Report from Editor in Chief to the Cochrane Collaboration Steering Group (CCSG)

Prepared by: David Tovey and CEU team, and others as specified  
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# Report from the Cochrane Editorial Unit (CEU)

## CEU team

Following the mid-year meeting we have been successful in recruiting Maria Burgess, who will combine the role of the Monitoring and Registration Group (MARC) administrator, working with Claire Allen, and CEU administrator reporting to David Tovey. We welcome Maria to the role and look forward to working with her.

Harriet MacLehose has agreed to take on the role of Managing Editor (ME) Support Manager, and has worked with Sonja Henderson and Sally Bell-Syer to recruit the ME Support personnel and set up this new initiative, which follows on from Information Management Systems (IMS) Support and the ME mentoring projects. ME Support will start from 1 October 2012 for one year in the first instance.

Rachel Marshall has begun her maternity leave. Her replacement has not yet been recruited.

Financial situation: We are grateful for the work of Claire Allen, Faye Pettifer (bookkeeper), and Mary Ellen Schaafsma for providing regular reports of outgoings against budget. These show that we are making fair progress in year 2012–13 although there will not be the leeway we have seen in recent years. We seem likely to overspend slightly on our travel and meetings component, but this should be balanced by savings elsewhere.

A matter of serious concern however, is the current level of workload on the entire CEU team. Members of the team have individually reported that they feel over-stretched and under-resourced to do the level of work that currently sits with the CEU. This is not sustainable over a long period, and indeed has continued now for almost 12 months. We have two alternatives – either to recruit more staff or to cease or postpone some projects.

I would appreciate a steer from CCSG on the two obvious options:

1. Appoint an additional editor on a 6 to 12 month contract (half or full time) to cover the period until the new Chief Executive Officer (CEO) is in place, and work has been re-distributed. This would cost around £25–45K and is additional to budget.

2. Agree that the CEU will de-prioritise certain projects over and above those, such as the future of Cochrane Review Group (CRG) modules, and the MARC handover that are currently behind schedule. In the Appendix I include a list of all current activities, over and above those listed in the main sections of the report.

We anticipated that the Cochrane Content Strategic Session held in April earlier this year would result in a focussing of our work around agreed priorities. This did not occur, and for good reason. All of the objectives of the projects listed in our Cochrane Content Publishing and Development Programme are important and urgent. As many members of the Collaboration have noted the case for change within Cochrane is strong, in a competitive research and publishing marketplace and with funders having increasing financial limitations internationally.

## Status review

At the mid-year meeting in 2011, at a meeting with the CCSG Co-chairs, we agreed the following objectives:

* Focus on the content, format, and organisation of the *Cochrane Database of Systematic Reviews* (*CDSR*) so that within two years there will be a substantial change in the quality, relevance, and readability of the *CDSR*;
* Progress on managing quality of Cochrane Reviews and performance management of CRGs that fail to achieve satisfactory standards;
* Begin to formulate organisational implications of improving the *CDSR* both in terms of poorly functioning CRGs but also gaps and overlap areas, which may be implementable in two to four years; and
* Achieve *The Cochrane Library* desired outcomes for its metrics.

### Cochrane Review quality

We have made substantial progress with the projects aimed at improving the quality of Cochrane Reviews, most particularly the Methodological Expectations of Cochrane Intervention Reviews ((MECIR) project. We now have published on the CEU website review standards for the conduct of new Cochrane intervention reviews, and following broad consultation have a completed list of reporting standards. We have also made progress with producing standards for plain language summaries for new intervention reviews. The MECIR process brought together the methods, CRG, consumer, and author communities to work collaboratively in developing the sets of standards. As a consequence the standards appear to have broad backing despite being challenging to implement. We are in the process of developing an implementation plan over the next three years that will incorporate training activities, the Cochrane Handbook, and technology devices aimed at facilitating adherence with the standards and promoting good practice. The Training Co-ordinator, Miranda Cumpston, has performed an evaluation of the core teaching materials that have been developed in Australia and it is very gratifying to note that all appropriate conduct standards are already fully incorporated.

### Accessibility and clear writing (readability)

As part of the Cochrane Content Strategic Session (see below) we have also identified proposals aimed at improving the clarity and accessibility of writing in Cochrane Reviews. In addition, following some detailed and constructive feedback from Hilda Bastian, based on her experience of translating research for the public, we have further proposals aimed at encouraging the adoption of clear writing standards in plain language summaries.

### Managing quality of published Cochrane Reviews

During the past 12 months we have acted decisively to withdraw two published reviews that did not meet Cochrane standards. We have either worked or plan to work with the CRGs in question to understand why the reviews were published, what lessons can be learned, and what processes need to be put in place to assure quality of future reviews. A shared feature of both withdrawn reviews was that the review had been through multiple editorial iterations.

### Current structure and scope of CRGs

We have begun consultative work aimed at evaluating the current structure and scope of CRGs and ability to cover important uncertainties and health practice or policy questions. We hope to present early work on this to the Auckland Colloquium during the plenary session organised by the CEU, but the analysis has been delayed by competing work priorities. Moving forward towards a more coherent structure is challenging, and requires that we identify and address gaps and overlaps. We also propose to work with our funders on these questions as a lever to delivering changes.

### *The Cochrane Library* metrics

*The Cochrane Library* metrics are summarised in . In summary, in 2012, the numbers of new reviews and updated reviews has fallen from a very high point in 2010. The increased review production over the relevant period for the 2011 impact factor calculation, led to an increase in the impact factor denominator, which was the cause of the fall in headline figure. It should also be noted that the impact factor will be corrected by ISI formally following an error by them in the original calculation; the figure given in is correct.

The media coverage jump was partially attributable to worldwide interest generated by the review entitled “Zinc for the common cold” by M Singh and R Das. It is noteworthy that there appears to be an annual trend to increasing media hits since 2009. Furthermore, there was a substantial increase in non-English language media hits.

It is gratifying to note that usage, number of citations, and percentage of authors from low- and middle-income countries have also increased steadily. However, the decline in numbers of received feedback continues, in part perhaps because of the technical deficiencies experienced with the system in *The Cochrane Library*. It will be interesting to see whether with a new and more efficient process, which has started to be implemented, numbers begin to increase.

The process of identifying metrics is not complete. The Cochrane Library Oversight Committee intends to publish a review on this subject. This will also propose new metrics such as the number of reviews used in guidelines and, perhaps, the number of translated reviews.

Table 1. Metrics for *The Cochrane Library*

|  |  |
| --- | --- |
| 2011 vs 2010 | 2010 vs 2009 |
|  |  |
|  | |

# 

## CEU projects

### CEU objectives and key performance indicators (KPIs)

|  |  |  |
| --- | --- | --- |
| No. | KPI | Status |
|  | Each member of the team to lead at least one project aimed at delivering the objectives | Achieved |
|  | 90% projects "green" rated at any given time, and all delivered within 3 months of planned deadline | Achieved |
|  | One project aimed at each of the following to be delivered each year:   1. review quality 2. impact 3. presentation and delivery of Cochrane content 4. Cochrane Response 5. Derivative products | Achieved  1. MECIR project  2. Guidelines project aimed at linking up CRGs with guidelines groups, also building impacts database with web team  3. Current web development plans in relation to improved search  4. Completed existing projects including HTA influenza project (although handed over administration of project to the Centre for Evidence-based Medicine (CEBM) at the University of Oxford at funder's request).  5. Continuing work on Cochrane Clinical Answers and Dr Cochrane |
|  | Problem solving: all problems logged, and acted upon within 48 hours and resolved within one month | Partially achieved. Unable to resolve all problems within one month due to resource restrictions and competing commitments. All complaints logged |
|  | Communication on progress to stakeholders at least monthly | Substantially achieved; CEU Bulletins published in Aug, Sep, Oct, Nov and Dec 2011, and Jan, Feb, March, June, July, and Aug 2012 <http://www.editorial-unit.cochrane.org/ceu-bulletin>  We have now analysed the access data for the CEU Bulletins. On average these are accessed between 200 and 400 times each. Given that the Bulletin is aimed at an internal audience this is satisfactory. |
|  | Interaction with at least 6 external bodies annually e.g. WHO, NICE etc | Achieved: WHO, NICE, NHS Evidence, National Collaborating Centres for Mental Health and Women and children, James Lind Alliance, AHRQ, NIH, Joanna Briggs Institute, EPPI Centre, 3ie, Campbell Collaboration, Guidelines International Network, SIGN, NHS Scotland, NHMRC (meeting June 2011, Canberra), Centre for Reviews and Dissemination  Interviewed 18 external stakeholders for Cochrane Content session |
|  | Completion or progress of current major projects (PICO, Updating, Abstract audit, Quality working groups, MATRIX user testing, CRS, Central Development Committee, Feedback and Web development changes (next phase) cochrane.org and *The Cochrane Library* | All projects progressed except MATRIX which is currently de-prioritised |
|  | Timely completion of preparatory documents for proposed Strategic Session at mid-year meeting 2012 and successful facilitation of the session with identified outputs | Achieved |
|  | Monthly editorials and developments of Special Collections and podcasts | Substantially achieved  Special Collections:  [http://www.thecochranelibrary.com/view/0/collections.html](http://www.thecochranelibrary.com/view/0/collections.html%20)  Editorials: <http://www.thecochranelibrary.com/view/0/editorials.html> |
|  | Delivery of complaints policy for *The Cochrane Library* | Achieved  <http://www.thecochranelibrary.com/view/0/CochraneLibraryComplaintsProcedure.html> |
|  | Revisions to browse menu | Substantially achieved: All new reviews incorporated plus changes made to improve specified browse menus. |
|  | Provide feedback to CRGs on comparative review production, size of reviews and timeliness of conversion of protocol to published review and other indicators as appropriate | Achieved |
|  | Pursue funding opportunities considering the substantial investment in the CEU, without detracting from the core function of the CEU | No new funding identified but have followed up leads in relation to the World Health Organization (WHO0 |

### Strategic Session on Cochrane Content

A major achievement of the CEU over the past 12 months has been the successful planning, organisation, and execution of the Strategic Session on Cochrane Content, at the Paris mid-year meeting. The preparatory work for the meeting was substantial and was divided into six distinct themes, each of which was led by a nominated member of the CEU team.

The Background paper and session report are published on the CEU website: <http://www.editorial-unit.cochrane.org/collaboration-strategic-session-2012-cochrane-content>.

Following the meeting we have held a follow-up meeting with the theme leaders and other stakeholders and now have developed a detailed programme of work, the Cochrane Content Publication and Delivery Programme (CCPDP). The CCPDP consists of projects developed through three routes: projects arising from the recommendations proposed during the strategic session; projects to develop and implement innovations described in the FPAP RFP; and other related projects that were already planned or are ongoing. The CCPDP has three workstreams and over 30 defined projects:

1. *The Cochrane Library* development and user experience;
2. Content creation and quality; and
3. Dissemination and impact.

The projects included in the CCPDP are intended to be a comprehensive improvement programme covering all aspects of the Collaboration's key outputs – the Cochrane Reviews and CENTRAL. They cover the quality, relevance, accessibility of the reviews, and the efficiency of the processes involved in their preparation, presentation, and delivery. They aim to ensure that the reviews are presented to readers and users in ways that drive usage, and encourage their incorporation into practice, guidelines, and policy. We are currently gathering detailed information about each project and the stakeholders to be involved in the development and implementation of each project. This information will help us agree the timelines for the priority and deliverables for each project. We are also setting up an online project management system. We will present more details about the projects and our workplan at the Auckland Cochrane Colloquium.

### Cochrane Register of Studies (CRS)

The CRS has been successfully launched. At the time of writing 14 CRGs are now using the live system and a further 25 have been contacted with a view to scheduling a live conversion date. By the Colloquium, 29 training webinars will have been delivered, many of which have been recorded. Plans to exploit the benefits of the CRS to enhance the utility of CENTRAL are advancing.

### Cochrane Clinical Answers (CCAs)

Fifty-two CCAs have been prepared and are going through the editorial process. 32 Clinical Answers have been signed off to date (7 August 2012). We have also worked with our technical colleagues at Wiley to develop a web platform for CCAs. The website was soft launched internally within Wiley on 27 July. The Wiley technical team has nearly completed development for the design changes suggested by the CEU at Early Site testing. The next step is user acceptance testing. To view the "holding site" you can visit <http://cochraneclinicalanswers.com>. This forms one of the projects included in the CCPDP (see above and Appendix 1).

### Dr Cochrane

This project is continuing. The quality of case vignettes was criticised by a Co-ordinating Editor, and this has led to a re-evaluation of the process and purpose of the project. However, we are confident that put in place some additional quality safeguards, the project can be completed successfully. Dr Cochrane forms one of the projects included in the CCPDP (see above and Appendix 1).

### Semantic web/Using content dynamically

This collaborative project between the Cochrane Web Team, members of the CEU, Wiley, and our consultants Ontoba is continuing. It forms one of the projects included in the CCPDP (see above and Appendix 1).

### Search and retrieval in *The Cochrane Library*

Revisions to the search functions for *The Cochrane Library* have been signed off and will go live over the weekend of 15th September. This marks the culmination of a substantial joint project between the Collaboration and Wiley. For the CEU, Ruth Foxlee led the project, and she was well supported by the Search Testing Group throughout the process, from requirements gathering through to final testing. The new search represents a substantial step forwards, with further improvements planned. Our Wiley colleagues have also developed supporting documentation and will provide a programme of training and support. This also forms one of the projects included in the CCPDP (see above and Appendix 1).

### Problem solving

We have been involved in helping to resolve a number of disputes and issues involving 10 CRGs. These have led to two published reviews being withdrawn, and investigations of plagiarism, editorial misconduct, and concerns about review quality.

### Future Publishing Arrangements Project

The CEU has made a substantial contribution to the work of the Future Publishing Agreement Project, with Harriet MacLehose and David Tovey forming part of the core team, working with Lucie Binder, Paul Farenden, Cathleen Blackburn (solicitor) and Charlotte Pestridge (consultant). This work has included the following:

• developing request for proposals document (RFP);  
• undertaking negotiations with Wiley at several stages;  
• attending meetings with other prospective publishers;  
• liaising with and formally reporting to the CCSG Co-chairs, FPAP Project Board, and the CCSG; and  
• preparing the contract and associated schedules.

### Feedback project

In the past few months we have seen the replacement of the feedback system that was causing substantial problems to people wishing to provide feedback comments. John Hilton has been working with colleagues from Wiley and the IMS team to re-design the process for tracking and publishing feedback comments and the rendering of those comments on *The Cochrane Library*. Theyare making steady progress, but without an implementation date as yet. This also forms one of the projects included in the CCPDP (see above and Appendix 1).

### Training

The CEU has taken over sponsorship of the online learning modules project that was previously shared between University of Portsmouth and UKCC. This project will be delivered by the time of the Auckland Colloquium, a considerable achievement for the content and technical teams involved. The commitment of the developer and content staff in delivering the project has been considerable. It may seem invidious to single out one individual but Amy Drahota has continued to progress the project despite a change of employment, working weekends, and through periods of vacation.

### Diagnostic Test Accuracy (DTA) project

There are currently seven published DTA reviews and over 50 protocols. The DTA editorial team has been working to develop opportunities for training CRG-based methodologists as indicated by the paper presented at the mid-year meeting.

### MARC handover

The CEU has begun the process of taking over responsibility for the Collaboration's Monitoring and Registration processes with a particular emphasis on the upcoming monitoring round for CRGs in 2013. The short-term priorities are to draft and consult on core functions for CRGs, and from these to agree the outputs on which the CRGs will be evaluated. We have previously set out criteria for these, but we are keen to ensure that:

1. the measures are consistent with the monitoring requirements of funders;
2. we are flexible where possible around timing of reporting to permit CRGs to undertake the data mining on one occasion only for the funders and Collaboration in each round;
3. we concentrate on fair but meaningful measures that reflect the most important outputs around review quality, relevance to stakeholders, and impact; and
4. there is a combination of process and output measures.

### Author forum

Working with the previous and current author representative on Steering Group I have established the author forum, which recently held its third meeting. I have handed over the convenorship of the group to Mona Nasser, author representative on the CCSG, who is leading on a range of workstreams aimed at helping to meet the needs of review authors more effectively.

### Embase search project RFP

We have now consulted on and drafted the proposed RFP for the Embase search project as approved by the CCSG in April. The RFP will be initiated in order that a successful applicant can be appointed by early November 2012.

# Information Management System (IMS): status report

Prepared by Jessica Thomas and Rasmus Moustgaard on behalf of the IMS Team, 10th September 2012

## Purpose

To provide a status report on the work of the IMS Team (including IMS Development and Support teams) since March 2012. This report is for information only.

## Projects completed within the last six months

### Archie 3.9

On the 18th of September the new version of Archie, 3.9, will go live. The primary change to the new version is that functionality for managing Translations will now be included within Archie. In addition, many wishlist items rated as important or desirable as agreed by the Archie Development Advisory Committee (ADAC) during 2012 have been implemented (60 in total). For a full list of new functions please see: <http://ims.cochrane.org/archie/new-releases/whats-new>.

### RevMan 5.2

On the 18th of September the new version of RevMan, 5.2, will go live. The changes to this version will primarily affect Diagnostic Test Accuracy (DTA) reviews, and therefore it will not be compulsory to upgrade RevMan for authors writing non-DTA reviews. For a full list of new functions please see: <http://ims.cochrane.org/revman/new-releases/whats-new-in-revman-5>.

### New server

In March 2012, Archie was moved to be hosted on a new server supplied by Rackspace UK. This has decreased the number of times the team have had to restart Archie and has significantly improved the performance. See the Archie availability page for more information: <http://ims.cochrane.org/archie/facts-about-archie/availability>. The Collaboration is funding the annual cost of the new server.The support we get from Rackspace is a significant improvement over the old provider and we now feel we have more control over the system and the database.

### IMS Team Manager

We have now successfully recruited a new IMS Team Manager, Jessica Thomas, who begun on the 23rd of July 2012. Jessica replaces Monica Kjeldstrøm, the former IMS Director for the IMS team who left the post in January 2011. In the meantime Rasmus Moustgaard has done a fine job for the IMS team as Acting IMS Director, but he is now looking forward to being able to focus wholly on his role as Senior Developer.

### Moved offices

On the 22nd of June 2012, the Nordic Cochrane Centre and therefore the IMS team moved offices within Copenhagen to Tagensvej 22. The move was successful with very little disruption to the workload.

## Ongoing projects

### IMS support

As of the 1st of October IMS support persons (Sonja Henderson, Becky Gray, Liz Dooley and Karen Hovhannisyan) will cease to be in post. They currently in total work for the IMS team at 1.7 FTE. As of the 1st of October new Managing Editor (ME) support people will come into post, with the primary responsibility of supporting MEs in their role overall, not specifically just in their use of the IMS. This leaves some gaps: the new posts will work a total of 1 FTE leaving the IMS team short of 0.7 FTE for work like preparing documentation and supporting non-MEs. The IMS team are currently looking into ways of providing non-ME support for the use of the IMS, which we are hoping to do in-house as well as identifying ways of addressing the ad-hoc support such as drawing up documentation and training materials that IMS support people would occasionally do.

### Publish When Ready

Several meetings have taken place between Wiley and the IMS team to discuss implementation of the Publish When Ready project. It is estimated that the project will need six months to be implemented, and as of the 1st of September the specification document was finalised to enable implementation of Publish When Ready in Archie and on *The Cochrane Library by* April the 1st 2013.

### Feedback

Discussion on the Feedback project is progressing in discussion with the Cochrane Editorial Unit (CEU) and Wiley team. The IMS will begin to work on this in late September once work on the Translations project is complete.

### Generic Protocols and Revert to Protocol From a Review

A project case is in development being led by Wiley on the two issues of being able to publish a Generic Protocol which is the seed to several reviews, and on being able to Revert to a Protocol and publish it for a title that has already been published as a review (i.e. to support updating reviews and bringing methodology up-to-date). From an IMS perspective the changes will be relatively straightforward and link quite closely to the split and merge functions already existent within Archie.

### Cochrane content

In June 2012, Rasmus Moustgaard, Jacob Riis and Jessica Thomas attended the Cochrane Content Planning meeting in London to discuss ways forward for progressing with the outcomes of the Strategic Planning session in Paris. The Collaboration is now using Wrike to monitor projects and the IMS team are currently becoming familiar with the new project management software. We’re looking forward to be working on these important and interesting projects.

## Future projects and other issues

### Mobile technology

The IMS team invited discussion about the mobile technology needs of Cochrane contributors by creating a thread on the Cochrane discussion forum during 2012. We are currently scoping mobile technology to ascertain what options might be practical to enable a more user-friendly use of Archie on a tablet and maybe an online version of RevMan in the future.

### RevMan 6 wishlist

The IMS team has been working with Toby at the CEU to develop a system to enable the RevMan Advisory Committee (RAC) to make decisions on the wishlist items proposed for RevMan 6. The most important differences will be any changes to the structure and format of reviews. Jacob Riis, Henrik Larsen and Jessica Thomas will be attending the RAC meetings held alongside the Auckland Colloquium in September 2012. The date for completion of RevMan 6 is currently estimated for 2014.

### RevMan sales

RevMan sales continue to increase as reflected by the growth of *The Cochrane Library*. Currently RevMan sales are managed by the Nordic Cochrane Centre and we are involved in discussions with Lorne Becker in his role with Cochrane Innovations about managing these sales centrally in the Collaboration.

### Archie 3.10 and future Archie development needs

Archie 3.10 is estimated to be released in December 2012. This will primarily be a continuation of implementing decisions rated as ‘Important’ or ‘Desirable’ by ADAC earlier this year and may also include modules of feedback management.

### System Administrator and Testing and Documentation Officer

Paolo Rosati, our System Administrator, is moving job to work with the Cochrane Web team in Freiburg as of mid-October 2012. We have now put out an advert for a replacement System Administrator and hope to have filled the post before the end of 2012.

Olga Ahtirschi is on maternity leave from the IMS team from June 2012 until April 2013.

### Facts about Archie

At the beginning of July 2012, there were more than 14,000 users of Archie (an increase of approximately 4000 users over a one-year period). The database stores more than 37,000 person records, of which more than 20,000 are active authors. There are 11,954 individual review records covering more than 385,000 versions. There are more than 13,000 running workflows (3000 workflows were operating one year ago). For more facts about Archie, updated quarterly, visit <http://ims.cochrane.org/archie/facts-on-archie>.

# Marketing and Communications Strategy: Report from the Project Board

September 2012

Progress on the implementation of the Marketing and Communications Strategy has been slower than hoped due to unanticipated challenges. The Project Board has made considerable effort to move forward with a group consensus in order to reflect the interests and needs of the wider Collaboration but there have been important and irreconcilable differences within the group as to the preferred way forward.

Over the summer, David Tovey took on the role of Chair of the Project Board, which has met seven times via teleconference since Paris to review and plan progress. We began using Wrike – online collaborative project software – to help us work together more efficiently. Lori Tarbett, the Marketing and Public Relations Officer (MPRO), has kept the Cochrane Community updated on progress via the ‘Developments and Projects’ section of the Cochrane Community website as well as updates in CCInfo (four) as needed.

The Marketing and Communications Co-ordination Group (MCCG) – consisting of 17 people from across Cochrane who have training and/or a role in communications – has been consulted regularly on drafts for their input and advice. Progress to date includes:

* A draft (almost finalized) of the Key Messages (45 iterations) about Cochrane that we can use for a variety of audiences to clearly express who we are, what we do and why it is important.
* Draft work on a document describing proposals for a framework for the Collaboration's visual identity and "brand hierarchy". This work aims to develop guidance for the Collaboration in order to improve the consistency of the Collaboration's branding whilst respecting the right of entities to have some autonomy in determining how they wish to present themselves.
* 20th Anniversary promotions and messaging
  + MPRO is the Convenor of the Public Relations Anniversary Working Group
    - Produced the 20th Anniversary logo and is working on other promotional items
  + MPRO is a member of the Video Anniversary Working Group
  + Exploration of website brand architecture

Going forward, we have been offered the assistance of Helen Bray, Brand Manager for Wiley, to help us work through some of the technical aspects of the plan. As well, it has become clear that there is a synergistic link between this work and the Cochrane Content initiative and it is likely that these projects will merge together at some point.

However, the lack of an agreed way forward within the group and communication issues that have arisen as a consequence of this have led us to determine that the work of this group should be suspended pending the arrival of the new CEO, who might wish to re-visit the overall strategy and approach.

# Feedback from Cochrane Library Oversight Committee

## Purpose

To provide feedback from the Cochrane Library Oversight Committee (CLOC). No decision to be made.

## Urgency

Low

## Access

Unrestricted

## Background

The Cochrane Library Oversight Committee (CLOC) was appointed in September 2010 with the following remit:

1. To mediate on matters of tension between the Steering Group; editorial managers; authors; and other Cochrane Collaboration entities and individuals and the Editor in Chief (EiC) as required; and to advise on matters of tension arising from external factors and pressures.
2. To provide independent, impartial advice on issues regarding performance management for the EiC, including:
   1. Proposing to The Cochrane Collaboration’s Steering Group an appropriate suite of performance measures to assist it in its function of measuring and managing effectively the EiC’s performance in the role.
   2. Discussing with the EiC appropriate measures and strategies for continuous improvement.
   3. Reporting to the Steering Group on the EiC’s performance in post, and recommending changes that could be taken by the EiC or the Steering Group to enhance the effectiveness of the EiC.
   4. Proposing revised performance measures in the light of experience.
3. To advise the EiC on matters of editorial independence that he may wish to seek their opinion on.

CLOC has met three times since the Madrid meeting. Our minutes are published on the Cochrane website, and we have drafted an editorial on performance metrics.

## Here is our report in relation to our remit:

### Matters of tension

There have been no major matters of tension, but we have discussed several issues brought to us by the editor and we hope that we have been helpful. It's perhaps worth noting that two editors of important journals have been sacked “without cause” in the past year, bringing personal distress to the editors, undermining the credibility of the journals, and costing the owners considerable sums. CLOC exists primarily to avoid such a sad development for *The Cochrane Library*.

### Performance

Overall we think that *The Cochrane Library* and the EiC are performing extremely well

We have, as we reported last year, developed metrics as one means of assessing the progress of the Library, and the latest set is attached.

We see the metrics as positive with some signals on how to improve.

The number of people accessing the full text of reviews has increased by 37% from 4.3m in 2011 to 5.9m in 2012 (extrapolated figure) and the number of registered authors from 21 123 in 2010 to 23 296 in June 2012. These are impressive improvements. The total number of active reviews has increased by 8% from 4713 in 2011 to 5097 in 2012 (extrapolated figure), but the proportion that are up to date (revised in the past two years) has fallen from 36.5% in 2011 to 35.8% in June 2012. Both figures are low.

The impact factor fell slightly from 6.19 for 2010 to 5.72 for 2011, but we don’t regard this as important as it’s hard to interpret the meaning and usefulness of the impact factor and because the figure is still higher than most journals and attractive to potential authors.

Approved feedback has also fallen and is anyway low. We have discussed with the editor ways of increasing the proportion of reviews that are up to date and the amount of feedback.

 We reviewed progress with objectives of the EiC and noted good progress with the more detailed objectives. The broader objectives around the quality, relevance, and readability of the library need further refinement.

Richard Smith

Chair, CLOC, September 2012

# Appendices

## Appendix 1. Cochrane Content Publication and Delivery Programme: overview

This is an overview of the workstreams and projects. The project status is shown alongside the year(s) over which a deliverable(s) is planned.

### Workstream 1: *The Cochrane Library* development and user experience

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Status[[1]](#footnote-1) | Year(s) deliverables completed[[2]](#footnote-2) | | | | |
| Project no. and name | Sub-projects | Description | ’12 | ‘13 | ‘14 | ‘15 | ‘16 |
| 1.1. Publish when ready | — | Change the publication schedule for Cochrane Reviews (and Protocols) from monthly to ‘when ready’. |  |  |  |  |  |  |
| 1.2. Search and retrieval | — | Upgrade the search facility for *The Cochrane Library* to so that it is more user-friendly and offers advanced search, browse, linking, results display and download options. |  |  |  |  |  |  |
| 1.3. Database range | 1.3.1. Review database range | Develop a programme and schedule for periodic reviews of the database make-up of The Cochrane Library and options to interact with other databases. |  |  |  |  |  |  |
|  | 1.3.2. Review ‘About’ database | Replace the detailed modules in the ‘About’ database (based on Cochrane Entity modules from Archie) with selected information (to be agreed) with the understanding that the remaining details will be hosted on the Cochrane Entity website. |  |  |  |  |  |  |
| 1.4. Readability | 1.4.1. Article-level display: Cochrane Reviews | Develop and implement new article-level displays for all article types in the CDSR (including Cochrane Reviews and editorials), making key messages clearer and improving readability, navigation, printing (for example, of specific sections only) and differentiation between versions. |  |  |  |  |  |  |
|  | 1.4.2. Article-level display: other databases | Development and implement new record-level displays across all databases (other than for the CDSR, see project 1.5.1 will apply) to improve the visual presentation of individual records so that the content is clearer, more user-friendly and permit the records to be printed. |  |  |  |  |  |  |
| 1.5. Using content dynamically |  | Explore fully the possibilities available with semantic and other technologies for enhancing the use and inter-operability of all Cochrane Content and its linking to and use in connection with external datasets. |  |  |  |  |  |  |
| 1.6. Content user experience (*The Cochrane Library* website) | — | This project focuses on a major redesign of *The Cochrane Library* website to improve the content user’s experience and will be conducted with the following objectives in mind:   * the prioritising of development of *The Cochrane Library* for specific user groups and customising *The Cochrane Library* for different user groups or preferences, taking into account specific changes suggested by users via the Cochrane Content survey (as part of the 2012 Cochrane Content Strategic Session). * the improvement of *The Cochrane Library* website by making it easier to navigate, improving the ‘look and feel’ of the interface and making it more user friendly, and reducing the amount of time the website is off-line and the number of technical faults.. * the need to enrich the user experience by exploring potential relationships between, and finding ways to link, related components of various Cochrane Content. * the need to ensure that branding, key messages, and ‘look and feel’ are consistent across the Collaboration’s web universe. * reworking the presentation of the Editorials on the homepage to allow for more than one Editorial to be displayed at once, and to allow greater flexibility around the location and presentation of the Website content.   This project will have a phased development. |  |  |  |  |  |  |
| 1.7. Email alerts | — | Develop an email alert system to permit tailored email alerts for individual users. |  |  |  |  |  |  |
| 1.8. Feedback management | — | To implement an updated process for the (1) capture, (2) management (including the integration of feedback and other future innovations into the Information Management System), and (3) display of comments from readers of CDSR reviews. |  |  |  |  |  |  |
| 1.9. Browse & topic list development, and table of contents (TOC) | 1.9.1. Browse list development | (1) Browse list: improve and automate (full or semi-the updating of the browse list with the publication of new Cochrane Reviews, and integrate content from other databases and with the topics lists. |  |  |  |  |  |  |
|  | 1.9.2. Topics lists development | (2) Topics list: revise the topics lists, and increase the speed of loading in CLIB, and link with Cochrane Reviews and each other. |  |  |  |  |  |  |
|  | 1.9.3. Monthly table of contents | (3) Monthly table of contents for Cochrane Reviews: develop and implement. |  |  |  |  |  |  |
| 1.10. CDSR dates & review events | — | Dates project: Agree and implement revisions to the specific dates for Cochrane Reviews (for example, date of last search, date of publication) for display in *The Cochrane Library*, and used in the search functions, agreed by the Collaboration and implemented in *The Cochrane Library*. In association with this, revise and implement the relevant publication icons (for example, to show the status or type of review) in *The Cochrane Library*.  RevMan events that can be associated with a Cochrane Review: move from the current approach to provide many options (commented, withdrawn, no longer being updated, all the categorisation events) to a simplified version of just 'Updated' or 'Amended' event. The remaining options are to be retained but to be applied in the IMS only. |  |  |  |  |  |  |
| 1.11. Publication record work | 1.11.1. Split & merge | Over the lifetime of a Cochrane Review, the scope of the review may evolve resulting in a need to split the review into two or more reviews or merge two or more reviews into a single review. The functionality for this is available in the Information Management System, but the linkages between the reviews are not displayed in *The Cochrane Library*. The objective is to demonstrate the linkages in *The Cochrane Library*. |  |  |  |  |  |  |
|  | 1.11.2. Continuance protocol | Information Management System and publishing process to allow for a new protocol as part of a review update. |  |  |  |  |  |  |
|  | 1.11.3. Generic protocol | Information Management System and publishing process to allow for a generic protocol that will be used for two or more Cochrane Reviews. |  |  |  |  |  |  |
| 1.12. CENTRAL development | — | Developments to include a study-based version of CENTRAL that would link studies, their published reports, and data held in trials registries with Cochrane Reviews in the CDSR; improved relationships with related databases; revision of criteria for study reports in CENTRAL; improved data discoverability; and an improved content delivery system. |  |  |  |  |  |  |
| 1.13. Classification framework for Cochrane Reviews | — | Implement a new classification framework in the CDSR for Cochrane Reviews tohighlight to readers whether a Cochrane Review addresses a historical or current question, and also to indicate whether the Cochrane Review is considered up to date, has an update pending, or is not intended to be updated. |  |  |  |  |  |  |

### Workstream 2: Content creation and quality

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Status[[3]](#footnote-3) | Year(s) deliverables completed[[4]](#footnote-4) | | | | |
| Project no. and name | Sub-projects | Description | ‘12 | ‘13 | ‘14 | ‘15 | ‘16 |
| 2.1. Innovative reviews and methodology |  | To implement the ‘stage gate’ process with a view to (1) making a strategic decision, on the basis of further internal and external consultation and evaluation, on whether to continue with methodological enhancements to Cochrane Reviews of interventions (for example, in the form of qualitative syntheses) and/or whether to introduce additional types of Cochrane Reviews addressing a broader set of questions (for example, explanatory); and (2) developing an implementation plan as needed.  The direction is for the inclusion of non-randomised studies in Cochrane Reviews for harms and a move towards including non-randomised studies in Cochrane Reviews for key benefits, where randomised controlled trials are not considered applicable (for example, because effects emerge overtime, treatments are for rare diseases, ethical issues arise in trials, etc). This will involve consideration of the threshold at which to include non-randomised studies in Cochrane Reviews for key benefits, where randomised controlled trials are applicable but provide inadequate evidence to address the relevant question. |  |  |  |  |  |  |
| 2.2. MECIR plus |  | (1) Develop an audit tool from the set of Methodological Expectations of Cochrane Intervention Reviews (MECIR) and related reporting standards; (2) undertake a full baseline audit of reviews against MECIR standards; (3) make available the audit findings and the audit tool via the MECIR website; (4) improve familiarity and consistent adherence to the MECIR conduct and reporting standards for all CRGs to participate in; and (5) by (a) developing a webinar series for all CRGs to participate in; (b) embedding in author training materials; (c) developing training materials for editors that promote the evaluation of Cochrane Reviews and Cochrane Protocols against the standards; and (d) ensuring that common errors and good practice feature in both streams of training. |  |  |  |  |  |  |
| 2.3. RevMan 6 |  | Develop and launch RevMan version 6 with changes agreed by the RevMan Advisory Committee (RAC). This version will give explicit support to the implementation of MECIR conduct and reporting standards and will include, with the agreement of the RAC: (a) prominent display of methodological requirements when Cochrane Protocols or Cochrane Reviews are being drafted or edited; (b) linking of relevant Handbook chapters to specific parts of RevMan; (c) presentation of risk of bias graphs in forest plots to encourage authors to consider the impact of risk of bias judgments explicitly on an outcome-by-outcome basis; (d) linking of numerical data in analysis and Summary of Findings tables to other parts of the review; and (e) compatibility with external web-based critical appraisal and data extraction tools.  The production process will have in-built flexibility to allow for the publication of Cochrane Reviews in different versions of RevMan. |  |  |  |  |  |  |
| 2.4. Prioritization: new reviews and updating |  | (1) New reviews: develop and communicate guidance on how to prioritize topics for Cochrane Reviews.  (2) Updated reviews: (a) complete the prioritization tools, which are in development, and make them available online along with any training materials and user guides; (b) revise the Handbook guidance from updating every two years to updating based on need; (c) delete/replace with alternative(s) the Archie ‘out-of-date’ report; and (d) as part of Cochrane Review Groups’ biennial monitoring by the Collaboration, conduct an assessment of prioritisation of updates. |  |  |  |  |  |  |
| 2.5. New article types for *CDSR* | 2.5.1. Include registered Cochrane Review titles | Include registered review titles within *The Cochrane Library* via the Collaboration’s existing Information Management System or a separate system to be agreed. |  |  |  |  |  |  |
|  | 2.5.2. Methodological articles and commentaries | (1) Complete an evaluation of other article types, including methodological articles and commentaries, with editorial teams, methods groups, and others, and (2) initiate a process for their development and inclusion if agreed. Publication of new article types may continue via the Collaboration’s existing Information Management System or a separate system. |  |  |  |  |  |  |
| 2.6. Derivative products | 2.6.1. Cochrane Clinical Answers | Successful launch of this product. | Tbc |  |  |  |  |  |
|  | 2.6.2. Dr Cochrane | Successful launch of this product. | Tbc |  |  |  |  |  |
| 2.7. iPad (tablet) applications | — | Develop and make available iPad (tablet) and mobile/smart phone application(s) for the presentation of selected Cochrane Content. |  |  |  |  |  |  |
| 2.8. MeSH tags into Cochrane Reviews | — | (1) Associate MeSH terms with the Cochrane Reviews within Cochrane’s Information Management System.  (2) Publish new Cochrane Reviews with MeSH terms from the outset. |  |  |  |  |  |  |
| 2.9. PRISMA compliance (title suffix) | — | Titles of Cochrane Reviews will include a suffix to identify the articles as systematic reviews in accordance with the relevant Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criterion. |  |  |  |  |  |  |
| 2.10. Cochrane.org development | 2.9.1. Author site | Launch an author website. |  |  |  |  |  |  |
|  | 2.9.2. Methods site | Launch a methods website. |  |  |  |  |  |  |
|  | 2.9.3. Training site  and online learning modules | Define and develop specific projects (and confirm deliverables and dates as part of these projects). | n/a |  |  |  |  |  |
|  | 2.9.4. Community area | Define and develop specific Cochrane Content projects (and confirm deliverables and dates for such projects). | n/a |  |  |  |  |  |
| 2.11. Readability (pt 2) | 2.10.1. Readability training materials | Create training materials for authors and editors to emphasise the importance of transparent, concise, consistent, and readable writing; and develop and update these materials as needed. |  |  |  |  |  |  |
|  | 2.10.2. Abstract, Plain language summaries, and Summary of findings tables | Implement an action plan to improve the quality of abstracts and plain language summaries (using information from Summary of Findings tables to improve their clarity and in particular present information that accurately conveys effect size in absolute terms and the quality of evidence); and conduct abstract audits to this end. |  |  |  |  |  |  |
|  | 2.10.3. Copy-editing: general | This will include (1) establishing a copy-editor accreditation process for copy-editors based in Cochrane Review Groups (2012); (2) putting in place a Copy Edit Support Manager (2012); and (3) putting systems in place for CEU and Copy Edit Support Manager to share oversight of copy-editing developments (2013). |  |  |  |  |  |  |
|  | 2.10.4. Copy-editing: Cochrane Style Guide | Conduct periodic updates of the Cochrane Style Guide. |  |  |  |  |  |  |
| 2.12. Training | 2.11.1. Training materials (expanding range) | Develop and update training materials, which will include ‘standard’ training materials for trainers and online materials for authors (as listed on the Collaboration’s training website). |  |  |  |  |  |  |
|  | 2.11.2. Assessment of use of Cochrane Training Materials | Develop procedures and tools for the assessment of use of Cochrane Training Materials, and complete the assessment. |  |  |  |  |  |  |
|  | 2.11.3. Introduce central training resources for Editors | Make available online an initial set of training materials for Editors. |  |  |  |  |  |  |

### Workstream 3: Improving the dissemination and impact of Cochrane Content

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Status[[5]](#footnote-5) | Year(s) deliverables completed[[6]](#footnote-6) | | | | |
| Project no. and name | Sub-projects | Description | ‘12 | ‘13 | ‘14 | ‘15 | ‘16 |
| 3.1. Translations | 3.1.1. Translation strategy | Develop and implement a translation strategy that addresses the key recommendations of the **strategy** review. The strategy outcomes will include: (a) translating key sections of Cochrane Reviews; (b) signposting the translated content; (c) exploring the capacity and suitability of web-based translation services; and (d) developing search and web interfaces for other languages. |  |  |  |  |  |  |
|  | 3.1.2. Translation workflows | Agree and implement workflows and processes for the preparation, quality checks, and publication of translated content. |  |  |  |  |  |  |
|  | 3.1.3. Search support for multiple languages | Explore and implement search support for multiple languages, enabling users to search *The Cochrane Library* in WHO official languages (and other languages as agreed) for translation and have the titles of all relevant reviews returned to them in the translated language via a user interface that has been also been completely translated . |  |  |  |  |  |  |
|  | 3.1.4. Translated interface for browsing | Explore and implement ways of extending the translated user interface to enable users to browse in any one of the agreed languages using a fully translated interface. |  |  |  |  |  |  |
| 3.2. Marketing & communications for Cochrane content | 3.2.1. Strategies to raise awareness of CLIB & increase usage | Develop and implement strategies to raise awareness of *The Cochrane Library* and increase usage of content as part of the marketing and communications plan. Monitor website user statistics to help evaluate the success of these strategies. Strategies to be revised on a regular basis as agreed by the project team. |  |  |  |  |  |  |
|  | 3.2.2. Strategy to target user groups | Develop and implement a strategy and plan to promote the increased use of Cochrane Reviews by targeting user groups, linking up with specialist organisations and sharing impact stories. |  |  |  |  |  |  |
|  | 3.2.3. Strategy to identify reviews relevant to LMIC | Develop and implement a strategy to allow Cochrane Reviews relevant to readers and users from low- and middle-income countries to be identified easily in the CDSR. |  |  |  |  |  |  |
| 3.3. Metrics for CRs | 3.3.1. Linking to guidelines | Define and (if agreed) implement a process to enable linking of Cochrane Reviews to guidelines that include the review. |  |  |  |  |  |  |
|  | 3.3.2. Standard additional metrics | Expand the range ofarticle metrics for Cochrane Reviews to include (1) number of citations for the Cochrane Review (for example, the number of times cited in PubMed Central or Google Scholar); (2) article access statistics (for example, the number of times review viewed); and (3) social bookmarking metrics (if agreed following consultation/focus group research). |  |  |  |  |  |  |
| 3.4. Value-added features: including Editorials, Special Collections, Journal Club, and Podcasts) | 3.4.1. Regular evaluations of value-added features | Undertake regular evaluations of all the published content (for example, assessing user statistics, discussing production issues with team members, identifying ways to make the features more useful to our users) and prepare short reports of these evaluations. |  |  |  |  |  |  |
|  | 3.4.2. Special Collections | Develop (a) options to include content in different media and (b) options for visual presentation; (c) evaluate the auto-generation of Special Collections using the classification of Cochrane Reviews in the browse list and implement if agreed; and (d) evaluate these features. |  |  |  |  |  |  |
|  | 3.4.3. Journal Club | Develop: (a) links from individual Cochrane Reviews to the relevant Journal Club; (b) greater use of video clips within the related resources (for example, via HealthTalkOnline and YouTube); (c) bundled print versions available for download (for example, for use as a handout at an institutional journal club); and (d) the addition of questions to earn CME points. |  |  |  |  |  |  |
|  | 3.4.4. Podcasts | Make available links from individual Cochrane Reviews to the relevant podcasts. |  |  |  |  |  |  |
| 3.5. Impact database | — | Develop, populate, and roll out to users an “impact database” or resource to house stories about how Cochrane Reviews have made an impact on healthcare delivery, policy, etc. |  |  |  |  |  |  |
| 3.6. PubMed: linking trials to CRs | — | Develop, evaluate, and implement (if agreed) a process to allow users to link from randomized controlled trials in PubMed to Cochrane Review(s) that include the relevant trial. |  |  |  |  |  |  |
| 3.7. Wikipedia: linking to CRs | — | Develop, evaluate, and implement (if agreed) a process to link Cochrane Reviews to relevant Wikipedia entries. |  |  |  |  |  |  |
| 3.8. Cochrane Summaries | 3.8.1. Development | Define and develop specific projects for the continued development of Cochrane Summaries as the consumer portal (and deliverables and dates for such projects confirmed). |  |  |  |  |  |  |
|  | 3.8.2. Health portals | Develop and implement (if agreed) templates for health topic-specific portals across several health topics. |  |  |  |  |  |  |
|  | 3.8.3. Language portals | Develop one or more portals in non-English languages (including WHO official languages) to describe Cochrane Reviews. |  |  |  |  |  |  |
| 3.9. Access | 3.9.1. Open access | Develop and agree an open-access strategy for *The Cochrane Library* that includes identification of an appropriate model for both ‘gold road’ (author pays) and ‘green road’ (delayed publication) open access of Cochrane Reviews. |  |  |  |  |  |  |
|  | 3.9.2. Access options | Publicise access options for *The Cochrane Library* available with our current publishing model on *The Cochrane Library* and Cochrane.org websites. |  |  |  |  |  |  |
|  | 3.9.3. National and regional licences | Extend the range of new national or regional licences. |  |  |  |  |  |  |

## Appendix 2. Additional projects and workstreams that involve or have involved the CEU team

1. Editorial Resources Committee (ERC) checklists, including:

* Peer review checklist for reviews
* Consumer referee checklist for protocols and reviews
* Consumer guidance to referee checklists
* Copy-editing checklists

1. Cochrane Policy Manual
2. Monitoring and managing co-publication
3. Problem solving issues of concern to CRGs, review authors and other stakeholders
4. 2013 Cochrane Collaboration celebrations
5. Developing impact stories
6. Appointment of CEO
7. Dates and events project (aimed at resolving errors on *The Cochrane Library*)
8. Amendments, and guidance on when they are cited
9. Evidence Aid Special Collections
10. Copy-editing developments
11. Plans to change CRG modules

1. Green = work ongoing; orange = as for green but with some hold-ups; red = as for green but concerns about progress; purple = not yet started. [↑](#footnote-ref-1)
2. The period for a particular project extends over more than one year, its deliverables will be phased over the period. [↑](#footnote-ref-2)
3. Green = work ongoing; orange = as for green but with some hold-ups; red = as for green but concerns about progress; purple = not yet started. [↑](#footnote-ref-3)
4. The period for a particular project extends over more than one year, its deliverables will be phased over the period. [↑](#footnote-ref-4)
5. Green = work ongoing; orange = as for green but with some hold-ups; red = as for green but concerns about progress; purple = not yet started. [↑](#footnote-ref-5)
6. The period for a particular project extends over more than one year, its deliverables will be phased over the period. [↑](#footnote-ref-6)