-	3,820	3,825
<b>Total Awards, Scholarship &amp; Prizes</b>	<b>16,718</b>	<b>-</b>	<b>-</b>	<b>16,718</b>	<b>-</b>	<b>-</b>	<b>16,718</b>	<b>15,819</b>
HTA Influenza Project	-	-	-	-	-	-	-	3,274
Evidence Aid	76,864	-	-	76,864	-	-	76,864	65,608
Direct/Running costs	-	-	208,379	208,379	-	-	208,379	70,647
Designated grants	-	15,790	-	15,790	-	-	15,790	71,114
Grants	-	-	515,647	515,647	-	-	515,647	187,176
IMS Support team	-	-	-	-	-	-	-	31,525
IMS development	-	-	342,971	342,971	-	-	342,971	320,085
Legal Fees	-	-	58,307	58,307	-	-	58,307	26,289
Meeting expenses	-	-	44,476	44,476	-	-	44,476	41,123
Staff salaries (see note 10)	-	-	823,085	823,085	-	-	823,085	563,799
Website development	-	-	270,170	270,170	-	-	270,170	277,677
	<b>93,583</b>	<b>15,790</b>	<b>2,263,035</b>	<b>2,372,407</b>	<b>-</b>	<b>-</b>	<b>2,372,407</b>	<b>1,674,136</b>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**9. GOVERNANCE COSTS**

	<b>Cochrane Collaboration 2014</b>	<b>Collaboration Trading Co. 2014</b>	<b>Cochrane Innovations 2014</b>	<b>Group 2014</b>	<b>Group 2013</b>
	£	£	£	£	£
Audit and accountancy	5,000	3,131	3,027	11,158	8,250
Bank interest and charges	2,595	140	232	2,967	2,370
Insurance	9,773	39	-	9,812	827
Legal and professional	-	48	17,919	17,967	20,162
Meeting expenses	53,882	-	-	53,882	105,289
Printing, postage and stationery	-	2,680	4	2,684	9,287
Running costs	42	6,299	78,861	85,202	69,449
Staff salaries (see note 10)	171,330	-	44,203	215,533	124,613
Telephone	-	-	688	688	-
	<u>242,622</u>	<u>12,337</u>	<u>144,934</u>	<u>399,893</u>	<u>340,247</u>

All governance expenditure is from unrestricted funds.

**10. TOTAL STAFF COSTS**

	<b>Cochrane Collaboration 2014</b>	<b>Collaboration Trading Co. 2014</b>	<b>Cochrane Innovations 2014</b>	<b>Group 2014</b>	<b>Group 2013</b>
	£	£	£	£	£
Wages and salaries	1,018,008	-	44,203	1,062,211	704,286
Social security costs	97,498	-	-	97,498	57,153
Pension costs	50,239	-	-	50,239	37,503
	<u>1,165,745</u>	<u>-</u>	<u>44,203</u>	<u>1,209,948</u>	<u>798,942</u>

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

	<b>Cochrane Collaboration 2014</b>	<b>Collaboration Trading Co. 2014</b>	<b>Cochrane Innovations 2014</b>	<b>Group 2014</b>
	£	£	£	£
Costs of Generating Funds	171,330	-	-	171,330
Costs in Furtherance of the Charity's Objects	823,085	-	-	823,085
Governance Costs	171,330	-	44,203	215,533
	<u>1,165,745</u>	<u>-</u>	<u>44,203</u>	<u>1,209,948</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**10. TOTAL STAFF COSTS (continued)**

	Cochrane Collaboration 2014	Collaboration Trading Co. 2014	Cochrane Innovations 2014	Group 2014	Group 2013
The average number of employees analysed by function was:					
Management	4	-	1	5	3
Finance	1	-	-	1	2
Administration	16	-	-	16	9
	<u>21</u>	<u>-</u>	<u>1</u>	<u>22</u>	<u>14</u>

1 employee received emoluments in excess of £60,000 during the year (2012 - 2013: 1).

1 employee received emoluments in excess of £120,000 during the year (2012 - 2013: 1).

1 employee received emoluments in excess of £150,000 during the year (2012 - 2013: 1).

**Trustees' remuneration and expenses**

The Trustees received no remuneration during the year, apart from reimbursement of direct expenses for attendance at Trustees' meetings in furtherance of their duties of £41,949 (2012 -2013: £94,416).

Professional indemnity insurance was purchased in the year for £2,771 (2012 - 2013: £5,413).

**11. FIXED ASSETS**

	Collaboration			Group		
	Fixtures & Fittings £	Computer Equipment £	Total £	Fixtures & Fittings £	Computer Equipment £	Total £
<b>Cost</b>						
As at 1 April 2013	9,944	15,589	25,533	15,396	35,039	50,435
Additions	249	4,051	4,300	249	6,599	6,848
Disposals	-	-	-	-	-	-
As at 31 March 2014	<u>10,193</u>	<u>19,640</u>	<u>29,833</u>	<u>15,645</u>	<u>41,638</u>	<u>57,283</u>
<b>Depreciation</b>						
As at 1 April 2013	7,404	9,956	17,360	12,373	23,637	36,010
Charge for the year	1,613	3,328	4,941	1,795	4,960	6,755
Disposals	-	-	-	-	-	-
As at 31 March 2014	<u>9,017</u>	<u>13,284</u>	<u>22,301</u>	<u>14,168</u>	<u>28,597</u>	<u>42,765</u>
<b>Net Book Value</b>						
As at 31 March 2014	<u>1,176</u>	<u>6,356</u>	<u>7,532</u>	<u>1,477</u>	<u>13,041</u>	<u>14,518</u>
As at 31 March 2013	<u>2,540</u>	<u>5,633</u>	<u>8,173</u>	<u>3,023</u>	<u>11,402</u>	<u>14,425</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**12. FIXED ASSETS INVESTMENTS**

	Cochrane Collaboration 2014	Group 2014	Cochrane Collaboration 2013	Group 2013
	£	£	£	£
Investment in Collaboration Trading Company Limited	100	-	100	-
Investment in Cochrane Innovations Limited	300,100	-	300,100	-
Other investments	1,000	1,000	1,000	1,000
	<u>301,200</u>	<u>1,000</u>	<u>301,200</u>	<u>1,000</u>

The investments represent a 100% shareholding in Collaboration Trading Company Limited and a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales). All figures have been included in the consolidation.

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

**13. DEBTORS**

	Cochrane Collaboration 2014	Group 2014	Cochrane Collaboration 2013	Group 2013
	£	£	£	£
<b>DEBTORS DUE WITHIN ONE YEAR</b>				
Prepayments and accrued income	71,449	1,146,193	19,956	1,082,637
Amounts due from subsidiaries	1,421,358	-	2,828,716	-
Other debtors	1,324	1,324	4,390	4,390
Trade debtors	-	-	-	379
<b>DEBTORS DUE AFTER MORE THAN ONE YEAR</b>				
Trade debtors	-	400,000	-	400,000
Prepayments and accrued income	-	321,271	-	321,271
	<u>1,494,131</u>	<u>1,868,788</u>	<u>2,853,062</u>	<u>1,808,677</u>

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

	Cochrane Collaboration 2014	Group 2014	Cochrane Collaboration 2013	Group 2013
	£	£	£	£
Trade creditors	195,608	197,731	137,082	150,507
Social security and other taxation	39,792	39,792	24,710	24,710
VAT creditors	-	159,089	-	349,113
Other creditors	-	-	23,557	23,557
Accruals and deferred income	355,705	701,466	161,752	269,569
	<u>591,105</u>	<u>1,098,078</u>	<u>347,101</u>	<u>817,456</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

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

	Cochrane Collaboration 2014 £	Group 2014 £	Cochrane Collaboration 2013 £	Group 2013 £
Accruals and deferred Income	-	750,000	-	950,000
	-	750,000	-	950,000

**16. RESTRICTED FUNDS**

**Charity and Group**

	Balance as at 1 April 2013 £	Incoming resources £	Expenditure £	Transfer between funds £	Balance as at 31 March 2014 £
Kenneth Warren Prize	11,364	-	(3,820)	-	7,544
Bill Silverman Prize	1,879	-	(624)	-	1,255
Thomas C Chalmers Award	2,516	-	(623)	-	1,893
Aubrey Sheiham Scholarship	46,123	224	(11,651)	-	34,696
Evidence Aid	70,223	79,833	(76,865)	-	73,191
Anne Anderson Award	6,278	3,340	-	-	9,618
Charity and Group	138,383	83,397	(93,583)	-	128,197

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

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

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

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

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

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

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

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**17. DESIGNATED FUNDS**

**Charity and Group**

	Balance as at 1 April 2013	Transfers and new designations	Incoming Resources	Expenditure	Balance as at 31 March 2014
	£	£	£	£	£
Discretionary Fund	15,000	18,790	-	(13,790)	20,000
Prioritisation Fund	13,184	-	-	-	13,184
Colloquium Fund	11,808	-	-	(2,000)	9,808
Strategic Investment Fund	-	2,500,000	-	-	2,500,000
	<u>39,992</u>	<u>2,518,790</u>	<u>-</u>	<u>(15,790)</u>	<u>2,542,992</u>

The Charity designates to the Discretionary Fund a maximum of £20,000 (2013: £15,000) of its unrestricted funds annually in support of those Cochrane Groups that require funding for their activities which are in line with the Charity's mission. Each successful application is restricted to £5,000 (exclusive of any administration charges).

A transfer has been made from the unrestricted reserves to increase the balance to £20,000 at the year end following expenditure of £13,790 from the fund in the year.

The Prioritisation Fund was established for activities associated with setting a policy for the prioritisation of Systematic Reviews.

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

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

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

Charity	Restricted £	Unrestricted £	Total £
Fixed assets	-	308,732	308,732
Current assets	128,197	6,991,700	7,119,897
Current liabilities	-	(591,105)	(591,105)
	<u>128,197</u>	<u>6,709,327</u>	<u>6,837,524</u>
Group	Restricted £	Unrestricted £	Total £
Fixed assets	-	15,518	15,518
Current assets	128,197	8,413,499	8,541,696
Current liabilities	-	(1,098,078)	(1,098,078)
Non current liabilities	-	(750,000)	(750,000)
	<u>128,197</u>	<u>6,580,939</u>	<u>6,709,136</u>

**THE COCHRANE COLLABORATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2014**

**19. FINANCIAL COMMITMENTS**

**Operating lease commitments**

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

	Charity and Group		Charity and Group	
	2014	2014	2013	2013
	<b>Land and buildings</b>	<b>Other</b>	<i>Land and Buildings</i>	<i>Other</i>
Agreements expiring:	£	£	£	£
In one year or less	8,510	-	34,040	-
Over two and less than five	-	1,485	-	1,485
Over five years	21,650	-	21,650	-
	<u>30,160</u>	<u>1,485</u>	<u>55,690</u>	<u>1,485</u>

**Pension Commitments**

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £50,239 (2012 - 2013: £37,503). Contributions totalling £1,191 (2012 - 2013: £8,660) were payable to the fund at the balance sheet date and are included in creditors.

**20. RELATED PARTY TRANSACTIONS**

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

**21. POST BALANCE SHEET EVENT**

The Cochrane Collaboration established a wholly owned subsidiary company, Cochrane Denmark ApS, registered in Denmark on 18 April 2014 with share capital of DKK 50,000, CVR no. 35817379. The company was established in order to manage and administer the Cochrane Central Executive staff of the Informatics & Knowledge Management Department based in Copenhagen who are currently managed as part of the Nordic Cochrane Centre.



OPEN ACCESS

# **Cochrane Innovations Limited**

Registered number: 07674064

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

**For the year ended 31 March 2014**

# COCHRANE INNOVATIONS LIMITED

## COMPANY INFORMATION

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**DIRECTORS**

Prof LA Becker  
Dr KA New  
M Wilson  
D Thomson (appointed 26 April 2013)

**COMPANY SECRETARY**

H Sutherland (appointed 6 January 2014)

**REGISTERED NUMBER**

07674064

**REGISTERED OFFICE**

Summertown Pavilion  
18-24 Middle Way  
Oxford  
OX2 7LG

**INDEPENDENT AUDITORS**

Mazars LLP  
Chartered Accountants & Statutory Auditor  
The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

**BANKERS**

National Westminster Bank Plc  
249 Banbury Road  
Summertown  
Oxford  
OX2 7HR

**SOLICITORS**

Penningtons Manches LLP  
9400 Garsington Road  
Oxford Business Park  
Oxford  
OX4 2HN

# COCHRANE INNOVATIONS LIMITED

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## **COCHRANE INNOVATIONS LIMITED**

### **DIRECTORS' REPORT FOR THE YEAR ENDED 31 MARCH 2014**

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The directors present their report and the financial statements for the year ended 31 March 2014.

#### **DIRECTORS' RESPONSIBILITIES STATEMENT**

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

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

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

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

#### **PRINCIPAL ACTIVITIES**

The principal activity of Cochrane Innovations Limited is to develop business opportunities on behalf of The Cochrane Collaboration, the parent company, based on its products and activities. Cochrane Innovations Limited is charged to act as a vehicle for new projects while ensuring that the Collaboration does not lose its focus on its primary product – Cochrane Systematic Reviews in The Cochrane Library.

#### **DIRECTORS**

The directors who served during the year were:

Prof LA Becker  
Dr KA New  
M Wilson  
D Thomson (appointed 26 April 2013)

#### **DISCLOSURE OF INFORMATION TO AUDITORS**

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

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

# COCHRANE INNOVATIONS LIMITED

## DIRECTORS' REPORT *FOR THE YEAR ENDED 31 MARCH 2014*

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### AUDITORS

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

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

This report was approved by the board on

and signed on its behalf.

**Prof LA Becker**  
Director

## **COCHRANE INNOVATIONS LIMITED**

### **INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COCHRANE INNOVATIONS LIMITED**

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We have audited the financial statements of Cochrane Innovations Limited for the year ended 31 March 2014 which comprise the Profit and loss account, the Balance sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

#### **RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS**

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

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

#### **SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS**

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

#### **OPINION ON THE FINANCIAL STATEMENTS**

In our opinion the financial statements:

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

#### **OPINION ON THE OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006**

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

## COCHRANE INNOVATIONS LIMITED

### INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COCHRANE INNOVATIONS LIMITED

---

#### MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

Stephen Brown (Senior Statutory Auditor)

for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor

The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

Date:

**COCHRANE INNOVATIONS LIMITED****PROFIT AND LOSS ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2014**


---

	Note	2014 £	2013 £
<b>TURNOVER</b>	<b>1</b>	67,014	63,836
Administrative expenses		(144,935)	(116,345)
		<hr/>	<hr/>
<b>OPERATING LOSS</b>	<b>2</b>	(77,921)	(52,509)
Interest receivable and similar income		138	74
		<hr/>	<hr/>
<b>LOSS ON ORDINARY ACTIVITIES BEFORE TAXATION</b>		(77,783)	(52,435)
Tax on loss on ordinary activities	<b>3</b>	-	-
		<hr/>	<hr/>
<b>LOSS FOR THE FINANCIAL YEAR</b>	<b>8</b>	(77,783)	(52,435)
		<hr/> <hr/>	<hr/> <hr/>

The notes on pages 7 to 9 form part of these financial statements.



**COCHRANE INNOVATIONS LIMITED**

Registered number: 07674064

**BALANCE SHEET  
AS AT 31 MARCH 2014**

	Note	£	2014 £	£	2013 £
<b>FIXED ASSETS</b>					
Tangible assets	4		266		454
<b>CURRENT ASSETS</b>					
Debtors	5	-		13	
Cash at bank		267,362		339,414	
		<u>267,362</u>		<u>339,427</u>	
<b>CREDITORS:</b> amounts falling due within one year	6	(97,104)		(91,574)	
<b>NET CURRENT ASSETS</b>			<u>170,258</u>		<u>247,853</u>
<b>NET ASSETS</b>			<u>170,524</u>		<u>248,307</u>
<b>CAPITAL AND RESERVES</b>					
Called up share capital	7		300,100		300,100
Profit and loss account	8		(129,576)		(51,793)
<b>SHAREHOLDERS' FUNDS</b>			<u>170,524</u>		<u>248,307</u>

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

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

**Prof LA Becker**  
Director

The notes on pages 7 to 9 form part of these financial statements.

**COCHRANE INNOVATIONS LIMITED****NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2014****1. ACCOUNTING POLICIES****1.1 Basis of preparation of financial statements**

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

**1.2 Going concern**

These financial statements have been prepared on a going concern basis.

**1.3 Turnover**

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

**1.4 Tangible fixed assets and depreciation**

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

Computer equipment - 25% straight line

**2. OPERATING LOSS**

The operating loss is stated after charging:

	<b>2014</b>	<b>2013</b>
	£	£
Depreciation of tangible fixed assets:		
- owned by the company	188	188
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	750
	<u>          </u>	<u>          </u>

During the year, no director received any emoluments (2013 - £NIL).

**3. TAXATION**

	<b>2014</b>	<b>2013</b>
	£	£
UK corporation tax charge on loss for the year	-	-
	<u>          </u>	<u>          </u>

## COCHRANE INNOVATIONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2014

## 4. TANGIBLE FIXED ASSETS

	Computer equipment £
<b>Cost</b>	
At 1 April 2013 and 31 March 2014	751
<b>Depreciation</b>	
At 1 April 2013	297
Charge for the year	188
At 31 March 2014	485
<b>Net book value</b>	
At 31 March 2014	266
At 31 March 2013	454

## 5. DEBTORS

	2014 £	2013 £
Prepayments and accrued income	-	13

6. CREDITORS:  
Amounts falling due within one year

	2014 £	2013 £
Trade creditors	-	369
Amounts owed to group undertakings	16,510	39,251
Accruals and deferred income	80,594	51,954
	97,104	91,574

**COCHRANE INNOVATIONS LIMITED****NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2014****7. SHARE CAPITAL**

	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>Allotted, called up and fully paid</b>		
300,100 Ordinary Shares shares of £1 each	300,100	300,100
	<u>300,100</u>	<u>300,100</u>

**8. RESERVES**

	<b>Profit and loss account £</b>
At 1 April 2013	(51,793)
Loss for the year	(77,783)
	<u>(129,576)</u>
At 31 March 2014	<u>(129,576)</u>

**9. RELATED PARTY TRANSACTIONS**

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

**10. ULTIMATE PARENT UNDERTAKING AND CONTROLLING PARTY**

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

**COCHRANE INNOVATIONS LIMITED****DETAILED TRADING AND PROFIT AND LOSS ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2014**

---

	<b>2014</b> £	<b>2013</b> £
<b>TURNOVER</b>	67,014	63,836
<b>LESS: OVERHEADS</b>		
Administration expenses	(144,935)	(116,345)
	<hr/>	<hr/>
<b>OPERATING LOSS</b>	(77,921)	(52,509)
Interest receivable	138	74
	<hr/>	<hr/>
<b>LOSS FOR THE YEAR</b>	<u>(77,783)</u>	<u>(52,435)</u>

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**COCHRANE INNOVATIONS LIMITED****SCHEDULE TO THE DETAILED ACCOUNTS  
FOR THE YEAR ENDED 31 MARCH 2014**


---

	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>TURNOVER</b>		
Product Income	67,014	63,836
	<u>67,014</u>	<u>63,836</u>
	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>ADMINISTRATION EXPENSES</b>		
Staff salaries	44,203	14,082
Consultancy	11,950	719
Computer costs	83	7
Advertising and promotion	82	-
Legal and professional	5,637	3,957
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	750
Accountancy fees	1,028	938
Bank charges	232	179
Sundry expenses	4	-
Insurances	-	389
Depreciation - computer equipment	188	188
Travel expenses	16,936	8,291
Teleconferences	688	812
Product costs	61,654	84,533
	<u>144,935</u>	<u>116,345</u>
	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>INTEREST RECEIVABLE</b>		
Bank interest receivable	138	74
	<u>138</u>	<u>74</u>

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# **Collaboration Trading Company Limited**

Registered number: 03657122

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

**For the year ended 31 March 2014**

# COLLABORATION TRADING COMPANY LIMITED

## COMPANY INFORMATION

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**Directors** Prof R Scholten (resigned 21 September 2013)  
Prof LA Becker  
Dr M Davies (appointed 21 September 2013)  
Dr D Gillies

**Company secretary** H Sutherland (appointed 6 January 2014)

**Registered number** 03657122

**Registered office** Summertown Pavilion  
18-24 Middle Way  
Oxford  
Oxfordshire  
OX2 7LG

**Independent auditors** Mazars LLP  
Chartered Accountants & Statutory Auditor  
The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

**Bankers** National Westminster Bank plc  
249 Banbury Road  
Summertown  
Oxford  
OX2 7HR

**Solicitors** Penningtons Manches LLP  
9400 Garsington Road  
Oxford Business Park  
Oxford  
OX4 2HN



# COLLABORATION TRADING COMPANY LIMITED

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<b>Balance sheet</b>	6
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# COLLABORATION TRADING COMPANY LIMITED

## DIRECTORS' REPORT FOR THE YEAR ENDED 31 MARCH 2014

---

The directors present their report and the financial statements for the year ended 31 March 2014.

### Directors' responsibilities statement

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

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

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

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

### Principal activities

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

### Directors

The directors who served during the year were:

Prof R Scholten (resigned 21 September 2013)  
Prof LA Becker  
Dr M Davies (appointed 21 September 2013)  
Dr D Gillies

### Political contributions

The company has made charitable donations in the year to the parent company, The Cochrane Collaboration, under Gift Aid. The total charge to the profit and loss account in the year was £4,143,851 (2013: £3,830,032).

### Disclosure of information to auditors

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

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

# COLLABORATION TRADING COMPANY LIMITED

## DIRECTORS' REPORT *FOR THE YEAR ENDED 31 MARCH 2014*

---

### **Auditors**

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

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

This report was approved by the board on

and signed on its behalf.

**Prof LA Becker**  
Director

## **COLLABORATION TRADING COMPANY LIMITED**

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

---

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

#### **Respective responsibilities of directors and auditors**

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

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

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

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

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

In our opinion the financial statements:

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

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

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

## COLLABORATION TRADING COMPANY LIMITED

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

---

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

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

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

Stephen Brown (Senior Statutory Auditor)

for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor

The Pinnacle  
160 Midsummer Boulevard  
Milton Keynes  
MK9 1FF

Date:

## COLLABORATION TRADING COMPANY LIMITED

### PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 MARCH 2014

---

	Note	2014 £	2013 £
<b>Turnover</b>	<b>1</b>	4,130,114	3,908,306
Administrative expenses		(4,156,188)	(3,916,201)
		<hr/>	<hr/>
<b>Operating loss</b>	<b>2</b>	(26,074)	(7,895)
Interest receivable and similar income		26,074	12,762
		<hr/>	<hr/>
<b>Profit on ordinary activities before taxation</b>		-	4,867
Tax on profit on ordinary activities		-	-
		<hr/>	<hr/>
<b>Profit for the financial year</b>	<b>9</b>	-	4,867
		<hr/> <hr/>	<hr/> <hr/>

The notes on pages 7 to 10 form part of these financial statements.

**COLLABORATION TRADING COMPANY LIMITED**

Registered number: 03657122

**BALANCE SHEET  
AS AT 31 MARCH 2014**

	Note	£	2014 £	£	2013 £
<b>Fixed assets</b>					
Tangible assets	4		6,721		5,799
<b>Current assets</b>					
Debtors	5	1,866,859		1,821,343	
Cash at bank		779,780		2,368,670	
		<u>2,646,639</u>		<u>4,190,013</u>	
<b>Creditors:</b> amounts falling due within one year	6	(1,899,818)		(3,242,270)	
<b>Net current assets</b>			<u>746,821</u>		<u>947,743</u>
<b>Total assets less current liabilities</b>			<u>753,542</u>		<u>953,542</u>
<b>Creditors:</b> amounts falling due after more than one year	7		(750,000)		(950,000)
<b>Net assets</b>			<u>3,542</u>		<u>3,542</u>
<b>Capital and reserves</b>					
Called up share capital	8		100		100
Profit and loss account	9		3,442		3,442
<b>Shareholders' funds</b>			<u>3,542</u>		<u>3,542</u>

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

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

**Prof LA Becker**  
Director

The notes on pages 7 to 10 form part of these financial statements.

# COLLABORATION TRADING COMPANY LIMITED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2014

---

### 1. Accounting policies

#### 1.1 Basis of preparation of financial statements

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

#### 1.2 Turnover

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

A sign on fee in relation to a new agreement signed in 2013 has been included in deferred income. The income will be recognised on a straight line basis over the life of the agreement.

#### 1.3 Tangible fixed assets and depreciation

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

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

#### 1.4 Operating leases

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

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

### 2. Operating loss

The operating loss is stated after charging:

	2014 £	2013 £
Depreciation of tangible fixed assets:		
- owned by the company	1,626	2,633
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	1,500
	<u>          </u>	<u>          </u>

During the year, no director received any emoluments (2013 - £NIL).



## COLLABORATION TRADING COMPANY LIMITED

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2014

## 3. Taxation

## Domestic current year tax

	2014 £	2013 £
UK corporation tax	-	-
Deferred tax	-	-
<b>Current tax charge</b>	<b>-</b>	<b>-</b>

## 4. Tangible fixed assets

	Fixtures & fittings £	Computer equipment £	Total £
<b>Cost</b>			
At 1 April 2013	5,451	18,700	24,151
Additions	-	2,548	2,548
At 31 March 2014	5,451	21,248	26,699
<b>Depreciation</b>			
At 1 April 2013	4,970	13,382	18,352
Charge for the year	181	1,445	1,626
At 31 March 2014	5,151	14,827	19,978
<b>Net book value</b>			
At 31 March 2014	300	6,421	6,721
At 31 March 2013	481	5,318	5,799

## 5. Debtors

	2014 £	2013 £
<b>Due after more than one year</b>		
Trade debtors	400,000	400,000
Prepayments and accrued income	321,271	321,271
<b>Due within one year</b>		
Amounts owed by group undertakings	70,845	37,025
Prepayments and accrued income	1,074,743	1,062,197
Other debtors	-	850
	<b>1,866,859</b>	<b>1,821,343</b>

## COLLABORATION TRADING COMPANY LIMITED

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 20146. Creditors:  
Amounts falling due within one year

	2014 £	2013 £
Trade creditors	2,121	13,056
Amounts owed to group undertakings	1,475,693	2,826,490
Other taxation and social security	159,089	349,112
Accruals and deferred income	262,915	53,612
	<u>1,899,818</u>	<u>3,242,270</u>

7. Creditors:  
Amounts falling due after more than one year

	2014 £	2013 £
Accruals and deferred income	750,000	950,000
	<u>750,000</u>	<u>950,000</u>

## 8. Share capital

	2014 £	2013 £
<b>Allotted, called up and fully paid</b>		
100 Ordinary shares of £1 each	100	100
	<u>100</u>	<u>100</u>

## 9. Reserves

	Profit and loss account £
At 1 April 2013 and 31 March 2014	3,442
	<u>3,442</u>

## 10. Operating lease commitments

At 31 March 2014 the company had annual commitments under non-cancellable operating leases as follows:

	Land and buildings 2014 £	2013 £
<b>Expiry date:</b>		
After more than 5 years	-	21,650
	<u>-</u>	<u>21,650</u>

## **COLLABORATION TRADING COMPANY LIMITED**

### **NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2014**

---

**11. Related party transactions**

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

**12. Ultimate parent undertaking and controlling party**

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

# **Collaboration Trading Company Limited**

## **Management information**

**For the year ended 31 March 2014**

**COLLABORATION TRADING COMPANY LIMITED****DETAILED TRADING AND PROFIT AND LOSS ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2014**

---

	<b>2014</b> £	<b>2013</b> £
<b>Turnover</b>	4,130,114	3,908,306
<b>Less: Overheads</b>		
Administration expenses	(4,156,188)	(3,916,201)
	<hr/>	<hr/>
<b>Operating loss</b>	(26,074)	(7,895)
Interest receivable	26,074	12,762
	<hr/>	<hr/>
<b>Profit for the year</b>	-	4,867
	<hr/> <hr/>	<hr/> <hr/>

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**COLLABORATION TRADING COMPANY LIMITED****SCHEDULE TO THE DETAILED ACCOUNTS  
FOR THE YEAR ENDED 31 MARCH 2014**

	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>Turnover</b>		
Non-royalty contribution	78,247	-
Royalty Income	4,051,867	3,908,306
	<u>4,130,114</u>	<u>3,908,306</u>
	<u><u>4,130,114</u></u>	<u><u>3,908,306</u></u>
	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>Administration expenses</b>		
Staff training	-	530
Printing and stationery	1,565	3,998
Telephone and fax	134	1,297
Computer costs	1,114	16,191
Charity donations	4,143,851	3,830,032
Legal and professional	48	1,024
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	750	2,235
Accountancy fees	629	11,028
Bank charges	140	204
Sundry expenses	-	9,925
Rent and Rates	4,340	29,509
Cleaning	452	3,235
Insurances	39	567
Repairs and maintenance	-	2,293
Depreciation - computer equipment	1,445	2,359
Depreciation - fixtures & fittings	181	274
	<u>4,156,188</u>	<u>3,916,201</u>
	<u><u>4,156,188</u></u>	<u><u>3,916,201</u></u>
	<b>2014</b>	<b>2013</b>
	<b>£</b>	<b>£</b>
<b>Interest receivable</b>		
Bank interest receivable	26,074	12,762
	<u>26,074</u>	<u>12,762</u>
	<u><u>26,074</u></u>	<u><u>12,762</u></u>

## Report to the CCSG from MEs' representative on behalf of the MEs' Executive – Sally Bell-Syer and Karin Dearness

### PRELIMINARY INFORMATION

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- **Meeting:** Hyderabad September 2014
- **Report period:** April 2014 – September 2014
- **Members of the Executive for this period:** Sally Bell-Syer (Co-convenor and ME CCSG representative *outgoing*), Karin Dearness (Co-convenor and ME CCSG representative *incoming*), Liz Dooley, Jordi Pardo Pardo, Anupa Shah (Co-convenor *outgoing*), Anne-Marie Stephani, Marlene Stewart, Emma Welsh.
- **Report prepared by:** Sally Bell-Syer and Karin Dearness (Co-convenors)
- **Access:** Open
- **Purpose of report:** Scheduled update, low urgency

The purpose of the MEs' Executive is to be a conduit for communication and information flow to and from MEs to the Cochrane Collaboration Steering Group (CCSG) and the Editor in Chief (EiC).

### WORKPLAN UPDATE

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#### **Expenditure:**

We have been allocated an annual budget of £10,000 and funds not spent in the previous financial period are rolled over. We are within our budgeted spend for this period since the major expense is funding members of the Executive to attend the mid-year meeting.

We have allocated a small amount of funding to assist members of the Executive to attend the Colloquium in Hyderabad, this funding is a contribution towards the total expense.

Two members of the Executive resigned in this period Jane Cracknell and Sue Marcus and we would like to recognize their contribution. We have welcomed Jordi Pardo Pardo and Marlene Stewart to the Executive.

Welcome new MEs – Sue Cole (covering Megan Prictor's maternity leave) Jessica Sharp, Clare Munhall, Susanna Mitrova

Farewell to Chris Champion, Becky Gray, Yvonne Roy, Teresa Marin.

#### **Meetings, teleconferences and other communication:**

- Two face-to-face meetings of the Executive were held in Panama 2014 at the mid-year meeting. Not all members attended the meeting, apologies were received from Jane Cracknell, Sue Marcus and Emma Welsh.
- Teleconferences of the Executive were held in June and August 2014.

The minutes of the meetings have been shared with the TSCs' and Co-Eds' Executives and have been shared with MEs.

Members of the Executive routinely participate in discussions on the Discussion Forum and respond to queries and requests for information as appropriate.

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We regularly email MEs with information on developments within Cochrane and alert them to changes in policy or updates in documentation.

We invite comment from MEs on documents which are relevant to our role.

We are planning two face-to-face meetings of the MEs' Executive in Hyderabad.

Sally as ME representative on CCSG has a monthly telephone call with David Tovey (EIC) to review ME related issues.

### **Activities of the MEs' Executive during the reporting period:**

We continue to ensure that MEs are represented on Collaboration committees relevant to the role of the ME, providing support if needed.

Emma represents MEs on the MARS advisory group.

Karin worked with the CEU on the development of the draft Plagiarism policy and as the ME representative on MaRC.

Sally represents MEs on the project board for the CRG Structure and Function Review.

Liz represented MEs on the panel for the Author Support Tool (CAST)

Jordi has joined the organizing committee for the joint CRG meeting in Hyderabad.

Sally continues to act as the day to day line manager for the role of Executives Support Officer (ESO) on behalf of the CRG Executives.

The Executive continue to work with the ME Support team and Harriet Maclehorse as ME Support Manager. We maintain regular contact and ME Support share their meeting agendas.

We commented on the following documents on behalf of MEs:

- The proposals for the Methods Innovation Fund.
- Through the MEs' Executive representative on MaRC (Karin) we have commented on the appointments of new MEs, the appointment of a centre director and the formation of a group satellite
- Prioritisation target
- Table of common errors arising from the screening project
- Resources for editors
- Methods development framework
- User experience group consultation framework
- Updating classification (including comments on the classification document and pilot testing the approach)
- Beta testing RevMan 5.3
- Comment on Cochrane Training and Professional development strategy
- Comment on the proposals for TSC support



# Entity Executive Steering Group Report

## 1. PRELIMINARY INFORMATION

- **Entity Executive:** CoEds' Executive
- **Meeting:** Hyderabad Colloquium, September 2014]
- **Report period:** April 2014 – September 2014
- **Members of the Executive for this period:**
  - Martin Burton
  - Rachel Churchill
  - Marina Davoli
  - Chris Eccleston
  - Cindy Farquhar
  - Graziella Filippini
  - Geraldine Macdonald
  - Nicole Skoetz
  - Roger Soll
  - Peter Tugwell
- **Report prepared by:** Rachel Churchill
- **Report prepared on:** 4<sup>th</sup> September 2014
- **Access:** Open
- **Purpose of report:**
  - Scheduled update
  - Low urgency

## 2. WORKPLAN UPDATE

i) For this reporting period:

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
			[e.g. £3,000 allocated to arrange face-to-face meeting in....]
<b>Plagiarism policy</b>	<b>Feedback (RC)</b>	April 2014	None
<b>Budget management</b>	<b>Coordination with Exec support (RC)</b>	Ongoing	None
<b>Meeting minutes/feedback/dissemination</b>	<b>Comments (All)</b>	June 2014	None
<b>Restructure of CoEds exec</b>	<b>Revision of ToRs; request for applications; voting arrangements (RC/MD/All)</b>	August 2014	None

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<b>Methods and Review Development Framework</b>	<b>Comments and feedback (RC)</b>	June 2014	None
<b>Conflict of Interest policy</b>	<b>Discussion and debate around implementation (All)</b>	Ongoing	None
<b>Structure and Function review</b>	<b>Support for EIC in taking forward including feedback on strategic session (All)</b>	Ongoing	None
<b>Strategic Plan</b>	<b>Support for EIC on CEU led targets</b>	Ongoing	None
<b>MARC feedback</b>	<b>Comments on personnel changes (All)</b>	Ongoing	None
<b>Hyderabad meeting planning</b>	<b>Exec, Board, Joint (RC and All)</b>	Sept 2014	None
<b>CRG Clusters</b>	<b>Meeting and comments and contribution to paper to take to Hyderabad meeting (CE, RC, NS)</b>	Sept 2014	None
<b>MARS AC</b>	<b>Co-convenor (RC); Reps (GM, MD); contribution to management of Methods Innovation Fund submissions</b>	April, May, June, July, August 2014	None

ii) Full breakdown of expenditure:

<b>Activity</b>	<b>Amount allocated</b>
<b>Supporting face to face attendance at Exec mid-year meetings and Colloquia (travel and hotel)</b>	10,000

iii) Meetings, teleconferences and other communication:

31<sup>st</sup> March and 1<sup>st</sup> April - mid year meeting exec and Board

23<sup>rd</sup> July 2014 – teleconference

Comments/feedback by email throughout reporting period

### 3. OBJECTIVE PLANNING

#### i) For the next reporting period and beyond:

Objective/activity	Planned output	Timeline and comments
<b>Reconfigure exec membership and allocation of roles and responsibilities</b>	New membership finalised: Term ongoing: Chris Eccleston Martin Burton Marina Davoli Rachel Churchill  Elected/re-elected: Janet Clarkson Nicky Cullum Cindy Farquhar Graziella Filippini Geraldine Macdonald Jos Verbeek	Sept/Oct 2014
<b>Support for EiC - Policy</b>	To provide advice, support and feedback to the Editor in Chief (EiC), particularly around setting and delivering editorial strategy and policies	Ongoing
<b>Support for SG reps</b>	To provide advice, support and feedback to the Steering Group representatives	Ongoing
<b>Support for EiC - Quality and standards</b>	To provide support and guidance to the EiC in relation to managing the quality and impact of Cochrane Reviews and the development and implementation of agreed standards	Ongoing
<b>Support for EiC – Monitoring</b>	To assist the EiC in the processes of monitoring, registration and quality improvement by providing advice and opinion on request	Ongoing
<b>Board meetings</b>	To play a leadership role within the Board and the Collaboration, commenting on policies or reflecting the views	Ongoing

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of Co-ordinating Editors		
<b>Communication</b>	To be a conduit for communication and information flow to and from Co-ordinating Editors and between the Co-ordinating Editors and Steering Group via the CCSG representatives.	Ongoing

### **4. FUNDING AND/OR POLICY DECISION REQUESTS**

None

### **5. ANNEXES TO THIS REPORT**

None

# Centre Directors' Executive - Steering Group Report

## 1. PRELIMINARY INFORMATION

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- **Entity Executive:** CDs Executive
- **Meeting:** Colloquium meeting, Hyderabad
- **Report period:** April to September 2014
- **Members of the Executive for this period:**

Tamara Kredo	<i>From August</i>
Steve McDonald	Alvaro Atallah
Mary Ellen Schaafsma	Kay Dickersin
Maria Regina Torloni	Lotty Hooft
Gerard Urrutia	Joerg Meerpohl
Mark Wilson	
- **Report prepared by:** Steve McDonald on behalf of CDs Executive
- **Report prepared on:** 3 September
- **Purpose of report:** Scheduled update; for information only; no funding or policy decisions required

## 2. UPDATE

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### i) Descriptive summary of other activities and actions to note

- Drafted, approved and circulated the minutes of the Centre and Branch Directors' (CBDs) meeting in Panama.
- Reviewed and submitted comments to the Monitoring and Registration Committee on the application to establish the Hungarian Branch.
- Represented Centres on the Monitoring and Registration Committee; provided feedback on (1) matters relating to the appointment of the director of the Chinese Cochrane Centre (effective 1 Nov 2014) and new proposals to support Cochrane in China; (2) changes to Cochrane in the USA (from San Francisco Branch to West Coast Branch) and the approval of a new branch director; (3) appointment of the deputy director of the Nigerian Branch.
- Offered stipends to attend the Hyderabad Colloquium (see below) and managed the selection of applicants.
- Called for nominations to join the CDs Exec. Kay Dickersin, Lotty Hooft and Joerg Meerpohl volunteered and joined the Exec in August. Alvaro Atallah, as the incoming Centre Director representative on the Steering Group, also joined the Exec in August.
- Drafted and discussed the *Review of structure and functions of Centres* paper in preparation for discussion at CBDs meeting in Hyderabad.
- Provided advice to Mark and the Central Executive on matters relating to the Steering Group elections; 2012-13 monitoring round for Centres; process for managing and updating the centres email list and Archie roles.

**ii) Expenditure**

For the 2013-14 financial year we spent our £10,000 budget (1) on stipends to support five Centre Directors to attend the Quebec Colloquium, plus contributions toward the cost of members of the Exec, and (2) on stipends to support two Centre Directors to attend the mid-year meeting in Panama.

Given the carry forward of funds from previous years, we called for applications for stipends from Centre Directors wishing to attend the Hyderabad Colloquium. We have been able to part-fund up to 13 Centre Directors, mostly from middle income countries. Total funding of around £11,000.

**iii) Meetings, teleconferences and other communication**

Three members of the Exec met face-to-face at the mid-year meeting in Panama. Teleconferences of the Exec were held in May, June, July and August.

Finally, we wish to acknowledge the great support and contribution to the CDs Exec made by Mary Ellen Schaafsma and Regina Torloni. Regina steps down in October after four on the Exec, and Mary Ellen stepped down in September following her resignation from the Canadian Cochrane Centre. In addition to her many roles in Cochrane, Mary Ellen was a founding member of the Exec and our representative on the Monitoring and Registration Committee.

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KEY DATES IN 2014 OF THE COCHRANE COLLABORATION, COLLABORATION TRADING COMPANY (TC) LTD,  
AND COCHRANE INNOVATIONS LTD

Due date	Charity	Collaboration Trading Co Ltd	Cochrane Innovations Ltd	Task completion
	<b>Incorporation date: 10 April 1995</b>	<b>Incorporation date: 27 October 1998</b>	<b>Incorporation date: 20 June 2011</b>	
31 Jan	File Charity Commission Annual Return within 10 months of financial year end.			06.01.14
31 Jan	Inca UK to file VAT return (October-December).			20.01.14
19 Feb	[Trustees meet by teleconference 6-weekly, and face to face 6-monthly.]	TC Directors' meeting/teleconference.	[Directors meet by teleconference monthly.]	19.02.14
28 Feb	Renewal of Directors' and employees' liability insurance.			28.02.14
28 Feb		TC Directors check royalty payments for previous calendar year accord with terms of publishing contract.		19.02.14
30 Mar & 2 Apr	Steering Group meetings, Panama			30.03.14 / 02.04.14
23 Mar	Data Protection renewal (direct debit).			23.03.14
31 Mar		Minutes of TC Directors' teleconference to be circulated to Steering Group.		17.03.14
31 Mar		Inca UK file Collaboration TC/Cochrane Innovations tax returns		31.01.14
31 Mar	End of financial year for all three companies.			
30 Apr	Inca UK to file VAT return (January-March).			30.04.14
8 May	File the Annual Return to Companies House (online).			17.04.14
19 May	Employer's Annual Returns (P35) for Charity (Buntings submit these).			19.05.14
31 May	Inca UK to have accrued all relevant payments to the previous financial year, so that Mazars can commence the annual audit. Remind Mazars to arrange to audit our publishers' royalty figures for the previous financial year.			23.06.14
26 Jun		Data Protection renewal (by direct debit). (Renewal date 26 June 2014.)		11.06.14
18 Jul			File Annual Return to Companies House online ('made up date' is 20 June 2014).	20.06.14
31 Jul	Head of Finance and Core Services to file VAT return (April-June).			30.07.14
early Aug		TC Directors' teleconference.		
28 Aug		Minutes of TC Directors' teleconference circulated to Steering Group.		
30 Aug	Give 21 days' notice to all entities of the date and time of the AGM during the Colloquium. Call for agenda items. Attach Report and Financial Statements in PDF format.	Mazars to provide separate financial statement for this TC, for review and sign-off.	Mazars to provide separate financial statement for this TC, for review and sign-off.	04.09.14
2 Sept	Obtain appropriate text from Mazars to prepare Letters of Representation on Cochrane stationery for Charity and TCs. Obtain signatures on Report/Financial Statements from Treasurer (for Charity) and Director of both TCs.			
22 & 27 Sept	Steering Group meetings, Hyderabad, India (9.00am-6.00pm)			22.09.14 / 27.09.14
25 Sept	AGMs (Charity and TC) held during Colloquium. One TC Director to retire and be reappointed or replaced; Auditors to be reappointed, if recommended by the CEO.			25.09.14
31 Oct	Put approved minutes of previous year's AGMs onto website.			
31 Oct	Put financial statements for previous year (approved at the AGM) onto the Collaboration website in PDF format.			
31 Oct	Inca UK to file VAT return (July-September).			
24 Nov		File the Annual Return to Companies House (online).		
30 Nov		If the Directors hold a meeting during the Colloquium, circulate minutes to Steering Group.		
30 Nov	Notify Companies House of resignations from, and appointments to, the Boards of Directors of the Charity and both TCs.			
31 Dec	Deadline for Mazars to file the Accounts at Companies House for the previous financial year.			
31 Dec		Pay profits (Trading Company/Innovations) to Charity by Gift Aid within 9 months of financial year end (by 31 December): Mazars supplies the figure.		