

Interim proposals for a Methods Board, a Methods Executive, replacement of the Handbook Advisory Group, and revised remits for Methods Groups

Document submitted to the Cochrane Collaboration Steering Group.

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(with particular thanks to Mike Clarke for edits)

30 September 22009

Purpose of paper

Following discussions at the Birmingham meeting of Methods Groups' convenors in August 2009, this paper makes interim proposals for modifications to the methods infrastructure of The Cochrane Collaboration, with the overarching aim of improving the quality of Cochrane reviews by facilitating high quality review production and undertaking post production audit and feedback. This will be achieved by:

- enhancing communications across the various parts of the Collaboration with particular interests in the implementation and evaluation of methods, and between Methods Groups and other entities (particularly CRGs);
- improving communication between those with methods interests and the Cochrane Collaboration Steering Group;
- improving the co-ordination of interventions reviews with diagnostic test accuracy and other reviews;
- co-ordinating the participation of people with relevant methods expertise in various groups, committees and initiatives in the Collaboration; and
- ensuring the best possible structure to support the Editor in Chief in relation to methods issues.

Urgency

High (details of the proposals are to be addressed at a meeting of Methods Groups convenors on Sunday 11 October, 2009).

Access

Open.

Background

The Cochrane Collaboration Steering Group (CCSG) approved the proposal for a meeting in August 2009 to discuss methods infrastructure in The Cochrane Collaboration. This infrastructure currently includes 13 Methods Groups, the Methodology Review Group, the Handbook Advisory Group, the Diagnostic Test Accuracy Working Group and various individuals representing methods interests on specific groups and committees: see [Annex 1](#). The meeting sought to identify ways in which to improve methods input to the core activities of the Collaboration.

Proposal and discussion

A discussion document entitled *Methods Infrastructure in The Cochrane Collaboration* was prepared by Julian Higgins, Sally Green and Jon Deeks and circulated on 16 July 2009. It was sent to all Methods Groups convenors, the Methodology Review Group, the Handbook Advisory Group, the Diagnostic Test Accuracy (DTA) Working Group, the Co-Chairs of the CCSG, the Chief Executive Officer, the Editor in Chief and the meeting participants. A revised version of the document, including a summary of feedback, was sent to meeting participants on 2 August, a few days before the meeting which took place at the University of Birmingham, UK on 6-7 August 2009 with 20 participants (listed in [Annex 2](#)). Representatives were able to attend from all invited groups

and initiatives. The meeting included facilitated discussions orientated around 11 suggestions presented in the discussion document. The following recommendations are the strategy that was agreed in principle by all participants. Further details are provided below, under [Details of proposals](#).

Summary of recommendations

It is recommended that the CCSG approve in principle the following five proposals.

Proposal A. Establish a Methods Board as the main forum for discussion of cross-cutting methodological issues in the Collaboration, including

- (i) recommending methods for Cochrane reviews and coordinating strategies to develop such recommendations;
- (ii) overseeing handbooks;
- (iii) facilitating links among methodological groups and initiatives;
- (iv) coordinating aspects of training and support; and
- (v) addressing methods development as a secondary purpose of the Collaboration.

Proposal B. Establish a Methods Executive as a subgroup of the Methods Board, to coordinate and oversee methods initiatives in the Collaboration, including

- (i) giving to and receiving policy advice from CCSG and the Editor in Chief;
- (ii) appointment of key methods representatives and participation in the Methods Board;
- (iii) monitoring and registration issues for Methods Groups.

Proposal C. Replace the Handbook Advisory Group with a Handbook Editorial Advisory Panel, comprising subgroups for the Interventions Handbook and the DTA Handbook.

Proposal D. Develop new infrastructures to improve implementation of high quality methods, by forming networks of identified CRG-based methods individuals.

Proposal E. Revise core functions and expectations of Methods Groups to reflect the variation in topic areas among the Methods Groups and the possibility that they may host networks of CRG-based people with particular responsibility for methods within their CRG.

Resource implications

This proposal is partly for a reorganization of existing structures rather than the creation of additional, new structures and this does not have major resource implications. However, Proposal D is for a new initiative. A successful Methods Board and Methods Executive would likely require some resources (e.g. for teleconferences and meetings), which might be higher than the current requirements of the Handbook Advisory Group.

Impact statement

Adopting these recommendations will ensure a coherent infrastructure for overseeing, integrating, developing and communicating methodological issues within The Cochrane Collaboration. This should contribute to enhanced consistency and quality of all types of Cochrane reviews, present and future.

Decision required of the Steering Group

The CCSG is asked to approve the recommendations of this paper in principle and to offer any specific suggestions that might feed into more detailed discussions at the Methods Groups convenors meeting on 11 October 2009 and thereafter.

(continued on next page)

Details of proposals

[Annex 3](#) shows the proposed methods infrastructure. Each of the above proposals is discussed in more detail here.

Proposal A. Establish a Methods Board as the main forum for discussion of cross-cutting methodological issues in the Collaboration, including

- (i) recommending methods for Cochrane reviews and coordinating strategies to develop such recommendations;**
- (ii) overseeing handbooks;**
- (iii) facilitating links among methodological groups and initiatives;**
- (iv) coordinating aspects of training and support; and**
- (v) addressing methods development as a secondary purpose of the Collaboration.**

Rationale

There is no group, other than CCSG, that oversees methods for both Intervention reviews and Diagnostic test accuracy reviews. The Handbook Advisory Group, which has typically been the source of methods recommendations to CCSG, covers only one of the four review types we now produce. A group with a wider remit is required.

Remit

- A forum for discussion and interaction among Methods Groups personnel;
- Provision of advice to CCSG, Handbook editors, RevMan Advisory Group, Editor in Chief and others on the content and structure of Cochrane reviews, in particular by gathering opinion from Methods Groups (and their members);
- Receiving input from the CoEds-Methods Working Group and ensuring appropriate delegation of tasks arising from it;
- Facilitating links between the Methods Groups and the Methodology Review Group;
- Coordinating a programme of training workshops at Cochrane Colloquia (and possibly other meetings);
- Sign-off of training materials (for the Training Working Group);
- Organizing membership of the Thomas C Chalmers award panel.

It is likely that working groups would be created to address some of these functions. One topic for discussion is the Strategic Review's recommendation that the Collaboration formalize methods development as a secondary purpose. Some notes on this topic from the discussion in Birmingham are included in [Annex 4](#).

Membership

- Methods representative(s) on Steering Group;
- Co-convenors from all Methods Groups (*exact nature of representation to be decided*);
- Editor in Chief of *The Cochrane Library* (or representative)
- Editors of all Handbooks;
- Co-ordinating Editors (and key staff) of the Methodology Review Group;
- Key personnel for methods of Diagnostics test accuracy reviews;
- Key personnel for methods of Overviews of reviews;
- Co-Convenors of CoEds-Methods Working Group;
- Methodologist(s) working within a CRG;
- Editors of *Cochrane Methods Groups Newsletter*;
- Methods representative on Colloquium Policy Advisory Group;

- Methods representative on Information Management System Group;
- Other people holding roles to represent methods perspectives, including members of any 'methods executive' (see Suggestion 3).
- The expectations of members of the Board will be clearly defined.

Proposal B. Establish a Methods Executive as a subgroup of the Methods Board, to coordinate and oversee methods initiatives in the Collaboration, including
(i) giving to and receiving policy advice from CCSG and the Editor in Chief;
(ii) appointment of key methods representatives and participation in the Methods Board;
(iii) monitoring and registration issues for Methods Groups.

Rationale

The Methods Board would be too large to address day-to-day issues, and a small subset of the Methods Board would provide valuable support to the Methods representative on CCSG and the Editor in Chief.

The Methods Executive would consult with the broader Methods Board, and co-opt people from the full Board to the Executive for specific expertise when appropriate.

Remit

- Recommendations to CCSG (or its subgroups as appropriate, such as the Monitoring and Registration Group) on key issues such as methodological implications of strategic decisions, implications for implementation of new methods development, priorities for new methods development and methods-related new Cochrane products and lines of activity, appointment of Handbook editors, and suitability for registration of new Methods Groups;
- Consideration and delegation to the Methods Board of requests and recommendations from CCSG;
- Appointing methods representatives to other groups and committees;
- Approving and evaluating membership of the Methods Board.
- Consideration of development and implementation of performance appraisal mechanisms for Methods Group co-convenors;
- Assessment of Methods Groups' performance against core functions, in collaboration with the Methods Groups and the Monitoring and Registration Group, and consideration and approval of information to be sought in Methods Groups' monitoring reports

Membership

- Approximately six people, drawn from the Methods Board, and with the agreement of that Board.
- To include the methods representative on CCSG and the methods representative on the Monitoring and Registration Group.
- There will be no explicit policy on representation from particular Methods Groups or disciplines, although it will be important for the Executive to include a range of methodological expertise relevant to Cochrane reviews and to include the ability to provide rapid advice to the CCSG and Editor in Chief for issues considered likely to arise.
- The roles and expectations of members of the Executive will be clearly defined to ensure that members are fit for purpose.

Proposal C. Replace the Handbook Advisory Group with a Handbook Editorial Advisory Panel, comprising subgroups for the Interventions Handbook and the DTA Handbook.

Rationale

- The Handbook Advisory Group currently includes representatives from each Methods Group, the Methodology Review Group, authors, Managing Editors, Trials Search Co-ordinators, Co-ordinating Editors and Fields. The Methods Groups representatives are responsible for chapters in the Interventions Handbook that fall within the remit of their Methods Group.
- The relationship between the Handbook Advisory Group and the DTA Handbook is informal. It became evident at the Birmingham meeting that some Methods Groups plan to absorb DTA methods into their remits, while others do not, at least for the foreseeable future. Therefore, the current model for the Handbook Advisory Group may not work as well for the DTA Handbook.
- With a Methods Board taking on much of the responsibility of the existing Handbook Advisory Group, the Handbook Advisory Group will no longer be needed in its current form.
- However, there is a need for methods (and moral) support to the Editors of the Handbook, and for dedicated 'readers' to evaluate the accessibility and relevance of the text.

Remit

- Structure and design of the Handbooks;
- Commissioning or writing chapters, or making amendments to the Handbooks (Methods Groups will continue to be responsible for material falling within their remits);
- Updating the Handbooks;
- Decisions on some aspects of methods guidance for implementation in Handbooks;
- Improving accessibility and relevance of the Handbooks.

Membership

- Interventions subgroup:
 - Editors of the Interventions Handbook
 - Two or three methodologists with broad interests in the methodology of intervention reviews, to provide input on coherence and content;
 - Two or three author representatives, to provide input on accessibility and relevance.
- Diagnostic test accuracy subgroup:
 - Editors of the DTA Handbook
 - Two or three methodologists with broad interests in the methodology of diagnostics test accuracy reviews, to provide input on coherence and content;
 - Two or three author representatives, to provide input on accessibility and relevance.
- At least one person should be a member of both subgroups, but issues potentially relevant to both Handbooks will be discussed by the whole group.
- The roles and expectations of members of the Panel will be clearly defined to ensure that members are fit for purpose.

Proposal D. Develop new infrastructures to improve implementation of high quality methods, by forming networks of identified CRG-based methods individuals.

Rationale

- The meeting agreed that there is room for improvement in methodological support at the review production and editorial level within CRGs, in order to ensure the consistent implementation of sound methods as detailed in the Handbook. This is particularly the case after the launch of Version 5 of the Interventions Handbook and RevMan 5, with the perceived added complexity arising from the introduction of the 'Risk of bias' tool and

‘Summary of findings’ tables. Anecdotal evidence presented at the meeting indicates that these particular methods are being implemented inconsistently, and sometimes incorrectly.

- The meeting compiled a list of key competencies that should be expected of a review team or should be available to them through, for example, the editorial base (such as through a TSC or a statistician). These included the following, where ‘(M)’ indicates competencies that were deemed to be particularly relevant to Methods Groups.:
 - content knowledge (disease, treatment, etc);
 - formulation of systematic review questions and eligibility criteria (M);
 - searching for studies (M);
 - selecting eligible studies (M);
 - data extraction (M);
 - basic statistics (M);
 - critical appraisal skills, including risk of bias assessments (M);
 - meta-analysis (M);
 - interpretation of results (M);
 - scientific writing in English;
 - attention to detail and desire to be comprehensive and systematic;
 - project management and leadership within team;
 - awareness of limitations and willingness to receive advice; and
 - sustainability (to see review through to completion and address updates).

The meeting observed that the current Methods Groups covered the following methodological competencies:

- searching for studies (Information Retrieval Methods Group);
- basic statistics (Statistical Methods Group);
- critical appraisal skills, including risk of bias assessments (Bias Methods Group);
- meta-analysis (Statistical Methods Group); and
- interpretation of results (Applicability and Recommendations Group);

but that the Collaboration does not have Methods Groups covering

- formulation of systematic review questions and eligibility criteria;
- selecting eligible studies; and
- data extraction.

Details

The meeting agreed that:

- Within each CRG, there should be one or more identified individuals with responsibility for enabling CRGs to ensure that the policies and methods used in their protocols and reviews correspond with methodology specified in Parts 1 and 2 of the Interventions Handbook (specifically question formulation, information retrieval, statistics, bias assessment (including use of the ‘Risk of bias’ tool) and interpretation (including preparation of ‘Summary of findings’ tables)).
- Each CRG should be encouraged to identify one or more individuals with responsibility for enabling the CRG to ensure that the policies and methods used in their protocols and reviews correspond with methodology specified in Part 3 of the Interventions Handbook and in the DTA handbook, particularly when such methods are frequently used within the CRG. Support might be available directly from the Methods Groups for those CRGs that cannot identify a relevant person.
- The people who are identified within CRGs as having methods responsibilities should be networked and these networks should be structured within areas of expertise.
- These networks of CRG methods individuals should be part of the corresponding Methods Groups. For question formulation, no corresponding Methods Group currently exists and an alternative mechanism will need to be developed. This may involve several Methods Groups with interests in setting appropriate questions and eligibility criteria (such as the Applicability and Recommendations Methods Group, the Adverse Effects Methods Group, the Economics Methods Group, the Non-randomised Studies Methods Group, the Patient-Reported Outcomes Methods Group and the Qualitative Research Methods Group).

- Core functions of Methods Groups should include the possibility that they host a network of CRG-based methods individuals.

Proposal E: Revise core functions and expectations of Methods Groups to reflect the variation in topic areas among the Methods Groups and the possibility that they may host networks of CRG-based people with particular responsibility for methods within their CRG.

Rationale

The Monitoring and Registration Group has asked Methods Groups to develop clear definitions of their core functions (including examples of activities and outputs for each of these core functions), in order to facilitate the bi-annual reporting process. The proposed Methods Executive will have a specific role in considering each Methods Group's performance against core functions, in collaboration with the Monitoring and Registration Group, and consideration and approval of information to be sought in Methods Groups' monitoring reports (see discussion under Proposal B). The discussions at the Birmingham meeting revealed that some of the core functions might not be appropriate (such as developing new methods; see discussion under Proposal A). Furthermore, Proposal D above has implications for what would be expected of Methods Groups.

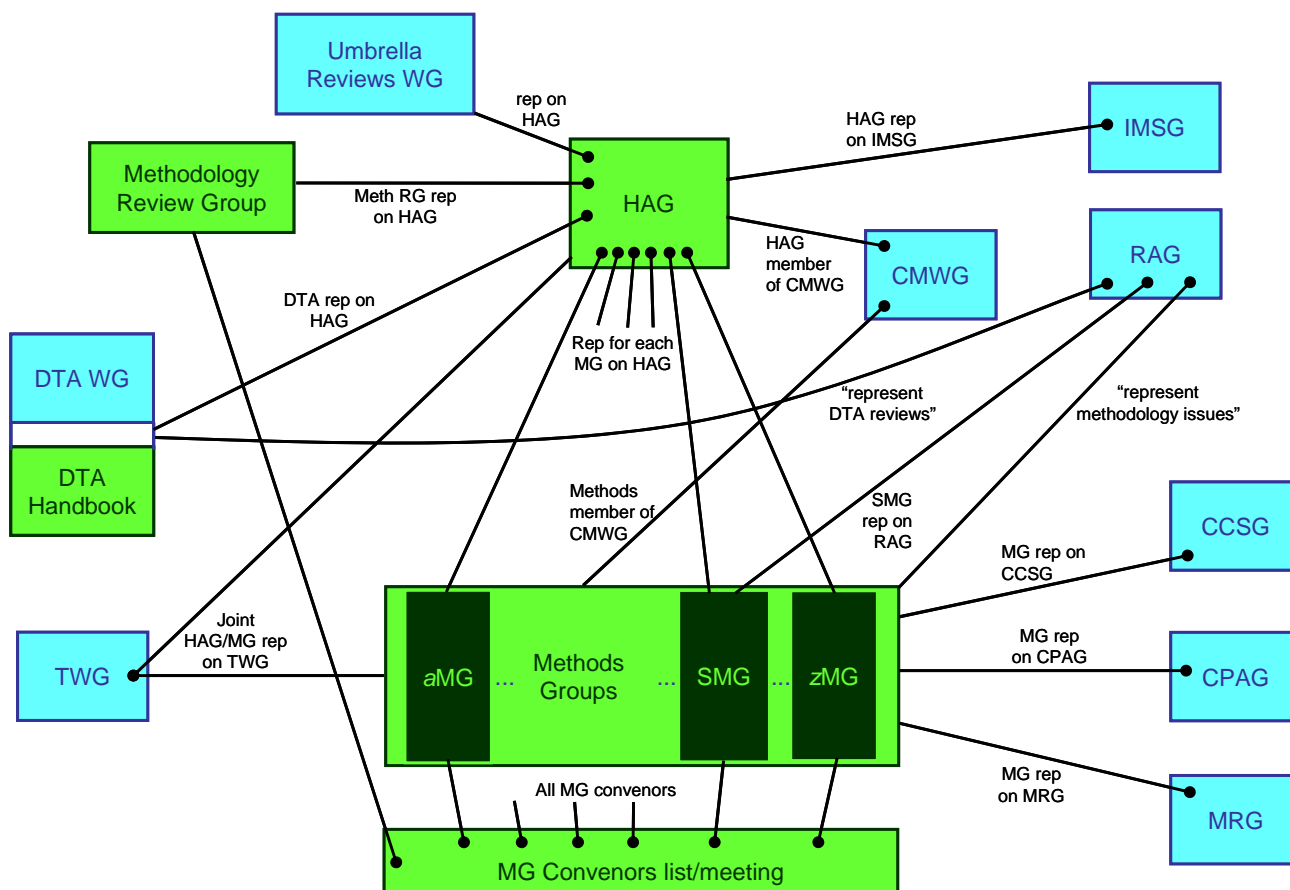
Details

- Details of revised core functions are currently being developed by Methods Groups convenors in consultation with the MRG. Proposals will be submitted for a decision at the Steering Group Executive teleconference on 10 November 2009.
- However the meeting agreed that a minimal set of core functions will be relevant to all Methods Groups. The extent to which these core functions would be addressed will legitimately vary considerably across Methods Groups. This is because some Methods Groups address methodology currently in use in every Cochrane review, some address methodology of potential relevance to every review, some address methodology known to be relevant to only a small number of reviews, and some address types of reviews that the Collaboration does not currently produce. Furthermore, the Collaboration's needs for training, software development and quality control of reviews differ widely across topics addressed by the Methods Groups. If a Methods Group hosts a network of CRG-based methodologists (as in Proposal D), the Monitoring and Registration Group may need to collect information about this.

Annex 1: Current methods-orientated activities in the Collaboration

A1.1 Summary

The current 'methods infrastructure' of The Cochrane Collaboration is depicted in the diagram below. Each black dot depicts formal representation on the committee, group, etc. The main parts of the Collaboration with a responsibility for methods are shown in green.



The abbreviations are explained in [Annex 5](#).

A1.2 Methods Groups

The Collaboration currently has 13 Methods Groups. The expectations for Methods Groups are set out in the Cochrane Policy Manual and they currently have six core functions:

1. Providing policy advice.
2. Providing training and support.
3. Conducting methodological research.
4. Helping to monitor the quality of systematic reviews prepared within The Cochrane Collaboration.
5. Serving as a forum for discussion.
6. Ensuring that the Group functions as part of The Cochrane Collaboration, including facilitating communication with other entities, updating modules at least annually, keeping details of co-convenors and co-ordinators up to date in Archie (the Collaboration's Information Management System), and instigating a plan to ensure the sustainability and continuity of the Group as long as there is a programme of work to be completed.

The current structure and initiatives of the Collaboration facilitate these core functions to varying degrees. For example, provision of policy advice has recently been a major output for most Methods Groups through the major revision to the Interventions handbook, whereas monitoring

quality is less straightforward and has been achieved to a much lesser extent. In the absence of funding for most Methods Groups, methodological research is typically an indirect rather than a direct output (i.e. most research output is from individuals within Methods Groups rather than Methods Groups themselves and some methodological research output in the Collaboration comes from other entities, such as Centres).

A1.3 The Methodology Review Group

The Methodology Review Group prepares Cochrane systematic reviews of methodological topics and maintains a database of papers relevant to the methods of systematic reviews and other evaluations in the *Cochrane Methodology Register*. The Review Group is represented on the Handbook Advisory Group and its convenors are members of the methods email list. However, improving communication may result in more timely adoption of the findings of methods research into policy and more efficient identification of research needs and opportunities.

A1.4 The Handbook Advisory Group

The Handbook Advisory Group (HAG) is convened by the Editors of the *Cochrane Handbook for Systematic Reviews of Interventions*. Its remit covers responsibility for:

- the *Cochrane Handbook for Systematic Reviews of Interventions*;
- providing advice to the RevMan Advisory Group and the Steering Group on the content and structure of Cochrane reviews, in particular by gathering opinion from Methods Groups;
- providing advice on structure, style, and production to the editors of the *Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy*.

The HAG includes a representative from each Methods Group as well as representatives from authors, Co-ordinating Editors, Managing Editors, Trials Search Co-ordinators, Fields and the Methodology Review Group.

A1.5 Diagnostic Test Accuracy infrastructure

Reviews of diagnostic test accuracy (DTA) are supported by

- the **Diagnostic Test Accuracy Working Group**, which has mainly co-ordinated the Collaboration's activities around RevMan, the ***Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy*** and the logistics of Cochrane DTA reviews;
- **Regional Support Units**, which provide training and support;
- the **DTA Editorial Team**, which provides peer review of protocols and reviews, and is jointly responsible (with the relevant Cochrane Review Group) for approval of these for publication; and
- the **Screening and Diagnostic Test Methods Group**, which concentrates on methodological and statistical research.

A1.6 Methods Groups communications

The Methods Groups are connected through an email list (methods@lists.cochrane.org) for their convenors, and by attendance – when possible – at an annual meeting at each Colloquium, convened by the Methods Groups representative on CCSG. There is substantial overlap between the people who attend these meetings and the membership of the HAG. *The Cochrane Collaboration Methods Groups Newsletter* is an annual publication that aims to share information among Methods Groups and to inform others within The Cochrane Collaboration about their work. It is edited, published and distributed by the UK Cochrane Centre.

A1.7 Other groups and activities

- The **CoEds-Methods Working Group** facilitates high-level interaction between the Editor in Chief, the Co-ordinating Editors (and, through them, the Cochrane Review Groups) and the

Handbook Advisory Group/Methods Groups, with a focus on implementation of the Handbook and improving the quality of reviews.

- The **Training Working Group** has identified the need for core Collaboration training materials to be approved by relevant Methods Groups. The Training Working Group executive currently includes one position for a joint representative of Methods Groups and the Handbook Advisory Group.

A1.8 Other relevant activities in the Collaboration

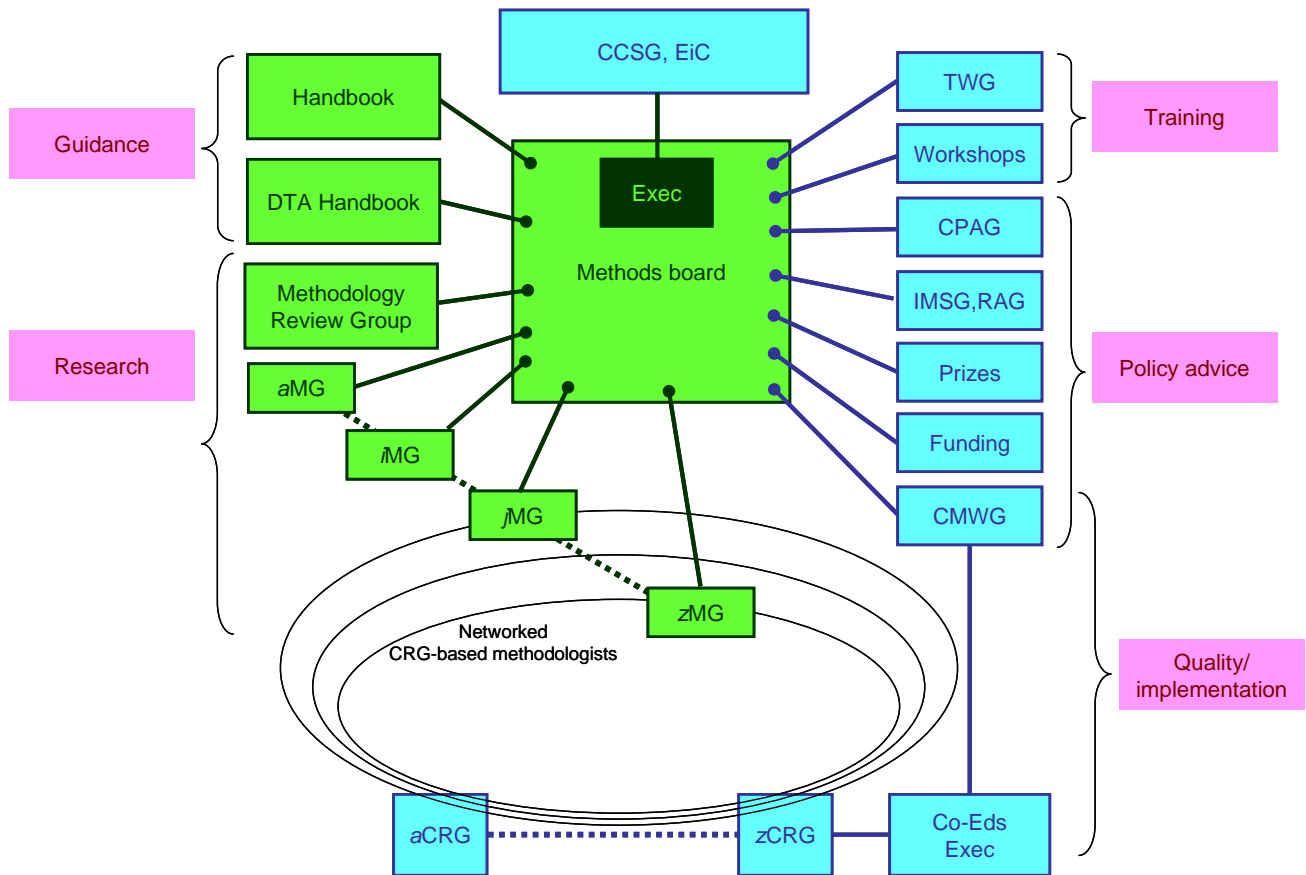
- Co-ordinating Editors, Managing Editors and Trials Search Co-ordinators have recently established executives to coordinate their activities and to provide advice and consultation to their Steering Group representatives (and hence to the Steering Group itself), and other Collaboration activities.
- The Editor in Chief and his office are responsible for the overall quality of *The Cochrane Library* and are working with Review Groups to improve the quality of reviews. Methods Groups need to have a strong relationship with the Editor in Chief to support this activity and to provide input into quality initiatives. This has begun, through the work of the CoEds-Methods Working Group.

Annex 2. Participants at the Birmingham meeting

Name	Methods role(s) in the Collaboration
Doug Altman	<ul style="list-style-type: none"> • Co-Convenor, Statistical Methods Group; • Co-Convenor, Bias Methods Group; • Co-Convenor, Prognosis Methods Group;
Chris Cates	<ul style="list-style-type: none"> • Methods Groups representative on CoEds-Methods Working Group • Co-ordinating Editor representative on Handbook Advisory Group; (representing Co-ordinating Editors at the Birmingham meeting)
Mike Clarke	<ul style="list-style-type: none"> • Co-ordinating Editor, Cochrane Methodology Review Group; • Co-Editor, <i>Methods Groups Newsletter</i>;
Jon Deeks	<ul style="list-style-type: none"> • Co-Convenor, Individual Patient Data Meta-analysis Methods Group • Convenor, Diagnostics Test Accuracy Working Group; • Executive Editor, DTA Editorial Team; • DTA representative on CoEds-Methods Working Group; • Editor, <i>Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy</i>;
Davina Ghera	<ul style="list-style-type: none"> • Head, UK Regional Support Unit for DTA reviews
Sally Green	<ul style="list-style-type: none"> • Co-Convenor, Prospective Meta-analysis Methods Group • Co-Convenor, HAG and co-Editor, <i>Cochrane Handbook for Systematic Reviews of Interventions</i>
Andrew Herxheimer	<ul style="list-style-type: none"> • Co-Convenor, Adverse Effects Methods Group
Julian Higgins	<ul style="list-style-type: none"> • Co-Convenor, CoEds-Methods Working Group; • Co-Convenor, HAG and co-Editor, <i>Cochrane Handbook for Systematic Reviews of Interventions</i>; • Methods Groups representative on Steering Group; • Methods Groups representative on Training Working Group
Sally Hopewell	<ul style="list-style-type: none"> • Co-Editor, <i>Methods Groups Newsletter</i>; • Methods Groups representative on Colloquium Policy Advisory Group
Mariska Leeflang	<ul style="list-style-type: none"> • Co-Convenor, Screening and Diagnostic Tests Methods Group; • Editor, DTA Editorial Team
Carol Lefebvre	<ul style="list-style-type: none"> • Co-Convenor, Information Retrieval Methods Group
Mona Nasser	<ul style="list-style-type: none"> • Proposed Prioritization Methods Group; • (also representing review authors at the Birmingham meeting)
Jane Noyes	<ul style="list-style-type: none"> • Co-Convenor, Qualitative Research Methods Group
Donald Patrick	<ul style="list-style-type: none"> • Co-Convenor, Patient-Reported Outcomes Methods Group
Barney Reeves	<ul style="list-style-type: none"> • Co-Convenor, Non-Randomised Studies Methods Group; • HAG representative on IMSG
Richard Riley	<ul style="list-style-type: none"> • Co-Convenor, Prognosis Methods Group
Holger Schünemann	<ul style="list-style-type: none"> • Co-Convenor, Applicability and Recommendations Methods Group; • Methods Groups representative on CoEds-Methods Working Group
Ian Shemilt	<ul style="list-style-type: none"> • Co-ordinator, Economics Methods Group; • Methods Groups representative on Monitoring and Registration Group
Jonathan Sterne	<ul style="list-style-type: none"> • Co-Convenor, Bias Methods Group
David Tovey	<ul style="list-style-type: none"> • Editor in Chief, <i>The Cochrane Library</i>

Annex 3: The proposed methods infrastructure

The proposed 'methods infrastructure' of The Cochrane Collaboration is depicted in the diagram below. Each black or blue dot depicts formal representation on the Methods Board. The main parts of the Collaboration with a responsibility for methods are shown in green.



The abbreviations are explained in [Annex 5](#).

Annex 4: Some notes on ‘forwarding methods development as a secondary purpose of the Collaboration’.

- There was lengthy discussion during the meeting of the recommendation from the Strategic Review that methods development should become a secondary purpose of the Collaboration. The recommendation could be interpreted in many different ways, from simply listing this as a secondary core activity of the Collaboration in promotional materials to, at the other extreme, developing large-scale, novel, methodological research initiatives within the Collaboration.
- There was a general feeling that the Collaboration should not expect research output to come from the Methods Groups unless this is an outcome from specific, funded projects. Even where funding has been provided by the Collaboration (such as development of the ‘Risk of bias’ tool), this has covered only a minority of the true costs of a project, as the person-time invested has typically far outweighed the resources provided by the Collaboration.
- Research undertaken by methodologists in the Collaboration may be motivated, sometimes very strongly, by events or observations in the Collaboration, but intellectual property will almost always rest with their employers, rather than the Collaboration (even for funded projects). Thus, the Collaboration should not be viewed as the ‘developer’ of methods. Nevertheless, the Collaboration is a source of methods outputs, most notably the Handbooks, Methodology reviews, the Methodology Register and the Cochrane Methods Groups Newsletter.
- It was further noted that the Collaboration should rightly be viewed as pushing forward the methodology of systematic reviews, although it achieves this largely by collating, evaluating, consolidating and recommending methods, rather than by developing them.
- Some strategies by which the methods profile of the Collaboration could be enhanced were suggested, including:
 - acknowledging support (including non-financial) of Methods Groups and others in the Collaboration when members of the Collaboration prepare and publish papers about methods research (standard text could be developed for this);
 - including Cochrane affiliations where appropriate (although the usual disclaimer text might be needed to stress that content does not necessarily reflect the views of the entity or the Collaboration);
 - drawing more attention to Methodology reviews, including through increased citation;
 - better feedback from methods research projects to review authors or CRGs;
 - a methods page on www.cochrane.org;
 - liaison with the editors of the new journal *Research Synthesis Methods* to explore avenues for labelling material as output from The Cochrane Collaboration (e.g. special issues for proceedings from Colloquia; publishing versions of Methodology reviews; or sharing material from the Cochrane Methods Groups Newsletter);
 - better search and presentation options for Methodology reviews in *The Cochrane Library*;
 - more involvement of Methods Groups in the compilation and enhancement of the Methodology Register, combined with tagging of articles that have arisen from the work of Cochrane members and enhanced promotion of the resource.

Annex 5: Abbreviations

aMG.....zMG (through iMG, jMG) = all Cochrane Methods Groups

aCRG.....zCRG = all Cochrane Review Groups (other than the Methodology Review Group)

CCSG = Cochrane Collaboration Steering Group

Co-Ed = Co-ordinating Editor

CMWG = CoEds-Methods Working Group

CPAG = Colloquium Policy Advisory Group (an advisory group to the CCSG)

DTA = diagnostic test accuracy

EiC = Editor in Chief

HAG = Handbook Advisory Group (an advisory group to the CCSG)

IMSG = Information Management System Group (an advisory group to the CCSG)

MG =Methods Group

MRG = Monitoring Registration Group (a sub-group of the CCSG)

RAG = RevMan Advisory Group (a sub-group of the IMSG)

SMG = Statistical Methods Group

TWG = Training Working Group

WG = Working Group