

Minutes
of the 2014 Annual General Meeting (AGM) of
The Cochrane Collaboration
Thursday 25th September 2014 – 3:30 p.m.

Present: Entity representatives, Steering Group (CCSG) members, centrally funded staff; other contributors to The Cochrane Collaboration, and observers. (See Appendix 1 for the list of those present, and apologies received from Cochrane members). CCSG members and senior central staff: Sally Bell-Syer (outgoing), Lisa Bero (Co-Chair), Martin Burton (incoming), Rachel Churchill, Karin Dearness (incoming), Jeremy Grimshaw (outgoing Co-Chair), Cindy Farquhar (incoming Co-Chair), Anne Lyddiatt, Steve McDonald, Joerg Meerpohl (incoming), Holger Schünemann, Elizabeth Stovold (incoming), Hugh Sutherland (Company Secretary) Denise Thomson, David Tovey (EiC), Mark Wilson (CEO) and Mingming Zhang. Cochrane members were represented by their group representative; a full list can be found in Appendix 1.

Apologies: Alvaro Atallah (incoming), Chris Eccleston (incoming), Marina Davoli (outgoing), Michelle Fiander (outgoing), Mona Nasser and Mary Ellen Schaafsma (outgoing). Apologies from Cochrane members can be found in Appendix A.

1. Welcome, apologies for absence and approval of Agenda

Lisa opened the meeting and welcomed everyone. The agenda was approved.

2. Approval of Minutes of 2013 AGM (Québec)

The approval of the minutes was proposed by Rachel Churchill and seconded by Steve McDonald; a vote was taken and the motion was carried.

3. The Cochrane Collaboration Trustees' Report and Financial Statements to 31 March 2014:

3.1 Co-Chairs' report

Lisa said it had been an exciting year for Cochrane with the focus on delivering the ambitious set of targets linked to *Strategy 2020's* four major goals. The Central Executive Team (CET) were responsible for leading the implementation of these activities but they required everybody in the Collaboration to deliver them. The focus of Cochrane must be fully on reaching the goals but we also had to be flexible in how we did that. She noted that the Steering Group (CSG) had met on 20th September to discuss the development and future of the CSG and the focus had been on clarifying its roles and accountabilities. The meeting had invigorated CSG members and she outlined their conclusions (see presentation). The role of the CSG is to shape the mission and strategic direction of Cochrane, to ensure it has appropriate leadership and adequate resources (financial and human, the latter Cochrane's most valuable asset) and to monitor and improve performance (including of the

CSG and Cochrane's wider governance). To move in this direction a dynamic board framework is needed and a strategic assessment of the internal and external environment would be carried out.

Jeremy Grimshaw, the outgoing Co-Chair, reflected on where we had come from. He said that Cochrane in the first 10 years was rather like a 'cottage industry' where there was less management experience and innovation in our product. Cochrane had moved on a long way from that in the second 10 years of its life, particularly in the last five years; and he was leaving his post excited by the ambitious goals set out in the *Strategy to 2020*. He reflected that in 2003, there was no CEO or Editor in Chief or a publishing partnership with Wiley but the introduction of these things had helped us to support the ongoing needs of Cochrane and the citizens of the world we serve. In 2003, the reviews were of variable quality, the CRGs followed non-standard processes, but now there was an appreciation for and support of CRGs which had led to quality improvement for our product, development of *The Cochrane Library* and constant innovation.

Jeremy reminded everyone that the 2009 *Strategic Review* had showed there was not enough corporate support for the organisation, and this led to a number of organisational changes. New CEO Mark Wilson had now built a strong central team which was doing a huge amount of work and he was confident that the organisation is only just starting to see the benefits of this expanded team. He ended with the reflection that in the last decade Cochrane has become more sustainable with more solid financial foundations and he was proud and grateful to have played a part in these achievements. Lisa, on behalf of all Cochrane collaborators, thanked Jeremy for his great energy and commitment to Cochrane and his service for the last four years as Co-Chair of the CSG.

3.2 Chief Executive Officer's report

In his presentation (see attached) Mark Wilson focused on the excellent progress made so far in meeting the Goals, Objectives and 2014-15 Targets of Cochrane's *Strategy to 2020*. Whilst a lot of work in 2014 was involved in planning and establishing the foundations for successful implementation of the four goals, 28 objectives and 21 targets (in 2014-15) of the *Strategy*, there was already significant progress and achievements in many areas. He encouraged all Cochrane collaborators to become more familiar with the goals and objectives; and new targets would be set and signed off by the Steering Group each year as Cochrane progressed. He showed the new 'Dashboard' developed to report progress against the Strategy and key organisational indicators that was available for the CSG and all collaborators to consult – along with all other Strategy to 2020 documentation at: www.cochrane.org/strategy2020.

Mark then described progress towards a number of the targets against each goal (see presentation). He showed collaborators the new Cochrane logo with its traditional blue and new secondary colour purple design; and unveiled the designs and seven other colours available for Cochrane groups to use for their own branding, along with the reformatting of group names where necessary. The new rebranded Cochrane website would be launched on 31st January 2015 with those of Cochrane groups to follow over the following two months. He stressed that the pace and extent of implementation would be constantly monitored and he wanted the Central Executive team to be responsive to members' ideas, suggestions and concerns.

In the last year Cochrane continued to grow in varied and important ways: we reached almost 35,000 contributors; four new Cochrane Branches and one new CRG satellite opened; *The Cochrane Library* achieved record sales in 2013 and 2014 sales were on target for further growth. Despite investments in the expansion of the Central Executive Cochrane delivered an operating surplus of £1.2million in 2013-14, and its reserves stood at a record high of £7.2million. These funds would be needed, however, in the coming years to make further investments in delivering *Strategy to 2020* and in supporting the organisation through its transition into an Open Access world. He concluded by saying that the last year had been a very good foundational year for the implementation of *Strategy 2020* and over the next 12 months people would be able to see the changes coming through more clearly. The *Strategy* had to be owned by everyone in Cochrane and achieving it would be a marathon, not a sprint.

Mark closed by thanking everyone for their efforts and support in a year where we can be truly proud of our achievements.

3.3 Editor in Chief's report

David Tovey began by highlighting some of the key metrics related to Cochrane's content production and The Cochrane Library (see presentation). He was not concerned that review production has decreased (by 18%) as reviews should be prioritised, relevant and are increasingly becoming more complex. The time taken from protocol to review publication had decreased from 2012-2014 in terms of median time (29 months to 24 months) although it is too early to say if this is a sustainable decrease. In the Cochrane Review quality-screening process the Central Executive had been running since September 2013, 10% of reviews had major problems, around the same percentage had no comments, and the majority had only minor comments. The quality project was greatly appreciated by Cochrane Review Groups and the Editorial Unit would be proposing further reforms to improve the future quality of Reviews.

In relation to use of Cochrane evidence, he explained that usage figures are becoming more difficult to interpret due to the impact of 'web crawlers' in different parts of the world, but that there had nevertheless been a sizeable increase in full text downloads and use of abstracts in 2013. The impact factor had increased over the last year, as well as a substantial rise in citations: in 2013 the Library had more citations than the BMJ. He also thanked Anne Eisenga for her work on the impact since 2011 of Cochrane reviews on guidelines, which was enormously useful.

David reported that over the last 12 months the ambitious targets to achieve open access had shown excellent progress, with 693 reviews and 385 protocols being published in 'green' open access and a further 15 reviews and 1 protocol in 'gold' open access. Improvements to The Cochrane Library in the last year included the development of the 'anywhere' review under the 'enhanced article' initiative and the introduction of 'Readcube'.

He also highlighted two noteworthy reviews: firstly the Tamiflu review, published in April 2014 which gained a lot of media attention and used a number of new methods (which focussed on clinical study reports); and secondly, a recent review by the Eyes and Vision Group assessing two drugs for age related macular degeneration. This was a rapid review written over 8-10 weeks using appropriate

methodology and reaching a rapid conclusion. This week he had learned of a major national Indian prescriber that had changed practice based on this review.

He concluded by saying that to achieve our goals, we need to keep prioritising, engage with communities who use Cochrane reviews, maintain our focus on quality improvements, keep GRADE at the centre of the review (not an add-on), and think about dissemination and knowledge transfer from the outset of conducting a review. He thanked Cochrane Review Groups and his CEU team for their efforts and achievements in the last 12 months.

3.4 Financial report

Jeremy presented the financial report on behalf of Mary Ellen Schaafsma, the outgoing Treasurer who was not able to be in Hyderabad, but who had checked the data in consultation with Cochrane’s new Head of Finance & Core Services, Hugh Sutherland, before leaving. Jeremy reported that income had increased by 13% and resource spend by 29%. The operating surplus for the year was £1.2 million and, as Mark had reported, Cochrane’s current strategic reserves stood at £7.2 million. The CSG-agreed vision for the coming years is that we would spend the income received in any given year; and draw down on the strategic reserves to leave approximately £3 million for emergency needs. The CSG had been agreed to spend £2.5 million on the new ‘Game Changer’ strategic Initiative and other strategic investments to deliver *Strategy to 2020* would follow.

Jeremy reminded collaborators that after 2014 Cochrane’s finances will move to a January-December calendar year; so this financial year the accounts will be closed after 9 months (1st April 2014 – 31st December 2014). He concluded by thanking the Central Executive’s Finance and Core Services Team under Hugh Sutherland, mentioning Abdullah Umar (Finance Officer) and Rachael Wallwork (HR Manager) whose work is not particularly visible but is key to the smooth running of the organisation.

Approval of the accounts was proposed by Sally Bell-Syer, seconded by Anne Lyddiatt; a vote was taken and the motion was carried.

4. Steering Group membership changes as elected by their constituencies

Outgoing	Constituency	Incoming
Jeremy Grimshaw	Co-Chair of the CCSG	Cindy Farquhar
Steve McDonald*	Centre Director	Alvaro Atallah
Marina Davoli	Co-ordinating Editors	Martin Burton
Rachel Churchill*	Co-ordinating Editors	Chris Eccleston
Sally Bell-Syer	Managing Editors	Karin Dearness
Michelle Fiander	Trials Search Co-ordinators	Elizabeth Stovold
Mary Ellen Schaafsma**	Centre Staff	To be agreed

* It is proposed that Rachel Churchill and Steve McDonald be co-opted to the Steering Group for one further year to October 2015 to provide handover and continuity.

** Voting for the Centre Staff position will end on 25 September, before the AGM.

Lisa outlined and thanked all the outgoing members. She introduced Cindy Farquhar and explained the CSG supported her appointment unanimously. The motion to approve selection of Cindy to the Steering Group (where she would take up the role of Co-Chair) was proposed by Jeremy Grimshaw and seconded by Sally Bell-Syer. A vote was taken and the motion was carried.

Lisa introduced all the other incoming members of the CCSG (see table above). The motion to approve their election to the CSG was proposed by Denise Thomson and seconded by Mingming Zhang. A vote was taken and the motion was carried.

Lisa also explained that because of the unexpected high turnover in CSG members the Steering Group was proposing that two outgoing members (Rachel Churchill for the Co-Eds and Steve MacDonald for the Centres and Branches) be co-opted as non-voting members of the CSG for up to 12 months. The motion was proposed by Holger Schünemann and seconded by Anne Lyddiatt. A vote was taken and the motion was carried.

Lisa thanked Lorne Becker for his work as both a member and (in the past) as Chair of the Collaboration Trading Company and it was noted that Ian Shrier had been appointed to replace Lorne.

Lisa introduced Charlotte Pestrige as the new CEO of Cochrane Innovations.

Lisa also introduced Cochrane's Senior Management Team, with a particular welcome to Julie Wood who was in her third week as Head of Communications & External Affairs.

5. Re-appointment of auditors

Cochrane intended to run a competitive tender in the next 12 months to re-select its auditors. However, in the meantime the AGM was still asked to approve the appointment of Mazars as Cochrane's auditors for the current financial year. The appointment was proposed by Denise Thomson, and seconded by Mingming Zhang. A vote was taken and the motion was carried.

6. Open discussion

Paul Garner said there had been fantastic progress and he supported *Strategy to 2020* and Cochrane's management. At the Co-ordinating Editors Board meetings it was noted that abstract screening shows 10% of reviews were withdrawn from publication. He strongly recommended screening be continued and asked if the CSG is concerned in relation to this and the implications for the governance, structure and function review of CRGs. Jeremy said that this is clearly a risk for Cochrane but he was reassured by discussions with David and others that this could be improved. Specifically in terms of governance, Jeremy and Lisa highlighted the governance review that would recommend changes both to the CSG and governance of other Cochrane groups. They both envisaged that the learning in the last year would inform these discussions. David added that the CEU now has the information to identify systemic problems and where there are repeat difficulties, the CEU will act accordingly.

Emma Sydenham said the Injuries Group would support reducing the time to publication to less than 18 months and wanted to know if it was possible for Cochrane to allocate staff time to this or if there were funds that CRGs could apply for to undertake rapid reviews that would meet the MECIR standards. David said he was sympathetic to the backlog for CRGs (which makes time to publication difficult to reduce) but in time the central team would be able to help CRGs identify external funds that they could apply for. The new Cochrane Author Support Tool (CAST) would also help in the future. Almost all CRGs have bottlenecks and are dealing with submissions not reaching the standards. Lisa said that the CSG was concerned that sustainable support mechanisms should be developed but that currently there were no central funds available.

Jane Noyes was interested in hearing more about the role of the Special Advisor to the CEO. Mark said that Chris Champion was covering maternity leave for Lucie Binder and the job entailed a huge range of tasks, but principally working with Wiley on the Publication Management Group, leading on planning and overseeing CEO office projects which Mark did not have time to commit to fully. He said he would happily discuss Chris's job description with anyone but that the role provides incredibly valuable support that allows Mark to make the maximum use of his time.

Mike Clarke noted Cochrane's healthy financial reserves and he urged the organisation to support its infrastructure (its groups) as it is unlikely that what is projected to be spent actually will be. He also noted that the two reviews that David mentioned in his presentation were externally funded, so not typical Cochrane Reviews.

Kameshwar Prasad said that Cochrane had great methodology (including GRADE) but that its application through CRGs was difficult as the group editorial teams can't meet face to face. He encouraged Cochrane to think about funding groups to allow face-to-face editorial meetings. Lisa said the CSG would consider how to spend funds to support CRGs better.

Jane Burch asked if there were plans to include cost effectiveness analyses in Cochrane Reviews to make them more relevant to policy makers and guidelines. David said these are new methods and review types and the uptake had not been as wide as expected. He was not sure how these could be promoted further. He also said that a framework had to be developed for new methods and consideration had to be given to how they should be developed to ensure they meet the needs of users. This is an area that Methods Groups are currently working on.

Taryn Young brought up the issue of authors working with CRGs being frustrated at the turnaround time for the reviewing process. Because of this Cochrane is losing potentially good authors who then go on to do a non-Cochrane systematic review. David said he completely agreed with the point, he was supportive of the goal and ready to do what was necessary to correct it; but that this is not a new problem and it relates to challenges within the system rather than at an individual level.

7. Any other business.

There was no other business and Lisa closed the Annual General Meeting.

8. Presentation of Cochrane awards and prizes

8.1 Chris Silagy Prize 2014: Sally Bell-Syer and Nancy Owens had been the joint recipients of the 2013 prize. Sally and Nancy presented the 2014 Prize to Denise Thomson for having made “an extraordinary contribution to the work of the Collaboration” exceeding the expectations of their employment, which would not be recognised outside the scope of this Prize’. Denise had been identified by her peers as consistently contributing to a spirit of collaboration.

8.2 Bill Silverman Prize 2014: Jeremy Grimshaw presented the prize, on behalf of Mona Nasser, the Co-Chair of the Bill Silverman Prize Committee, to Yemisi Takwoingi who accepted the prize on behalf of herself and her co-authors Sally Hopewell, David Tovey and Alex Sutton, for their publication, ‘A multicomponent decision tool for prioritising the updating of systematic reviews’ (BMJ 2013; doi: 10.1136/bmj.f7191 (Published 13 December 2013)).

8.3 Kenneth Warren Prize 2014: Jeremy Grimshaw presented the prize on behalf of Prince Christopher, Chair of the 2014 selection panel, to Babalwa Zani, author with the Cochrane Infectious Diseases Group, for the Cochrane Review, ‘Dihydroartemisinin-piperaquine for treating uncomplicated Plasmodium falciparum malaria’, co-authored with M Gathu, S Donegan, P Olliaro, and D Sinclair, published on The Cochrane Database of Systematic Reviews 2014, January 20;1:CD010927.

8.4 Anne Anderson Award 2014: Karla Soares-Weiser presented the award to Liz Waters, Co-ordinating Editor of the Public Health Group, ‘who has contributed meaningfully to the promotion of women as leaders and contributors to the organisation’. Liz had been identified by peers as contributing to or enhancing women’s visibility within the Collaboration, participating in The Cochrane Collaboration, leadership in other fields, and other accomplishments within the context of The Cochrane Collaboration. Liz gifted her prize to be shared between Melissa Glenda Lewis from Public Health Evidence South Asia and Professor Subhadra Menon from Public Health Foundation of India.

8.5 The Aubrey Sheiham Leadership Award for Evidence-Based Health Care in Africa 2014: Tamara Kredo presented the award to Lawrence Mbuagbaw. Lawrence is a committed Cochrane researcher who has shown insight into the health priorities facing lower- and middle- income countries. He has demonstrated his experience and skills in conducting Cochrane Reviews and has a track record of mentoring emerging researchers.

Appendix 1: Voting members

Review Groups

Acute Respiratory Infections	Liz Dooley
Airways	Rebecca Normansell
Anaesthesia	Marialena Trivella
Back	Claire Munhall
Breast Cancer	Cecilia Fabrizio
Colorectal Cancer	Henning Andersen
Consumers and Communication	John Kis-Rigo
Dementia and Cognitive Improvement	Sue Marcus
Depression, Anxiety and Neurosis	Jessica Sharp
Developmental, Psychosocial and Learning Problems	Geraldine Macdonald
Drugs and Alcohol	Laura Amato
Ear, Nose and Throat	Samantha Faulkner
Effective Practice and Organisation of Care	Julia Worswick
Epilepsy	Rachael Kelly
Eyes and Vision	Richard Wormald
Gynaecological Cancer	Andrew Bryant
Haematological Malignancies	Nicole Skoetz
Heart	Diane Horsley
Hepato-Biliary	Dimitrinka Nikolova
Hypertension	James Wright
Incontinence	Sheila Wallace
Infectious Diseases	Anne-Marie Stephani
Injuries	Emma Sydenham
Lung Cancer	Virginie Westeel
Menstrual Disorders and Subfertility	Helen Nagels
Metabolic and Endocrine Disorders	Bernd Richter
Methodology	Philippa Middleton
Musculoskeletal	Jordi Pardo
Occupational Safety and Health	Jani Ruotsalainen
Oral Health	Philip Riley
Pain, Palliative and Supportive Care	Anna Hobson
Pregnancy and Childbirth	Frances Kellie
Public Health	Liz Waters
Renal	Ann Jones
Schizophrenia	Clive Adams
Sexually Transmitted Infections	Maria Ximena Rojas
Skin	Finola Delamere
Stroke	Kameshwar Prasad
Upper Gastrointestinal and Pancreatic Diseases	Marilyn Walsh
Wounds	Nicky Cullum

Centres

Australasian	Sally Green
Canadian	Eileen Vilis
Chinese	Peng Ly Jai
Dutch	Rob Scholten
French	Isabelle Boutron
German	Gerd Antes
Iberoamerican	Gerard Urrutia
Italian	Roberto D'Amico
Nordic	Karsten Juhl Jørgensen
South African	Tamara Kredó
South Asian	Prathap Tharyan
UK	Therese Docherty
US	Kay Dickersin

Methods Groups

Applicability and Recommendations	Nancy Santesso
Bias	Asbjørn Hrobjartsson
Campbell and Cochrane Economics	Ian Shemilt
Campbell and Cochrane Equity	Vivian Welch
Comparing Multiple Interventions	Lorne Becker
Individual Participant Data Meta-Analysis	Mike Clarke
Information Retrieval	Carol Lefebvre
Non-Randomised Studies	Barney Reeves
Prospective Meta-Analysis	Lisa Askie
Qualitative and Implementation	Karin Hannes
Screening and Diagnostic Tests	Yemisi Takwoingi
Statistical	Joseph Beyene

Fields

Child Health	Lisa Hartling
Consumer Network	Nancy Fitton
Neurological	Teresa Cantisini
Nursing Care	Craig Lockwood
Pre-Hospital and Emergency Care	Patricia Jabre

Apologies

Review Groups

Bone, Joint and Muscle Trauma
Childhood Cancer

Cystic Fibrosis and Genetic Disorders
Fertility Regulation
HIV/AIDS
Inflammatory Bowel Disease and Functional Bowel Disorders
Movement Disorders
Multiple Sclerosis and Rare Diseases of the Central Nervous System
Neonatal
Neuromuscular Disease
Peripheral Vascular Diseases
Prostatic Diseases and Urologic Cancers
Tobacco Addition

Centres

Brazilian

Methods Groups

Agenda and Priority Setting
Patient Reported Outcomes
Prognosis

Fields

Complementary Medicine Field
Health Care of Older People
Justice Health
Primary Health Care
Rehabilitation and Related Therapies
Vaccines