

Cochrane Review Group Specialized Register: request for exemptions

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Policy

Maintaining a Specialized Register is a requirement for all Cochrane Review Groups (CRGs), as outlined in the Collaboration [Agreement](#) between Cochrane and the individual CRGs. CRGs will not be granted full exemptions from maintaining Specialized Registers. However, the Editor in Chief, in consultation with the Cochrane Information Specialists' Executive, will consider a modification to the traditional model of maintaining a Specialized Register and may accept an alternative contribution to the collective effort of identifying randomized controlled trials (RCTs) where an exemption is requested.

As a minimum all CRGs are required to:

1. Submit records for all included studies and eligible excluded studies (i.e. that meet eligibility criteria), to the Cochrane Central Register of Controlled trials (CENTRAL);
2. Make some additional contribution to the collective effort to identify RCT reports (see appendix);
3. Re-consider these contributions at regular intervals.

Requests for a change to a CRG's practices in relation to register development and maintenance will be considered on a case-by-case basis, in accordance with the procedure below.

Procedure

1. The request should be submitted to the Editor in Chief/Information Specialist at the Cochrane Editorial & Methods Department (via emd@cochrane.org), and include the following information:
 - a. Reason for the request to change practice
 - b. Scope of the CRG
 - c. Information specialist full-time equivalent (FTE) available to the CRG
 - d. Volume of bespoke searches carried out by the CRG per year
 - e. Databases searched
 - f. Approximate time per review spent on the search development and conduct
 - g. Study designs included in reviews (RCTs, non-RCTs?)
 - h. Proportion of review searches carried out by the CRG Information Specialist vs. those carried out by the authors
 - i. Other tasks carried out by the Information Specialist(s)
2. The Cochrane Information Specialists' Executive will consider the request and provide a recommendation to the Editor in Chief.
3. With agreement from the Editor in Chief, the Cochrane Information Specialists' Executive will inform the CRG of the decision.

Appendix: Alternative contributions to Cochrane's study identification effort

In addition to the minimum requirements outlined above, a CRG must undertake some or all of the following activities, depending on circumstances and preferences:

1. Maintain a partial Register for some clearly defined topics within the CRG's scope, making use of all the available tools.
2. Use the Classifier in CRS Web to identify relevant records from searches performed for reviews and submit these to CENTRAL.
3. Use the Classifier in CRS Web to help with the identification of records coming through the Centralized Search Service that are eligible for the CRG register.
4. Use the Classifier to identify trials from scope searches* run in a database(s) not currently included in the Centralized Search Service.
5. Use the Classifier to identify trials from scope searches* run in PubMed for those records not indexed as RCT or CCT, and submit identified records to CENTRAL.
6. Submit records identified through other searching activities such as handsearching of conference proceedings, or searches of regulatory information sources.
7. Help identify relevant evidence for CENTRAL through Cochrane Crowd. The current agreement algorithm in place gives extra weight to the classifications made on records by Cochrane Information Specialists. Contributions made by this 'expert' crowd therefore bring increased overall efficiency to the system.

*Scope searches can cover the whole, or specific parts of the scope of a Cochrane Review Group.

About this policy

Date	Section	What's New
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11 Jun 2019	Full policy	Title change from "Policy & procedure for managing requests from Cochrane Groups for an exemption from maintaining a Specialised Register" to "Cochrane Review Group Specialized Register: request for exemptions". Contact details updated.
March 2018	Full policy	Prepared by the Cochrane Information Specialists' Executive & Cochrane Editorial and Methods Department