



NHS
*National Institute for
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Introduction and Highlights

The UK Cochrane Centre (UKCC) continues to support the work of the Cochrane Collaboration and our funders, through our Learning and Development and Engagement programmes. The past six months have been a productive time and we are delighted that Martin Burton, UKCC Director was awarded the title of Professor of Otolaryngology at the University of Oxford in August of this year and has been elected to the Collaboration Steering Group as a Co-ordinating Editor Representative.

A highlight of this period was the attendance, of some of the team, at the successful Cochrane Colloquium held in Hyderabad, with the theme 'Evidence Informed Public Health – Opportunities and Challenges'. This was an interesting meeting and included several presentations from Holly Millward and Carly Mole from the UK Cochrane Centre on communication and dissemination, Students 4 Best Evidence and the UKCC's engagement with Wikipedia.

This report covers the period from June 2014 to November 2014 and is structured around the Cochrane Collaboration Goals from the Strategy 2020.

Collaboration Goal 1: Producing Evidence

Review Author Training

The Cochrane Colloquium in September saw the approval of the Cochrane Training and Professional Development Strategy. This sets out a training plan to support the production and readability of reviews across Cochrane globally. This will include improvements to process, content and technologies as well as training and support for editorial staff and contributors. The UKCC will be working closely with the Cochrane's Senior Training Co-ordinator in the coming year to integrate changes and developments into our own training offerings.

Core elements of our Learning and Development Programme are the 'Review Author' training modules RA1 to RA4 and during this six month period we have trained 96 new authors. With the help from some of our Review Groups we have run our RA1 to RA4 workshops outside Oxford over this period. The Airways Group delivered RA3 and RA4 workshops in London in June, the Oral Health Group ran RA3 and RA4 workshops in Manchester in November and the Pregnancy and Childbirth Group will be providing RA1 and RA2 workshops in Liverpool in December. This has been a positive step forward in providing a range of venues for those attending training and has successfully increased our faculty of trainers by including members of the Review Groups' staff.

Cochrane Ireland

Cochrane Ireland is now firmly established as a Cochrane entity with UKCC as the reference Centre. The training programmes in Ireland have continued and we have delivered four, two-day workshops - 'An introduction to Systematic Reviews' - over the six-month period. Dónal O'Mathúna, convenor of Cochrane Ireland, is leading a review of the Irish training programme with the aim of delivering a targeted programme of training that builds a Cochrane community in Ireland and increases the capacity for evidence production. Dónal has undertaken a survey of all training applicants to provide baseline information on how well the current training offering addresses those needs. The survey responses were reviewed at the first Cochrane Ireland Steering Group meeting in November with changes to the training programme expected from February 2015.

The Irish Cochrane Fellowship scheme continues to be supported with funding from Northern Ireland and the Republic of Ireland. The UKCC supports this process through an advisory panel providing recommendations to the funding bodies. The advisory panel comprises UKCC staff and faculty members covering a wide range of clinical skills including primary and secondary care and public health. This year there were a variety of applications for the fellowship with seven fellowships awarded.

Evidence Production

Producing Cochrane evidence goes beyond the training programmes to the support we provide to the review groups and review authors. The Cochrane Collaboration is supporting a number of initiatives, with the aim of maintaining and improving the quality of Cochrane reviews. One such project is the development of standards, which set out the methodological expectations required for Cochrane Intervention Reviews. These are known as the Methodological Expectations of Cochrane Intervention Reviews or MECIR standards. In support of this project the UKCC has developed a set of MECIR standards booklets, designed to be used throughout the systematic review process. The booklets cover all the MECIR standards in easy access format, providing a quick access guide throughout the writing and editorial process. These books have been distributed to Review Groups with excellent feedback from groups.

Professional Systematic Review Services

With an eye on quality and the timeliness of reviews, we have been working closely with our partner organisation, Ateimed, to match review groups with professional systematic review skills. Ateimed have provided author support and methodological advice to the Ear Nose and Throat Disorders Group and the Oral Health Group. They have also provided assistance to the Dementia and Cognitive Improvement Group to update existing reviews and provide methodologist support on a suite of new reviews. This is becoming a sought after service and we are in discussions with other independent professional systematic reviewers to widen the pool of skills available.

Outcomes Most Important to Patients, Public and Practitioners (OMIPP)

The role of outcomes and outcomes measures in the Cochrane review process is an important consideration in ensuring that the review is useful and usable. The UKCC has commissioned a pilot project with CROWE Associates to explore how the outcomes that are most important to patients the public and practitioners can be identified. This project uses three different approaches to the question of outcomes and is being conducted with three UK-based Cochrane Review Groups. This is an exploratory project, currently underway, with an expected completion date of April 2015. The UKCC will receive an end of project report which will be helpful in understanding the methodologies used, the learning throughout the life of the project and will help to inform future work streams in this area.

Collaboration Goal 2: Making our evidence accessible

Assessment of Review Group Output

Making sure our evidence is accessible to those who need it is a key role of the UKCC and our weekly meeting, Assessment of Review Group Output (ARGO) is central to this activity. The membership of the meeting has expanded to include a wider range of skills, including clinicians in primary and secondary care and public health, as well as communication expertise from the Collaboration. We continue to consider all new reviews and updates, identifying opportunities for dissemination through our social media and general media outlets, via contacts with charities and professional organisations opportunities, and through a link to our Wikipedia project.

Evidently Cochrane and Twitter

Evidently Cochrane is the UKCC's weekly blog, which aims to share high quality evidence in general, and Cochrane evidence in particular, with all our stakeholders, including health professionals, policy makers and patients. The blogs are timely and relevant, sharing new Cochrane evidence in the context of stories in the media or a health awareness event, helping to increase dissemination and engagement. We are increasingly including 'expert' views on the evidence, with experts being either professionals or patients, through guest blogs or blogs written in-house.

In the past six months (01 June to 13 November 2014) we have published 29 blogs, highlighting 66 reviews from 28 Review Groups (18 UK-based Groups). We have increased the number of guest blogs, publishing 14 during this period. Guest bloggers included a nine year old with cystic fibrosis, the Medical Director at Marie Curie Cancer Care, a hospital chaplain, allied healthcare professionals, doctors and Cochrane authors.

A new approach during this period has been to run a campaign week at least once a quarter, with a series of blogs on a topic. Our campaigns to date have focused on Men's Health, Back to School, and Palliative Care.

Blogs with particularly high impact and engagement:

Making choices about living with motor neurone disease

<http://www.evidentlycochrane.net/making-choices-living-motor-neurone-disease/>

This blog was written by Sarah Chapman with input by Carly Mole, also of the UKCC, whose step-father Andy had MND. The blog explored evidence from Cochrane reviews on managing the symptoms of MND and extending life, in the context of Andy's experiences. It also highlighted the NIHR's "OK To Ask" campaign. The blog, published during MND Awareness Month, was widely shared and well received. Between 1st June to 30th November 2014, the blog received 373 sessions on the page, with 210 new site users.

Back to school: cystic fibrosis and me

<http://www.evidentlycochrane.net/back-school-cystic-fibrosis/>

This blog - written by nine year old Tess Griffin – talked about what it is like to be at school with a long-term condition. Readers of the blog were directed to the work of the Cochrane Cystic Fibrosis and Genetic Disorders Group but its particular value was in the insight of a child living with cystic fibrosis and it attracted much positive attention,

particularly from the school nursing community. It was also praised as an unusual example of giving a young person a voice in a professional forum. Between 1st June to 30th November 2014, the blog received 682 sessions on the page, with 514 new site users.

Pressure ulcers: evidence and uncertainty

<http://www.evidentlycochrane.net/pressure-ulcers-evidence-uncertainty/>

This blog, written by Sarah Chapman, looked at whether common nursing practices in the prevention and management of pressure ulcers are supported by evidence. This was one of our engagement activities for NHS England's "Stop The Pressure" month, for which we also contributed a blog for the RCN's "This Is Nursing" blog and guest hosted a WeNurses Tweekchat, a follow-up to one we guest hosted in March, discussing the implications for nursing of a lack of reliable evidence of effectiveness. Between 1st June to 30th November 2014, the blog received 207 sessions on the page, with 136 new site users.

Over this period, we have increased our engagement with the nursing community and have established routes for dissemination and collaborative working, in particular with The RCN, WeNurses and related WeCommunities, NHS Choices, the NIHR Research Nurses network and NHS England.

Twitter continues to be our most successful social media platform for engagement and most discussion, including responses to the blogs, takes place here. @UKCochraneCentr is followed by over 7,600 accounts and this figure is steadily growing. Cochrane evidence is tweeted every weekday and we also join in (as well as occasionally co-hosting) tweekchats and engage in events such as conferences through Twitter. We are also able to pick up on information needs and provide an effective information service through our active use of Twitter.

Social Media Training

The social media training has to date had very positive feedback and good uptake at each event. We have concentrated in the past six months on providing a slightly different offering to researchers on "disseminating your research", which has been well received. We continue to modify these offerings to groups and we are delivering training to the NIHR family on "building a community through Twitter" in early December.

Use of Cochrane reviews to inform UK-published healthcare guidance (NICE, SIGN, NICE Public Health Guidance)

One method we are using to monitor the impact of Cochrane reviews in healthcare decision making is to identify whether they have been used to inform evidence-based clinical guidelines. Since completing a systematic search last year of clinical guidelines, designated as current by the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN), we are continuing to monitor these guideline developers' websites to capture newly published guidelines to maintain the currency of the UKCC guidelines data set to see whether Cochrane reviews are continuing to be accessed to inform UK-published healthcare guidance.

Since January 2014, NICE has published 14 new guidelines and two updates: 13 (81%) of these have been informed by 86 Cochrane reviews (48 with UK- or Ireland-based authors) from 19 Cochrane Review Groups (11 UK based).

SIGN has published 5 new guidelines and 1 update in this period: 4 (67%) of these have been informed by 101 Cochrane reviews (63 with UK- or Ireland-based authors) from 17 Cochrane Review Groups (9 UK based).

NICE has also published 7 new Public Health Guidance in this period: 6 (86%) of these informed by 42 Cochrane reviews (29 with UK- or Ireland-based authors) from 12 Cochrane Review Groups (6 UK based).

Overall, since January 2014, 225 Cochrane reviews (136 with UK- or Ireland-based authors) from 34 Cochrane Review Groups (18 UK based) have been used to inform 23 of 29 (79%) UK published guidelines (NICE, SIGN and NICE Public Health Guidance) (see Figure 1). The reviews continue to be used in a variety of ways, mostly for data analyses needed to address the clinical questions within the guidelines but sometimes also to inform the background sections to set the research in context, to contribute data for economic modelling, to supply references to relevant studies for inclusion as well as for forward citation tracking, and to supply baseline search strategies for refining.

The database we maintain links the Cochrane reviews to the guidelines they have informed and enables us to generate tailored information for each Cochrane Review Group. We send the groups individual reports periodically and on request to support them in completing reports for funders and for the Cochrane Collaboration, in seeking programme grants or other funding opportunities, in editorial decision making, or in promotional activities.

Information from our guidelines project data set has also proved helpful to others of our stakeholders in preparing reports and presentations to promote the understanding of evidence-based medicine and the value and impact of systematic reviews. We are liaising with the Cochrane Tech Team to determine how best to populate, maintain and make accessible this growing data set for linking reviews to guidelines and other evidence-based guidance in the longer term.

Beyond clinical guidelines, we are also interested in knowing whether Cochrane reviews are being used in guidance for best practice in primary care and in shared decision-making initiatives designed to assist patients and healthcare professionals to determine the best possible options for patient-centred health care.

Are Cochrane reviews being used to inform best practice guidance in primary care?

(NICE Clinical Knowledge Summaries)

We have recently completed a systematic search covering the last three years (2012 to November 2014 inclusive) of guidance for best practice in primary care published by NICE in Clinical Knowledge Summaries.

As at 28 November 2014, 381 Cochrane reviews from 40 Cochrane Review Groups (23 of 24 UK-based) have been used to inform 144 of 214 (67%) Clinical Knowledge Summaries, published in the last three years (see Figure 2).

- maximum number of reviews used from any one CRG is 42 (Menstrual Disorders & Subfertility)

- maximum number of reviews used to inform any one Clinical Knowledge Summary is 16 (Back pain – low: without radiculopathy)
- 17 reviews have been used in more than one Clinical Knowledge Summary:
 - 12 in 2
 - 3 in 3
 - 1 in 6
 - 1 in 7
 -

The top **two** Cochrane reviews most frequently used in Clinical Knowledge Summaries are:

Skin patch and vaginal ring versus combined oral contraceptives for contraception
(CD003552 - Fertility Regulation Group - in 7 Clinical Knowledge Summaries)

Advising patients to increase fluid intake for treating acute respiratory infections
(CD004419 - Acute Respiratory Infections Group – in 6 Clinical Knowledge Summaries)

The top **four** Clinical Knowledge Summaries using the highest number of Cochrane reviews are:

Clinical Knowledge Summaries - **Back pain - low (without radiculopathy)** (using **16** Cochrane reviews: 16 – Back Group)

Clinical Knowledge Summaries – **Sinusitis** (using **14** Cochrane reviews: 9 - Acute Respiratory Infections Group; 5 - Ear, Nose & Throat Disorders Group)

Clinical Knowledge Summaries – **Endometriosis** (using **11** Cochrane reviews: 11 – Menstrual Disorders & Subfertility Group)

Clinical Knowledge Summaries - **Urinary tract infection (lower) – women** (using **10** Cochrane reviews: 7 - Renal Group; 3 - Pregnancy & Childbirth Group)

Are Cochrane reviews being used to inform patient decision aids in shared decision-making initiatives?

(NHS Shared Decision Making; Dartmouth Center for Health Care Delivery Science Option Grid Collaborative – some with NICE accreditation)

We have recently completed a systematic search of patient decision aids published in the last three years (2012 to November 2014 inclusive) in two initiatives by NHS England and by the Dartmouth Center for Health Care Delivery Science, Option Grid Collaborative (three are NICE accredited). These online initiatives provide tools designed to facilitate shared decision making between patients and healthcare professionals to enable them to discuss the benefits and risks of harm of a range of healthcare options in order to select the best possible patient-centred option:

- (i) NHS Shared Decision Making – patient decision aids (UK)
(<http://sdm.rightcare.nhs.uk/pda/>)

As at 28 November 2014, 77 reviews from 20 Cochrane Review Groups (8 UK-based) have been used to inform 28 of 36 (78%) NHS Shared Decision Making Sheets and Patient Decision Aids (see Figure 3).

- maximum number of reviews used from any one CRG is 13 (Musculoskeletal Group and Tobacco Addiction Group)
- maximum number of reviews used to inform any one patient decision aid is 13 (NHS Shared Decision Making – Patient Decision Aid: Smoking Cessation)

Two reviews have been used in more than one patient decision aid:

Polyclonal and monoclonal antibodies for treating acute rejection episodes in kidney transplant recipients (CD004756 - Renal Group - in two patient decision aids)

Exercise for type 2 diabetes mellitus (CD002968 - Metabolic & Endocrine Disorders Group - in two patient decision aids)

The top **five** patient decision aids informed by the highest number of Cochrane reviews are:

- NHS Shared Decision Making – patient decision aid: **Smoking Cessation** (used **13** Cochrane reviews - Tobacco Addiction Group)
- NHS Shared Decision Making – patient decision aid: **Osteoarthritis of the Knee** (used **8** Cochrane reviews – Musculoskeletal Group)
- NHS Shared Decision Making – patient decision aid: **Carpal Tunnel Syndrome** (used **7** Cochrane reviews – Neuromuscular Group)
- NHS Shared Decision Making – patient decision aid: **Chronic Obstructive Pulmonary Disease** (used **6** Cochrane reviews – Airways Group)
- NHS Shared Decision Making – patient decision aid: **Gallstones** (used **5** Cochrane reviews – Hepato-Biliary Group)

(ii) Dartmouth Center for Health Care Delivery Science (US): Collaborative Option Grids – (<http://www.optiongrid.org>)

As at 28 November 2014, 16 reviews from 10 Cochrane Review Groups (4 UK-based) have been used to inform 11 of 34 (32%) Collaborative Option Grids (see Figure 3).

- maximum number of reviews used from any one CRG is 5 (Musculoskeletal Group)
- maximum number of reviews used to inform any one option grid is 3 (Option grids: Statins; Osteoarthritis of the Knee)

The top **four** option grids informed by the highest number of Cochrane reviews are:

- Collaborative Option Grid: **Osteoarthritis of the Knee** (used **3** Cochrane reviews – Musculoskeletal Group)
- Collaborative Option Grid: **Statins** (used **3** Cochrane reviews – Depression, Anxiety & Neurosis Group; Heart Group; Metabolic & Endocrine Disorders Group)
- Collaborative Option Grid: **Carpal Tunnel Syndrome** (used **2** Cochrane reviews - Neuromuscular Disease)
- Collaborative Option Grid: **Sore Throat** (used **2** Cochrane reviews – Acute Respiratory Infections Group)

Figure 1: Number of Cochrane reviews used to inform UK healthcare guidance (NICE & SIGN guidelines; NICE Public Health Guidance) published since January 2014

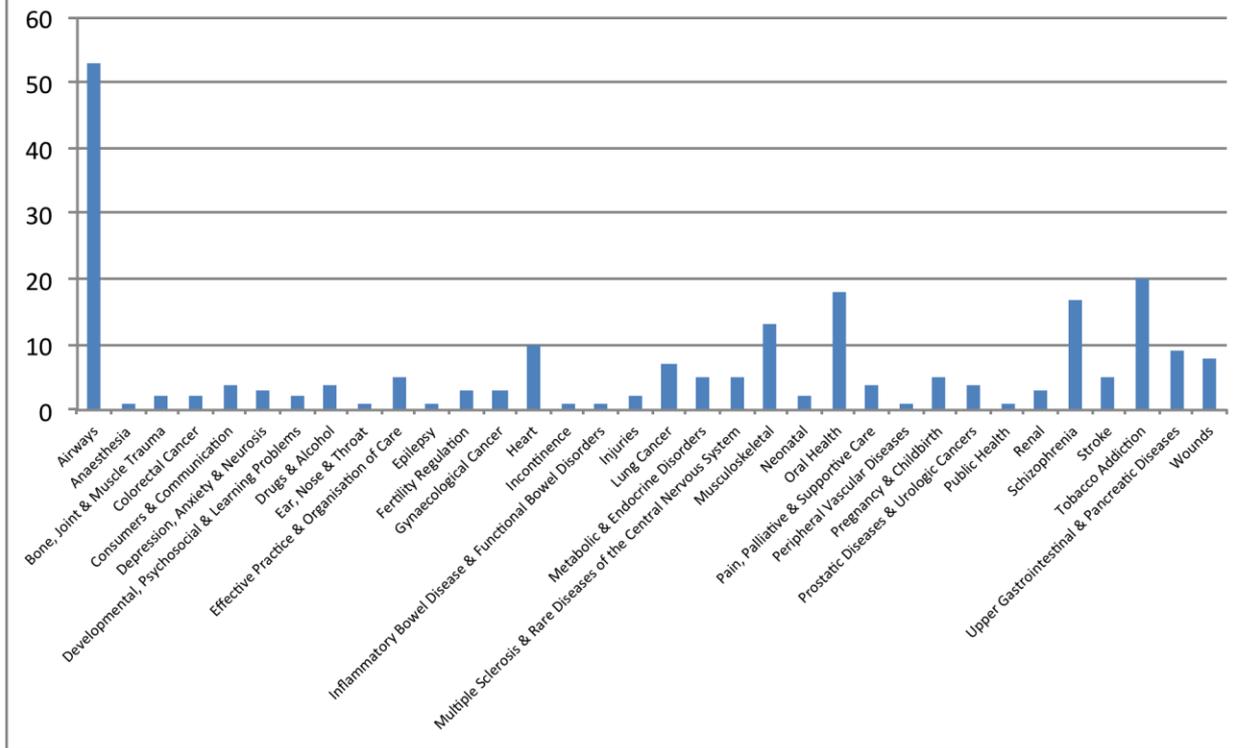


Figure 2: Number of Cochrane reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from 2012 to 2014

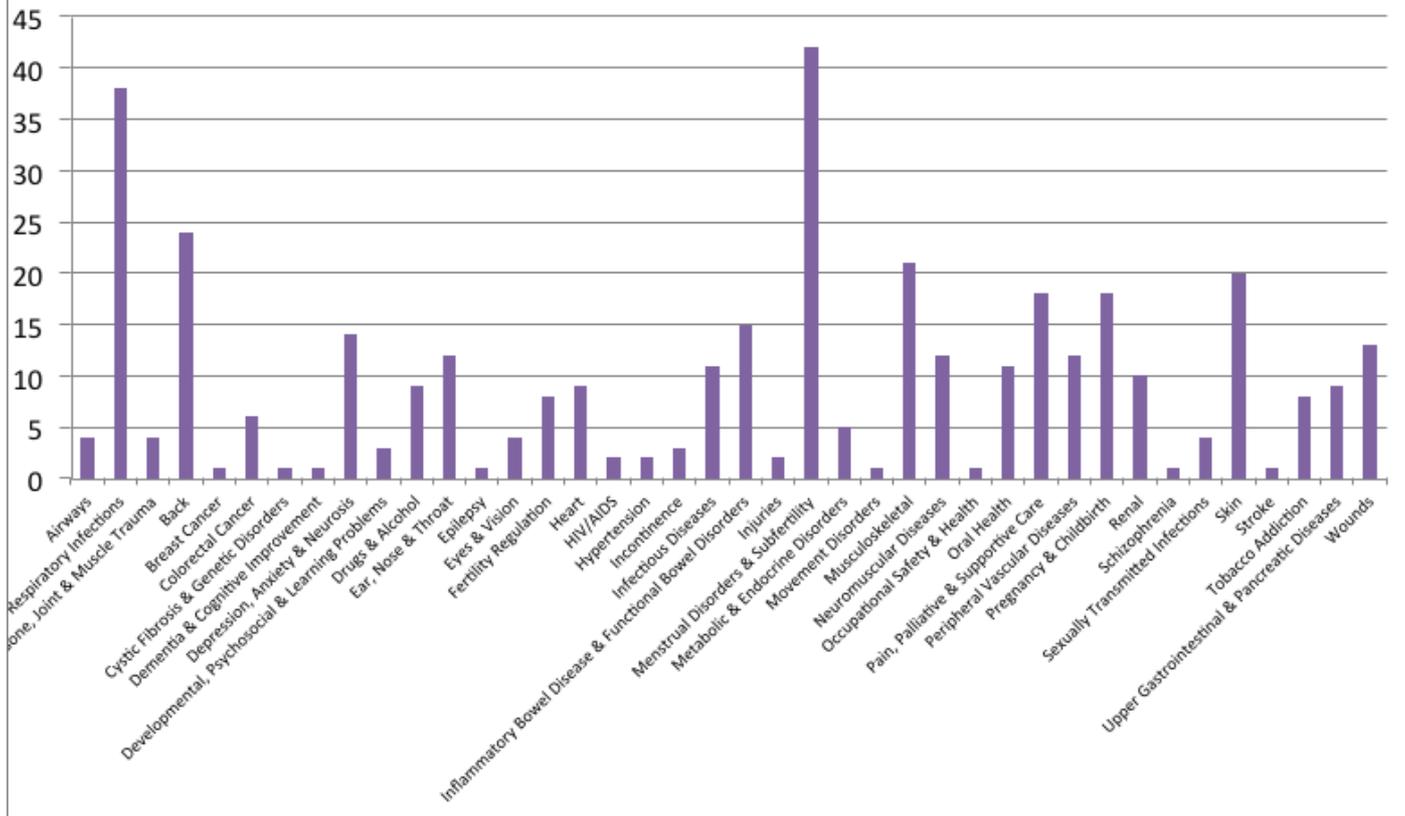
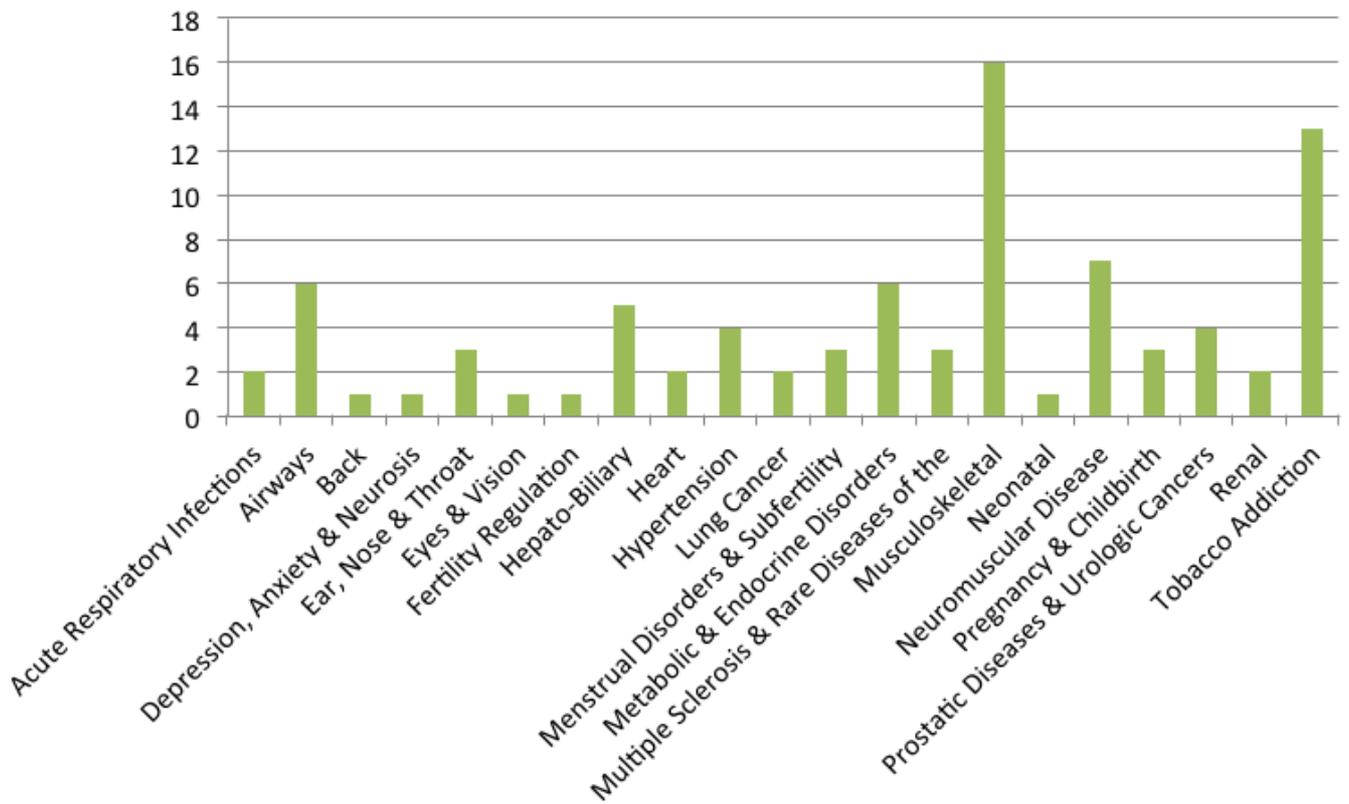


Figure 3: Number of Cochrane reviews used to inform shared decision-making tools (NHS England Patient Decision Aids and Dartmouth Collaborative Option Grids) published 2012 to 2014



Collaboration Goal 3: Advocating for evidence

Cochrane branding

Goal three of the Cochrane Strategy 2020 introduces a new area of focus: advocating for evidence – something that has been part of the UKCC's strategy for the last three years. This seeks to build greater recognition of the need for, and uses of, evidence, to highlight the work of Cochrane and develop the Cochrane profile as the leading advocate for evidence-informed health care. As part of this work, Cochrane are undertaking a brand refresh, aimed at presenting Cochrane in a more coherent and consistent way. This includes an updated Cochrane logo and naming convention for Cochrane entities, as well as structured guidance on how to use the Cochrane brand and what to include in communication materials. The new Cochrane logo will be launched on 31st January 2015 and we are currently working closely with the Cochrane Executive Team, to finalise our external communication materials for the launch date.

UKCC Advocating for Evidence

At the UKCC we aim to advocate for the use of evidence in healthcare decision making, with an emphasis on Cochrane reviews, as high quality accessible evidence. Across the team we have attended partnership events and presented to allied health professionals research networks, surgical trainees events, Science Communication events, Global Evidence Based Projects, research teams and patient groups. We continue to support and attend events where the aims meet our advocacy objectives and are congruent with the vision and mission of the Centre.

Students 4 Best Evidence

The aim of [Students 4 Best Evidence](#) (S4BE) is to be a network for students globally, interested in learning more about evidence-based health care. Through reviewing online resources, discussing the latest evidence and providing student led-tutorials on evidence-based concepts.

In the last six months S4BE has grown from 14,813 user sessions in the month of June, to 20,629 user sessions in the month of October. Our social media figures are still low, Twitter (@Students4BE) 867 followers and Facebook (/Students4BE) 738 likes.

The blogs with the best impact and engagement over the last six months are:

- '[Endometriosis: what's the evidence for this enigmatic disease?](#)' by Antonio Laganà. This is a very detailed review of the latest European guidelines. To make the post more patient-oriented we found art that people had created in response to their experience of Endometriosis. We shared the blog on various patient support Facebook pages, which led to the post receiving 457 likes and 1,595 page views (between 1st June 2014 – 25th November 2014).
- '[A beginners guide to interpreting odds ratios, confidence intervals and p values](#)' by UK medical student Tim Hicks. This is a step-by-step tutorial on how to apply these concepts in practice. It has been viewed 74,218 times (between 1st June 2014 – 25th November 2014), has received 30 individual student comments asking Tim for further support, he has responded to every one.

Over the next six months, S4BE is planning to launch a year-long mission on 'advocating for evidence', encouraging students globally to become "evidence champions".

Wikipedia

The Cochrane Collaboration has formed a partnership with Wikipedia, aimed at facilitating closer links between the Wikimed community and Cochrane. This is an excellent opportunity for Cochrane to be included in a highly visible platform, with high web hit rates. In October 2014 Wikipedia had 227,558 medical pages available, with a hit rate for the month of October only of 175,142,076, with a global reach. Cochrane reviews are cited over 7000 times within Wikipedia and the partnership aims to ensure that the information and citations are accurate and up to date.

In support of this partnership S4BE ran a [S4BE Wiki Week](#) in September to help improve and update evidence on Wikipedia. This campaign was run with the support of Cochrane and Wiki Project Med. The campaign involved a series of blogs introducing the Wiki/Cochrane partnership and how to edit Wikipedia and an "Editathon" also took place in Oxford and online. This Editathon also included input from Cancer Research UK, with talks from their Wikipedian in Residence (WiR) and News and Multimedia Manager during the event.

The Wikipedia project continues to be supported by the UK Cochrane Centre, by populating a Wikipedia task list with new reviews and updates on the Wikipedia platform. This provides the opportunity for Wikipedia editors to update articles and create new articles in the online encyclopaedia, with all activities supported by the Collaboration's WiR, Sydney Poore.

Engaging with Charities and Professional Bodies

We have continued to form links and relationships with charities and professional bodies and key NHS and communications organisations. These include patient and consumer charities such as the National Childbirth Trust, Marie Curie, Cancer 52 as well as membership organisations such as the Chartered Society of Physiotherapists and the Association of Medical Research Charities (AMRC). On a weekly basis we provide organisations with the titles and summaries of newly published and updated reviews and we are working with a number of these organisations to produce materials to support their aims. For example we are working with the AMRC on a graphic for their members to demonstrate the relationship and elements of individual high quality research trials, systematic reviews and practice guidelines.

NHS Organisations

At the Centre we have continued to engage with NHS organisations involved in commissioning and policy. This has proved to be a changing landscape and so this year, we commissioned a project from an independent Public Health Consultant to guide our plans. This identified key people within these NHS organisations and through a qualitative approach explored their perceptions of Cochrane, the UK Centre and the potential for closer links. We received a report in September, which has been useful in identifying the key stakeholders and in identifying knowledge gaps. This project has put us in contact with these organisations and we are working together on projects to reduce duplication of effort and improve the use of evidence where possible.

Critical Appraisal and Cochrane

Throughout 2013/14, our partners at the Critical Appraisal Skills Programme (CASP), have delivered a series of 10 workshops across the UK for health professionals and consumers, covering 'Critical Appraisal and Cochrane'. These workshops aim to equip participants

with the skills to read and identify good and bad research and to raise awareness of systematic reviews, Cochrane and the importance of evidence in supporting healthcare decision making. Preliminary feedback has been positive, with a formal end of project report to be received in December, which will help to inform future offerings.

Cochrane UK and Ireland Symposium

The Cochrane UK and Ireland Symposium will be held in Dublin on 23rd and 24th April 2015. This year's theme is 'Advocating for Evidence' and we are in the process of finalising the timetable and securing speakers for the meeting.

Collaboration Goal 4: Building an effective & sustainable organisation

UK Cochrane Centre Team

The team at the centre has seen some recent changes, Martin Burton, UKCC Director has been elected to the Cochrane Collaboration Steering Group as Co-ordinating Editor Representative. We are also pleased to support Holly Millward, our Communications and Engagement Officer, to take up a secondment with the Cochrane Collaboration, part time. Holly is working with the communications team at the Collaboration, to support the re-branding project. To fill the gap, we welcome Robbie Dawson to the team as Production Assistant, working on the S4BE, social media and communications work. The Centre also has a new Special Assistant, Benedict Tate, to provide general administration support and coordination activities. We are also in the process of recruiting a part time Information Assistant role, to support Anne Eisinga, our information Specialist and to improve continuity and responsiveness of the Information Service.

Student Intern

For the first time this year we had a Medical Student Intern working with us for a twelve-week period over the summer. This was very successful in supporting the Students 4BE community, establishing the Wikipedia project workflows and exploring partner organisations aims and objectives.

Cochrane Fellow Post

The Cochrane Fellow Post, which is supported by the Oxford Deanery is currently held by Roba Khundkar, a Plastic Surgery Trainee. Roba has been updating a Cochrane systematic review with the Wounds group, as well as producing materials to support our public engagement work and is establishing a network of trainees interested in Cochrane.

The Faculty

As well as an expansion of core staff at the centre, we have had additional support from a number of interested and enthusiastic contributors from primary care, public health and obstetrics and gynaecology. This has added to the pool of skills within our faculty and has widened the clinical experience and expertise as part of our 'Analysis of Review Groups Output' meeting, our weekly meeting to look at all new and updated reviews and develop a plan for dissemination. We have also increased the faculty members with some additional review author trainers joining from some of the UK-based review groups.

Towards 2015

The UK Cochrane Centre will transition into the new contract on 1st April 2015. We are in the process of preparing for any reporting changes and developing reporting standards for each area of service, to ensure we are equipped to meet the service specification. We are working with a design team, in conjunction with the Estates Department, to update the UKCC offices to make it more fit for purpose.

Governance and risk management

During the tendering process a number of risks were identified in relation to the skills held within a small team. The expansion of the core team and faculty provides a more robust team structure and mitigates some of the identified risks. Other risks were identified in relation to the building lease costs beyond 2015 and we are pleased to have agreed continuation of our lease without increased costs. We continue to monitor and update the risk register and will be reviewing the current business risks at the Oxford University Hospitals NHS Trust, internal governance meeting on 5th December 2014.