

Meeting of the Centre & Branch Directors' Board

Minutes

Messe Wien Exhibition & Congress Center
Saturday 3rd October, 2015, 09:00-15:30

CHAIRS:

Alvaro Atallah, Steering Group representative
Joerg Meerpohl, Steering Group representative
Mark Wilson, Chief Executive Officer

MINUTES:

Minutes: Lorna McAlley, Executive Personal Assistant to the CEO,
Central Executive Team



ATTENDING:

- | | |
|---|--|
| 1. Alexis Turgeon (Cochrane Canada Francophone) | 23. Lotty Hooft (Cochrane Netherlands) |
| 2. Alvaro Atallah (Cochrane Brazil) | 24. Maria Regina Torloni (Cochrane Brazil) |
| 3. Bernard Burnand (Cochrane Switzerland) | 25. Mark Helfand (Cochrane US) |
| 4. Bobbi Scherer (Cochrane US) | 26. Mark Jeffrey (Cochrane New Zealand) |
| 5. Chieh-feng Cliff Chen (Cochrane Taiwan) | 27. Mark Wilson (CEO) |
| 6. Chris Champion - from item 5
(Senior Programme Manager) | 28. Norio Watanabe (Cochrane Japan) |
| 7. Claire Glenton (Cochrane Norway) | 29. Philippe Ravaud (Cochrane France) |
| 8. Emmanuel Simons (Cochrane Belgium) | 30. Porjai Pattanittum (Thai Cochrane Network) |
| 9. Erik von Elm (Cochrane Switzerland) | 31. Ricardo Fernandes (Cochrane Portugal) |
| 10. Gabriel Rada (Cochrane Chile) | 32. Richard Kirubakaran (Cochrane South Asia) |
| 11. Gerald Gartlehner (Cochrane Austria) | 33. Rob Scholten (Cochrane Netherlands) |
| 12. Gerard Urrútia (Cochrane Iberoamerica) | 34. Roberto D'Amico (Cochrane Italy) |
| 13. Giordano Pérez-Gaxiola (Cochrane Mexico) | 35. Sally Green (Cochrane Australia) |
| 14. Hyeong Sik Ahn (Cochrane Korea) | 36. Steve McDonald (Cochrane Australia) |
| 15. Irena Zakarija-Grkovic (Cochrane Croatia) | 37. Tamara Kreda (Cochrane South Africa) |
| 16. Jan Bosteels (Cochrane Belgium) | 38. Tamás Decsi (Cochrane Hungary) |
| 17. Jacqueline Ho (Cochrane Malaysia) | 39. Therese Docherty (Cochrane UK) |
| 18. Jeremy Grimshaw (Cochrane Canada) | 40. Tianjing Li (Cochrane US) |
| 19. Joerg Meerpohl (Cochrane Germany) | 41. Tina Poklepovic Pericic (Cochrane Croatia) |
| 20. Karsten Jørgensen (Nordic Cochrane Centre) | 42. Vanessa Jordan (Cochrane New Zealand) |
| 21. Ken Kuo (Cochrane Taiwan) | 43. Xavier Bonfill (Cochrane Iberoamerica) |
| 22. Liliya Ziganshina (Cochrane Russia) | 44. Xin Sun (Cochrane China) |

STRUCTURE OF THESE MINUTES:

These minutes provide a detailed record of the items discussed at the meeting, which were as follows:

1. Welcome, apologies, approval of the agenda
2. Issues arising from previous minutes, not on the agenda
3. Report from Steering Group (CSG) representatives: Alvaro and Joerg
4. Report from Centre Directors' Executive
5. Revised criteria and process for stipends
6. Report from Chief Executive Officer, Mark Wilson
7. *Strategy to 2020* draft 2016 Targets
8. Review of the structure and functions of Centres
9. Cochrane-Wiley Management Team report
10. Cochrane Events and Colloquium review
11. Cochrane Membership scheme
12. Items to feed back to the Steering Group
13. Next meetings
14. Any other business

Three decisions were taken in relation to *Item 8: Review of the structure and function of Centres*, which were as follows:

- DECISION I: The Centre and Branch Directors (CBDs) agreed that there should be three different types of Centre 'groups': Affiliate, Associate, and Centre.

- DECISION II: There was consensus amongst the CBDs that Centres (not Branches) must perform some sort of research.
- DECISION III: The CBDs agreed that handsearching should be kept as a desirable function of Centres.

All of these decisions were incorporated in the updated paper on the *Review of the structure and function of Centres*, which has been circulated to the Centres and Branches email list. In addition, this paper is made available as an attachment to the CBDs' Board agenda for the 2016 mid-year meeting, in London.

Five action items were recorded and will be reported on at the 2016 mid-year meeting in London, and were as follows:

- ACTION I: Mark W to confirm estimated timelines for the reassessment of the translations strategy within the coming two weeks.
- ACTION II: Joerg suggested that the CBDs might contribute to a strategy on time limits around review production as part of the Cochrane Editorial Unit's quality agenda.
- ACTION III: Mark W to provide feedback on the work of the equity taskforce at the 2016 mid-year meeting, in London.
- ACTION IV: Mark W and Chris to collapse Tiers Two and Three into one tier (Structure and Function review).
- ACTION V: Mark W and Chris to work to make point 12 clearer or possibly even take out the advocacy element (Structure and Function review).

MINUTES:

1. Welcome, apologies, approval of the agenda

Mark welcomed everyone to the meeting. Apologies had been received from Peter Gøtzsche (Nordic CC); Karsten Juhl Jørgensen would be attending in his place. António Vaz-Carneiro and João Costa (Cochrane Portugal) would be represented by Ricardo Fernandes. The agenda was approved.

2. Issues arising from previous minutes, not on the agenda

The minutes of the CBDs' Board meeting held in Athens in May 2015 had been approved by the CD's Executive.

Matters arising from the Athens minutes:

At the 2015 mid-year meeting in Athens, Jimmy Volmink had requested regular updates on delays for review production. David Tovey has included this information in his section of the Central Executive Team (CET) report.

An additional update on Cochrane's feedback system was not added to this agenda as there had not been sufficient development in this area to report back.

In Athens the first results from the Technopolis external stakeholder survey were discussed at the CBDs meeting and it was requested that the individual survey data was shared. The final Technopolis report has now been shared. CBDs should contact Chris Champion if they require any further information.

3. Report from Steering Group (CSG) representatives: Alvaro and Joerg

Joerg explained that the CSG had held a Board Development Day on Thursday 1st October, which had focused on finance and how the CSG should make strategic financial decisions.

He reported on the CSG meeting on Friday 2nd October 2015:

Investment policy:

The CSG approved the appointment of investment firm CCLA to manage Cochrane's reserves in an ethical investment fund. In response to a question from Sally, Mark clarified that CCLA does permit investment through the

fund in pharmaceuticals and other healthcare companies. The CSG concluded that investment of this kind is similar to mutual funds that are often used for retirement investments – the decisions about investment are not controlled by the individual, but by the investing company. Funds that invest in pharmaceutical companies are almost impossible to avoid, and this does not reflect an endorsement of investment in the pharmaceutical industry. This is consistent with Cochrane's conflict of interest policy. In response to a question from Bernard, Mark explained the fund would consist of £2-3 million invested in a range of funds and tools, such as government and corporate bonds, with a very conservative level of risk.

Open Access:

The CSG confirmed Cochrane's commitment to our goal of all Cochrane Reviews becoming Open Access by 2020. CSG decided that from early 2016:

- I. All Cochrane new Protocols will be available Open Access via the Cochrane Library;
- II. All Cochrane Reviews will be automatically deposited in PubMed Central 12 months after publication;
- III. Cochrane will explore the provision of a limited number of vouchers for discounted 'Gold' Open Access to major Group funders; which means that funders can get immediate Open Access for a selected number of reviews at a discounted rate.

Future publishing arrangements:

This would be discussed later in this meeting.

Update on the Canadian fundraising situation:

Jeremy spoke to this item, explaining that for past 10 years Cochrane Canada had been funded by grants from the CIHR. This funding had been supporting the Centre, 6 CRGs, 1 Field and 2 Methods Groups. Jeremy had been pursuing three avenues for new funding: 1) Private funders; 2) SPOR funding through CIHR, that will provide matched funds; and 3) looking for funding for the individual groups in Canada. However, despite this it was unclear if there is going to be funding beyond March 2016 for Cochrane in Canada.

Jeremy reported that EPOC has relocated and is no longer part of Cochrane Canada, (but this relocation was not to do with funding but because the new Co-ordinating Editor is located elsewhere) and that the Bias Methods Group has moved to Denmark.

Jeremy clarified that there is funding for the affected Canadian CRGs until March 2016. He explained that the CSG had considered and approved a paper titled *Issues and Criteria for the Steering Group to Consider when Reviewing Applications for Strategic Development Support*. Jeremy welcomed the approach with the understanding that such funding should only be sought if there is a strategy in place for further funding (beyond the bridge funding).

Jeremy reported on recent development in terms of discussion around transitioning Cochrane Canada to McMaster University.

4. Report from Centre Directors' Executive

Steve spoke to the CDs Exec's activities over the preceding six months. The majority of the work had focused on Structure & Function review of Centres and Branches. Steve acknowledged the two new branches – Cochrane Russia and Cochrane Taiwan.

Steve explained the CDs Exec members were Joerg, Alvaro, Mark W, Tamara, Lotty and Gerard. Tamara was due to step down after March. Steve would also be stepping down after six years on the Exec. There would be a call for nominations following on from this meeting. There would be a period of several months in which the Exec would be an expanded group with both existing and new members up until the 2016 Mid-year meeting, in London.

Jeremy thanked Steve and Tamara for their work on the Exec.

5. Revised criteria and process for stipends

Joerg explained that stipends had been available to support maximum attendance of CBDs at business meetings.

Tamara spoke briefly to the paper. She noted that the CDs Exec receives a £10,000 budget annually, initially to support CDs Exec attendance at Mid-year meetings. She welcomed any questions on the paper.

Erik suggested the CBDs could consider giving priority to new Centres or Branches or aspiring ones. Tamara responded that the document is not definite and is open to suggestions.

6. Report from Chief Executive Officer, Mark Wilson

Question and Answer session based on:

2015 Targets for *Strategy to 2020* progress update (Paper)

Mark W noted there are 28 Objectives, spanning four Goals, to achieve *Strategy to 2020*. He emphasised that the annual targets are not CET targets but organization-wide shared targets. The SMT assesses progress against the targets on a quarterly basis.

Mark W reported that the 2015 targets were largely on track for completion but highlighted some areas which were not expected to be delivered within their anticipated deadlines:

He explained that the soft launch of Cochrane's **Membership Scheme** was envisaged for the Vienna Colloquium, but this would not happen as we need the required IT system in place to support the scheme and have mechanisms in place to support members. Project Transform's Task Exchange would be a critical part of this.

Structure and Function: Mark explained the design work would be finalized by the end of 2015, with implementation in 2016.

Mark W noted two targets that were of particular concern:

Updating Classification framework (Status = Amber): The intention had been to work with all CRGS to classify their update potential/needs. However, Wiley cannot deliver on this project as planned, due to the limitations of their current platform.

Non English language content (Status = Red): The launch of Cochrane.org and the Cochrane Library in five languages had been planned to be delivered by the end of 2015. This target will be met for Cochrane.org, but not for the Cochrane Library. Mark W noted that, since the brand relaunch in January, usage figures had increased by 17%, which is extremely positive. However, it has been necessary to abandon plans to launch the Cochrane Library in five languages as Wiley's platform cannot deliver this. (The platform doesn't allow a user to enter a search term in their language and return the results in their language and English.)

Mark W also noted the challenges around French translation.

He gave a brief overview of usage and sales, noting that we are continuing to see growth in both areas, and year on year figures for the first six months have been very high. The £1.6 million approved by the CSG to be a deficit budget in 2015 won't be realised as expenditure hasn't happened as quickly as anticipated.

Mark W welcomed any questions:

- Regina questioned the translation problems faced with Wiley and asked if Wiley had given a deadline to accomplish this.

Mark W gave some background regarding priorities Cochrane had specified to Wiley. In late 2014 Wiley were very behind on 39 of the Roadmap 'cards' (projects). Cochrane produced a priority list, which grouped together priorities in areas 1 – 5. We said Wiley must deliver on priorities in areas 1-2. Wiley responded they could only deliver priorities in area 1. Then, in June 2015, Wiley said they couldn't deliver on all the priorities in area 1, and asked Cochrane to choose two to focus on. We requested Updating

Classifications and the Translations. However, in September Wiley reported that they couldn't deliver on Updating Classifications this year, and couldn't do the translations work on their current platform at all.

At the 2015 mid-year meeting in Athens, the CSG agreed that Mark W and David Tovey could signal to Wiley that they must improve in these weak areas or we would consider enacting the break clause in our contract with them. Wiley responded by immediately running an RFP for a new platform provider (which Wiley will pay for). A shortlist of prospective vendors has been agreed and final interviews would be held in October. The platform is expected to be in place by 2017.

- Xavier Bonfill expressed his frustration with the issues around the translations work, stating that it was not just a delay but a complete failure and that Wiley haven't been very committed to the project. He asked if there is there any requirement for Wiley to provide Cochrane with financial compensation for this failure.

Mark W agreed and said he shared the frustration - but also some of the responsibility. Cochrane as an organization and client have been much more committed to multilingual translations than Wiley, as there is no economic incentive for Wiley in this work. Mark had believed that Wiley would be committed to delivering something that Cochrane, as their client, had identified as a high priority. In terms of compensation, the CSG had decided in their meeting yesterday that if the results of Wiley's RFP were accepted by Cochrane then we would not pursue Wiley for compensation, but Wiley representatives are aware this is their last chance as if the new platform is unsuccessful the likelihood of a subsequent contract after 2018 is extremely slim.

- Sally noted the timing of the platform vendor selection in October and the need for a decision on whether to enact the break clause by December is very tight. Mark W agreed it is difficult and the CSG has been spending much time over the previous 2 days considering the long term implications of Open Access, and the future publishing arrangements - and there are contingencies that are being explored and are in place.

Mark W is confident that it will be possible to make a decision by end of the year, provided the platform provider is transformational and future-proof. If we are not satisfied with the chosen platform provider we have contingencies to move forward.

- In response to a question from Erik, Mark W explained that the option for Cochrane to self-build is being considered and has been costed. Wiley know that this is an option Cochrane are considering. Wiley is also aware that even if the RFP is successful, Cochrane still has the option of looking to self-build at the end of the contract.
- Philippe suggested we improve the Cochrane.org website, as we don't have the scientific titles translated at present. He noted that this is the full responsibility of Cochrane and nothing to do with Wiley.

Mark W agreed and said we are fully committed to making Cochrane.org as multilingual as possible. This would be discussed further in the next meeting of the Translations Working Group. Philippe, Juliane Ried (Translations Co-ordinator), Julie Wood (Head of CEAD) and Mark W are working on ways to resolve the issues faced. Mark W requested that the CBDs directed any issues with translated Cochrane content to Juliane. Meetings have been scheduled to assess the strategic translations effort over the last 2 years.

- Joerg asked for estimated timing for when the reassessment of the translations strategy would be in place. It was agreed that an estimate would be available within the coming two weeks.

I. ACTION: Mark W to confirm estimated timelines for the reassessment of the translations strategy within the coming two weeks.

- Lotty asked for clarification – as Wiley would be paying for the platform, would there be a situation where Wiley hires Cochrane? Mark W said if all goes as planned Wiley will assume all the costs and that Wiley are aware that if the new platform doesn't deliver we will look for other publishing solutions. Lotty added that there are other publishers who do not need to subcontract. However, Mark W noted that other big

publishers have very similar problems in terms of not being responsive or agile. There isn't an existing publisher whose platform and capabilities vary much from what Wiley can offer.

Central Executive Report for Quarters 2 and 3, 2015:

There were no further questions on the Central Executive Report for Q2/3 2015.

7. Strategy to 2020 draft 2016 Targets

Mark W spoke to the draft 2016 targets, which would be discussed by the CSG at their meeting on 8th October 2015. He requested feedback on the sense that the targets belonged to the CET. The process for developing the 2016 targets had attempted to engage the entire Cochrane community and to allow time for consultation and feedback to contribute to the Plan & Budget for 2016.

Mark W acknowledged a huge amount of change is going on within the organization. Both the CET and CSG were in agreement that the target setting process must not be used just to create more and more work. Mark hopes the draft targets being discussed today 1) are impact focused; 2) clearly demonstrate the difference we are looking to make in the next 12 months; 3) build on the work we are currently doing; 4) remain focused on our key priorities; and 5) show a clear progression of the objectives underpinning *Strategy to 2020*.

Mark W spoke to the targets under each of the Goals:

Goal One: Producing Evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making:

Mark W explained that the targets are a continuation of elements already worked on in the previous 18 months. The CEU team would be implementing the new strategy on quality assurance and quality improvement, and driving the analysis of how we make the editorial process more efficient and effective. We are investing in technology to try and improve the dysfunctional elements in the review process. Target 1.5 is around the delivery of key tools that will help to make the Cochrane Review process more efficient. We are also, belatedly, suggesting that we will deliver the updating classification strategy in 2016.

Irena suggested that efforts for the wider organization to work together towards target setting would be aided by new monitoring forms that would be in line with new goals. Mark W agreed but explained that any major changes to the monitoring process would be on hold until the Structure & Function reviews were completed, so that any changes could be reflected in the monitoring process. Mark explained there would be no further monitoring requests issued until the new Structure & Function design framework is in place. Monitoring for 2015 might be very rudimentary.

Mark W noted that during the CSG's development day focusing on financial situation it was realized that we know much about royalties but much less about the group funding. The financial information we receive from monitoring is partial and not every group returns their forms. It is important to ensure this information is made available and is useful and that we analyse and glean as much from it as possible.

Joerg reinforced Mark's comment and urged everyone to respond to these requests, noting it is very difficult to hold strategic discussions around spending across the organization without full information across the organization in terms of the financial issues.

Jeremy suggested it would be beneficial to have a target explicitly around ensuring the accessibility of translations and that it would benefit the CBDs if Mark reported back on this matter on a regular basis.

Karsten commented on quality issues and stated that one of the challenges faced is that many reviews are not being updated and protocols are not being turned into regular reviews. He gave the example of wanting to take over a review that had not been updated for nine years, and also to include the topic of a protocol that had not been turned into review 8 years after the protocol had been published. Currently, once you've been assigned a review, you have rights to that review that cannot be taken away. Karsten proposed imposing a time limit, so that if

you haven't moved forward on your protocol in 5 years, for example, you lose the right to that review. This would be a tool for the editors to force authors to move things forward.

- II. ACTION: Joerg suggested that the CBDs might contribute to a strategy on time limits around review production as part of the Cochrane Editorial Unit's quality agenda.**

Goal Two: Making our Evidence Accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world:

Mark W explained that the Goal 2 targets propose a step change in terms of Cochrane's need for an overall Knowledge Translation (KT) strategy. In response to questions from Sally, Mark elaborated that we are in the early planning stages and that the process is extremely open at present. An output of the Fields' Structure & Function review was the recognition that KT might be done more effectively by Centres, rather than Fields. We are aware that the huge amount of evidence of what does work in terms of KT will need to be integrated into this process. It is not yet known who will lead on the KT strategy, it won't necessarily be centrally led, and how best to drive the process forward is entirely open for discussion.

Tianjing asked a question regarding target 2.1 (*'to make the data behind our reviews available to more users and make them more useful and valuable'*). She asked whether there were prospects for the PICO finder to bring revenue to Cochrane. She also asked whether, if there is revenue to be made, copyright for the data and who owns the data had been thought about.

Mark W responded that the PICO finder is being considered as part of what we are terming the Linked Data toolkit. This toolkit is being built for two purposes: 1) to make the process for authors producing Cochrane Reviews easier, more efficient and effective; and 2) as investments with a view to create revenue. Charlotte Pestrige (CEO, Cochrane Innovations) is working with the Linked Data team on these projects, many of which are overlapping. External funding for this dual purpose is already being sought. Mark W also acknowledged that there would be difficult issues around commercialisation linked to Intellectual Property (IP) and copyright and these would be worked through. He welcomed input from any CBDs who are interested, or have expertise in this area.

Alvaro suggested Cochrane should give academic recognition to the people who provide translations. He also commented that newcomers sometimes spend two-three years on review and then find the review is withdrawn. He suggested we have a third party to look at the fairness of this decision.

Mark W explained that he and David had formed an 'equity taskforce' to deal with perceived inequity issues around review production across the organization. The task force involves representatives from Centres, CRGs and LMICs. The task force intends to produce some recommendations for the CSG's consideration at the 2016 mid-year meeting, in London. These recommendations may include things that can be done quickly, as well as longstanding changes to the review production process. Mark encouraged CBDs to contact anyone on the task force if they would like to provide input.

Joerg requested that Mark W follows up with feedback at the 2016 Mid-year meeting, in London.

- III. ACTION: Mark W to provide feedback on the work of the equity taskforce at the 2016 mid-year meeting, in London.**

Erik spoke to target 2.3 (*'non-English language access to Cochrane content'*), noting that some translators can't understand the original PLS in English, so any improvement to the original text would improve the overall translations work. Mark W responded that we haven't scoped this up so can't answer that. If our PLS are incomprehensible this is unacceptable. We recognize this challenge and need to scope this work out. David Tovey is working with Claire Glenton on this. Claire added that work is currently progressing on a proposal for a project to look at not just improving content but the whole editorial process, who is writing them, how are they written, who is controlling them and not least how they are being made in a way that is consistent with the rest of the review – and trying to be as evidence based as possible when developing them.

Goal Three: Advocating for Evidence

To make Cochrane the ‘home of evidence’ to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care:

Mark W: The global partnerships already in place are important ones and we want to drive these partnerships forward. Our WHO workplan is hopefully about to be signed off for 2016-18. The full partnership strategy for Cochrane is to be drafted before the end of 2015, for the CSG to consider by the end of the year. We have been struggling in relation to impact stories and metrics and we're aware how important it is to prove and show the difference Cochrane is making in the world. We're aware how much this impacts Cochrane's future in terms of sustainability, our funders, and to our users. We want to make this much more central in our work.

Goal Four: Building an Effective & Sustainable Organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources:

Mark W: The Membership Scheme will be launched in 2016. The implementation of Structure & Function review recommendations will be an enormous task. We are moving into a more rapid delivery focus of our Training & Support programme. Training and accreditation for Cochrane editors was identified as the highest priority in the development of the training strategy and so this has been the priority for delivery next year. The new training website will be launched this week and this will be used as a platform to build and develop an online learning environment that is qualitatively different from what we have offered thus far. Finally, the new governance structure for the CSG will be ready for the CSG to consider at the 2016 Mid-year meeting, in London. The structure would then go out for wider consultation for 3-4 months, with a view to bringing the fully fledged proposal to the 2016 AGM, in Seoul. After this point we would enter into election processes to have a new CSG in place by the end of 2016.

Jeremy commented that it seems there would be significant structural changes to the CSG. He asked if Mark W could elaborate on these at all. Mark W responded that some emerging factors were already known: 1) The recommendation to CSG is that the CSG would be a ‘mixed model’ (i.e., some members would be internal to Cochrane and some would be external, linked to key functional expertise such as legal, financial or other); 2) consideration would be given to the degree to which internal members continue to be representative and what kind of representational model we should have. Other questions need to be addressed such as whether we continue to have Co-Chairs, how often the CSG should meet, how long are their terms, etc. Mark W added that the terms of reference for other governance related positions or committees (the Ombudsman role, the Cochrane Library Oversight Committee (CLOC) and the Funding Arbiter etc.) would also be reviewed.

8. Review of structure and functions of Centres

Chris Champion spoke to a brief PowerPoint presentation. He began by reminding the CBDs of the context of the Structure & Function reviews, and the five independent Structure & Function reviews (Fields, CRGs, Methods Groups, Consumer Network and Centres & Branches) that have been in process for the last two years. Chris explained that the paper for this item builds on the work collectively done by CBDs over the last two years in their sessions at the Hyderabad Colloquium in 2014 and the Athens mid-year meeting earlier in 2015.

Chris noted some of the key issues identified by the work of the CDs' Exec in Athens such as the notions of naming conventions and where deviations in Centres' structures had already occurred (i.e., networks forming that fall outside of Cochrane's current Centre model). See slides for further details.

Chris explained that as well as ensuring Cochrane's formal structures work it is equally important to look at the functions of Cochrane presences and question whether they work in terms of allowing us to achieve our *Strategy to 2020*. To this end, the CET and CDs' Exec reviewed all the objectives within *Strategy to 2020* and looked at where Centres could contribute the most to, and embed themselves in, the strategy. Ensuring that we have full coverage for all areas of the strategy is a very important outcome of the Structure & Function review work across all groups.

Chris noted that there were many changes proposed in the document, some of them quite small incremental and developmental in nature. Chris highlighted some of these, such as the already implemented move to Cochrane + Country name. The document introduced the concept of smaller groups in countries which don't have a Centre, such as Hubs/Affiliate status, that would be linked to other Centres/Branches. Affiliates might be a way that Centres

can extend their reach within their own country. The ability to have more than one group operate in a country (breaking down the model to allow flexibility) would be another significant change.

Another change Chris highlighted was the phasing out of the concept of Reference Centres, and the idea of building support and mentorship roles based on common features (such as common language, or common thematic interest) and existing relationships. This would allow flexibility to base support and mentorship at the most *relevant* Centre, rather than a dedicated Reference Centre.

Another change would be the formalising of the Network concept, which has been so successful with the Iberoamerican Cochrane Network, as it could be very valuable to use this model elsewhere- either across a region or in a large country where a single Centre would not be appropriate.

Finally, it would be important to make changes to the functions that align them to the *Strategy to 2020*.

Chris spoke to new proposed Centre structures, network structures and the developmental pathway (see slides 5-7 for graphics).

Chris then spoke to a slide that detailed the proposed Tier one – Tier four functions, as outlined in the paper. He explained that this will be discussed by CSG, with design to be finalised hopefully by end of 2015, if not by the 2016 mid-year meeting, in London.

Joerg invited discussion with a focus on Structure, Functions, and Governance/Accountability:

STRUCTURE DISCUSSION:

- Tianjing commented that the Tier structure of responsibilities is helpful to think through, but the graphics of new structures are not helpful. Cochrane is complex already and do we really need to introduce new names such as Affiliates and Hubs?

Mark W responded that none of this is finalized yet. We don't need to give lots of different names or introduce complexity where it is not necessary. How do we introduce that flexibility of harnessing institutions and individuals together in smaller groups/entities, how do we give them a pathway to grow and establish sufficient accountability that isn't bureaucratic or overbearing? Mark welcomed feedback from CBDs on whether they think these objectives are being met.

Chris clarified that names such as Affiliate/Hub etc., would just be for internal accountabilities and the entity itself would be seen to the outside world as Cochrane + country name.

- Rob S queried whether, as a Hub, he would still say he was Cochrane Netherlands.

Mark W explained that Cochrane Netherlands is not one institution – it is all Cochrane activity in the Netherlands. Internally, Cochrane Netherlands may consist of a Centre, with a Hub, and Affiliate etc. There could be a range of back-end institutions. A Hub could therefore represent themselves as a part of Cochrane Netherlands. That Hub would have an internal accountability relationship with a Centre.

- Joerg noted that external perception of funders is important and if there are several Cochrane presences representing a certain country this may be a threat and a challenge for the income of the existing Cochrane Groups.
- Rob added that from an internal perspective this is excellent in terms of visibility, but it could be challenging from the Centres' perspective. We don't want to be competitive or exclusive – but this seems to be at odds with this. He also noted that for some types of presence the threshold is rather low and people might want to form a Hub as the expectations and level of work required are low but they would still get to be Affiliated to Cochrane. Rob also noted that he doesn't receive government funding, but he has host institutional funding and he raised concerns that the host may lose interest if people can get the affiliation by doing small tasks.

Mark W said this is a clear and valid concern. However, he clarified the concept that Rotterdam (for example) would only become an Affiliate of Cochrane Netherlands with the agreement and support of the existing Cochrane Centre. We recognise that we need to reach a balance between the institutional and organizational support, which is partially competitive.

Mark W gave the example of the recent negotiations in Freiburg for the new German Cochrane Centre, in which an agreement had been made that although there may be other Cochrane Affiliates/presences in Germany in the future there would not be one that provides the same functions and services as the German Cochrane Institute Freiburg. We are trying to institute a system in which the Centres can continue to navigate and chart the route that makes these affiliations helpful for Cochrane in that country whilst giving us the ability to expand the capacities and involvement of institutions and individuals who are committed to Cochrane work.

- Joerg noted it will be very challenging to get the external communication right so that funders etc. don't get confused.
- Lotty added to Rob's concerns around being able to become an Affiliate or a Hub. She suggested the starting point should be the functions of a Cochrane Centre and if a Centre is functioning well there should be no requirement to have Affiliates in the country. However, if the Centre does want to grow and other people want to cooperate to expand a Centre's activities and capacity then this is fine - but it shouldn't be the other way round, i.e. a university shouldn't be able to apply to be a Cochrane Affiliate without a Centre locally having expressed a need to expand their tasks (for example, to offer training, which is a huge source of income for Cochrane Netherlands). The motivation must be for true collaboration and not opportune.
- Joerg disagreed somewhat with Lotty and suggested that a high functioning Cochrane Centre can do more in promoting training and thinks this approach (where a Centre that is doing well there is no need for any other activities) would be too prescriptive.
- Irena said this was well covered in the document where it states '*where Centres currently exist they are responsible for deciding what Affiliates are established*'. Irena asked if this applies to Centres only, or Associated Centres as well? Mark W confirmed that this would apply if an Associated Centre was the only Cochrane presence in that country. He explained we want to be able to control the expansion in ways that make sense. The internal accountability structure would be very important. There would also be an appeal mechanism.
- Mark H commented that there could be a scaling problem in the larger countries mentioned in the document. In the US it is conceivable that there would be Affiliates doing Tier One activities in 20-30 States if their activities are truly promoting Cochrane in terms of supporting the community and disseminating Cochrane Reviews but it wouldn't be feasible if they were to do training and such activities that require a lot more oversight.
- Mark H also commented that Hubs do Tier One activities plus one other activity and the Affiliates just do Tier One. What if a group is very active as a CRG and they think they are a Hub or an Affiliate? Mark H thinks people will have a hard time understanding the functions of an Affiliate or a Hub and that we would need to be very careful in communicating this. Mark W agreed there is a question on how much of this is scalable. Some Centre Directors have given feedback saying that if we make the Tier One requirements too low then managing multiple Affiliates would be hugely demanding of Centres and many CBDs do not have the time to take on that managerial burden. This is why we are asking the CBDs whether we have got the levels of engagement right or not. There may be different answers in different size of country or context. We are trying to establish what can be built that can flex to these needs and is responsive to local needs.
- Xavier said the document is flexible and progressive, and explains accountability. The most important change is that finally we face institutional involvement in Cochrane. In the beginning we used to say that Cochrane is sustainable through the enthusiasm of individuals – this isn't true as we rely on the relationships of support with institutions. We are trying to clarify the different levels of institutional involvement in Cochrane and Xavier suggested we should be open to the involvement of as many individuals and institutions as possible, and it is an opportunity to make Cochrane more open and

sustainable. He said we need to accept and promote involvement of different universities, institutes, and research groups in order to assume as many of these functions as they are capable and interested in and they must accept complete accountability via contract, as this is a commitment from institutions who want to be part of Cochrane.

- Bernard said he was looking to develop a network in Switzerland of academic centres and thinking if developing a foundation that may help with fundraising. If this is another type of structure how would it be related? Part of the agreement could be that some of the revenue is dispersed throughout the whole network. Mark W said this was an excellent model that should be encouraged and an important part of the German agreement was that both institutions should form a fundraising foundation.
- Jeremy stated that CBDs must accept that Cochrane Groups have dual accountability: 1) to funders; and 2) to Cochrane itself. If accountability to Cochrane is not accepted, the danger is we could have a presence using the Cochrane name and not providing the functions required.
- Philippe raised a query about the link with CRGs. In France, to increase capacity, satellites have been developed. Is a satellite an Affiliate or Hub?

Mark W said the role and support between a Centre and a CRG in that country is even more important and the Structure & Function review of CRGs has shown that CRGs would like more involvement with Centres. A satellite is always connected to a CRG, but it could have a geographic association, e.g. in France. We may find a way for the relationship to work better out of this process, where greater fluidity would give Cochrane greater value.

Joerg summarized the discussion around structure held in the morning. Various concerns had been raised around the confusion and complication of the four various entity levels and group types. There had been general agreement that lowering the threshold of engagement would be supported, on the other hand it wouldn't want to be too low so that too many entities arose. One solution, discussed over lunch, would be to join the Affiliates and Hubs into one type of entity and also decreasing the threshold slightly, but making Affiliates need to do a little more than just being interested in Cochrane and distributing Cochrane content.

Joerg opened the floor for continued discussion on structure, before moving to function.

- Mark H asked about satellites. There is supposed to be a supportive relationship between Centres and satellites, but Centres have no control over quality etc. of their associated satellite's work. Is there a way we could better define this relationship, so that Centres have some input into the appointment of satellites?

Mark W agreed this is an area that needs to be further worked out in more detail.

- Alvaro approved of the idea that Centres are responsible for deciding whether they are convinced that a Hub or Affiliate is desirable. If a Centre is responsible for the performance and quality of the satellite and a firm contract regarding performance is established then this would be very useful. However, we need to be careful in deciding who will become a satellite and why. Alvaro also emphasized that the Centres should have the duty of controlling the quality of work of the satellite.

Mark W agreed there has to be an accountability relationship but noted that some Centres feel this is a huge administrative burden. Therefore, the paper states there would be clear MOUs between the Central Executive and the Centres (or Networks). However, the relationship between Centres and their Affiliates could be much more flexible if Centres/Branches want to lead on how they work this accountability mechanism.

- Tianjing said this structure makes a lot of sense as our funding models vary in different countries/regions, so a structure that can be flexed to be the most appealing, and appropriate, to the funder in a specific region would work well.

- Regina raised further concerns around naming conventions. Having Cochrane (+ country name) applied to a group that does very little work is unfair as Centres do so much work. The Cochrane name is powerful and one of our biggest assets and to give it away so easily may be dangerous, as people might use our name for their own reasons. It could damage many years work in constructing a name and reputation. Regina therefore suggested we could instead give such Affiliates the title 'Cochrane (country xx) Collaborator' for a probation period, after which the Centre can decide whether they are entitled to be an Affiliate, etc.

Mark W and Joerg agreed it would be critical to have a probation period before new presences can use the Cochrane name and this had worked in practice with the Iberoamerican Network.

- Irena spoke in favour of the proposed structure as it extends Cochrane's reach and also acknowledges the currently unrecognized work that many people are doing in promoting Cochrane. However, there is still confusion about the naming conventions.

Mark W clarified that an Affiliate group in Croatia would not be an Affiliate of Cochrane Italy but an Affiliate of Cochrane Croatia (the Associated Centre). There would be a single Cochrane Croatia website and the Affiliate would not be permitted to set up their own website. Irena requested more clarity on naming conventions in the next iteration of the document and asked that it is made clear that it is the Centre or Associate Centre that would be initiating and approving Affiliates and not vice versa.

- Irena also asked if Xavier could share any documents he has on accountability measures and the kind of criteria is there for the Iberoamerican Network's Affiliates and what kind of reports are they expected to produce. A standard monitoring form for Affiliates would be helpful.
- Tamara suggested we may need a process for checking that existing Branches/Hubs currently fulfill the functions in their Tiers. Tamara also noted there would be challenges for Centres that have an existing long term relationship with a Branch that hasn't previously been required to report to a Centre, and where the Centre is not funding the Branch.

Mark W noted that it may be a challenge. However, he agreed that Cochrane's name is one of the important things we have. Individual contributors all the way up to Centres - all have obligations to Cochrane. Mutual accountability is very important and there will be obligations and accountabilities between the Central Executive and all other Centres, Branches and Affiliates beneath them.

- Steve said that the line between Centres and Branches may begin to merge and disappear – as branches might be doing Tier Three activities, so some existing Branches might, by default, become Centres.
- Regarding Tier 2 point 6 '*To engage with external stakeholders locally to inform Cochrane's priority setting work.*' Chris clarified that this is about review priority setting – as there is an understanding that in order to identify which reviews we should be doing, we need to learn from all of our external stakeholders and need to be taking advantage of the interactions that Centres and Fields have with external stakeholders and feed that into make a more integrated priority setting system for reviews.

Joerg asked if the CBDs were supportive of moving towards the four different named types of 'Centre groups' or is this too complicated and needs to be condensed to three?

DECISION I: The CBDs agreed that there should be three different types of Centre 'groups': Affiliate, Associate, and Centre.

FUNCTIONS DISCUSSION:

- Sally said that it would be helpful to make explicit that all these functions happen within the framework of Cochrane's policies (e.g. they are consistent with the Spokesperson Policy, etc). Regarding point 7, currently in Tier Three ('*To build capacity for Cochrane Review production in their country/region by providing or facilitating face-to-face training and support for authors, editors, trainers and other contributors (in collaboration with Cochrane's Learning & Support Department)*'). Sally strongly suggested this function should be moved up to Tier Two, as providing training is a core function of Centres. Joerg agreed. Steve

said the caveat would be that if there is an Associated Centre within its own country, then they should have that capacity building component as part of their work.

- Tamara spoke to point 6 (*'To engage with external stakeholders locally to inform Cochrane's priority setting work'*). She said we don't have much guidance on priority setting and would move this into Tier Three and would like more guidance on the different methods for priority setting we can consider.

Joerg agreed this made sense to move to Tier Three and provide guidance on how this is done.

- Erik asked what the difference is between point 1, in Tier One (*'To promote Cochrane and its work in their country (or region)'*) and point 4, in Tier Two (*'To be Cochrane's official 'Representatives' in the country or region in accordance with Cochrane's spokesperson policy'*). Erik suggested these two functions could be merged into Tier One. He also asked whether the Spokesperson Policy would be integrated into the Charter of Good Management.
- Philippe questioned why point 14 (*'To undertake methodological or other research supporting improved production or use of synthesised evidence'*) is the last point of Tier Four. He said that this function is part of the DNA of Cochrane and it is part of the credibility of a Centre to conduct some methodological research. Joerg noted this had been discussed at length at the 2015 mid-year meeting in Athens, but was still open for discussion.
- Jackie noted the phrasing *'use of synthesized evidence'* makes this possible, as conducting methodological research such as meta-analysis is beyond the capabilities of many countries.

Mark W said he would be willing to move that point from 14 to 9, but doesn't think there is a need to drive it as a definitive requirement for Centres. However, if it was the recommendation of the CBDs that methodological research has to be a core function of Centres then Mark would take this to the CSG.

Joerg agreed with Jackie that the broader definition of methodological research in this form could be taken on by smaller, less experienced Cochrane groups, and that from an external perception point of view it might be helpful to have it as a core function and be flexible about how it is delivered.

- Irena noted the emphasis has changed completely with the addition of the phrasing *'or other research supporting improved production or use of synthesised evidence'*. She agreed with this new form it would add to our credibility, and in this form it should be added as a core function. Tianjing supported this and said it was a good compromise, adding that it's important to emphasise it as a core function to enable Centres to get funded and, in turn, perform all the other functions.
- Tianjing asked about the difference between point 12 (*'To maintain a country/regional advocacy programme in support of Cochrane's mission, profile and agenda globally and locally'*) and point 13 (*'To provide a country/regional voice for campaigns Cochrane is involved in'*), as she struggles to see the difference between these and some other items in Tiers One & Two?
- Steve spoke of what the distinction between Centres and Associated Centres might be and suggested that it could be a requirement of a Centre to perform one of activities in Tier Four (Points 9,10,11 & 14: Consumer work, KT, Translations and methods – or other - research) – and that this would be a demarcation between an Associated Centre and a Centre.
- Therese agreed with using the broader definition of *'other research'* as funders of Cochrane UK do not see *'methods research'* specifically as a core function. Joerg said the CBDs were in agreement to use the broader definition but an important point for at least some Centres is that funding does come specifically for methodological research (such as in Germany, from the Ministry of Health).
- Xavier suggested we could merge Tier Two and Three as when an institution or group wants to become much more involved than just dissemination, then they must assume Tier Two and Three functions as it would be odd to be an official representative of Cochrane without being capable of providing training, for example. Chris explained he had struggled, when preparing the document, with where Tier Three sits

because the difference between Centre and an Associated Centre is very small. His only concern with merging the tiers would be the large jump from being a small group doing only dissemination activities to suddenly doing so much more, so it was an attempt to provide a notional pathway for development.

- Sally suggested that a function should be added around Centres, Branches and Associated Centres feeding back and having influence on the general direction of the organization as a whole. She also said that point 12 (regarding regional advocacy programme) should not be optional for a Centre and would advocate for it moving substantially higher.
- Mark H said it seems Tier Four is a combination of some higher level, some desirable and some essential functions. The problem of saying a Centre does at least one Tier Four thing is you could do as little as advocating for AllTrials or, alternately, you could have a big methodological research program. Mark H suggested that point 14 could be required of a Centre (but not of a Branch), and separated out differently from the other functions.
- Joerg asked if the CBDs agreed with moving point 12 up and making point 14 methodological research (broadly) required at the highest level, to be subject to approval from the CSG. Steve asked if doing Cochrane Reviews or other systematic reviews, would constitute point 14. Joerg said how we define methodological research would still be open for discussion.
- Mark W thanked the CBDs for their comments. He responded regarding point 6 that we absolutely need more guidance, it is central to the strategy and what we want Cochrane to be and this needs to be developed. There is no problem with bringing Tiers Two & Three together if there is consensus this is the right leap point between Affiliate and the next step up. He acknowledged that, regarding point 12, we have yet to do a proper global advocacy campaign. Once we have a strategy in place and we have our position then requiring the organization globally to drive it is quite an undertaking. The requirement would be to advocate to the degree of resources that an entity has in a particular place.
- In response to Erik's question around the difference between points 1 and 4, Mark W said this is trying to respond to the criticism that an Affiliate (i.e. a small group) could suddenly be able to represent Cochrane. We have a Spokesperson Policy in place and there was a concern that if this representative function was not at least at the Branch level, or Centre level, then we lost control. So this differentiation is to have some control there. Affiliates would be duty bound to say 'I cannot speak for Cochrane XX - you need to speak with the Director of the Country's Cochrane Centre, as the official representatives of Cochrane XX'.
- Mark W said regarding point 14, he did not want a situation where we were signing off on functions to be delivered to varying degrees. However, if the smallest geographical presence in an LMIC believes this can be reached in its new form and given the latitude of reasonable interpretation, then Mark would be willing for this to be a requirement of a Centre.
- Philippe said if you don't do research you can't do point 7 (*'To build capacity for Cochrane Review production in their country/region by providing or facilitating face-to-face training and support for authors, editors, trainers and other contributors (in collaboration with Cochrane's Learning & Support Department)'*).
- Sally raised concerns that we could exclude people who are really good at doing systematic reviews, teaching people how to do systematic reviews, applying methodological research, excellent educators and also good at dissemination and advocacy – and undertaking other types of research but not methodological research. These people would be very capable of being a Centre, but would be excluded.
- Philippe said Cochrane is the home of evidence and we need to be definitive on how to disseminate, if we do not push to improve the research then we are not the home of evidence. We need evidence for everything. All Centres need to develop research and there is plenty of different types we can do, not only methodological.
- Joerg said there seemed to be consensus amongst the CBDs that Centres (not Branches) must perform some sort of research.

- Mark H said that people teaching systematic reviews get stale and out of date if they don't have the resource to be part of a push to improve the science of what we do, and are just passive recipients. If we interpret point 14 broadly (and by this, not meaning you can get away with not doing it at all) – we are saying want Centres to take a scientific approach to their Tier one and Tier Two functions.
- Erik suggested a compromise could be to say 'to undertake or contribute to methodological or other research', as we can't expect small emerging groups to find funding for methodological research. Erik added that doing standard systematic reviews doesn't constitute methodological research but being part of an exercise to implement them would.

DECISION II: There was consensus amongst the CBDs that Centres (not Branches) must perform some sort of research (point 14).

IV. ACTION: Mark W and Chris to collapse Tiers Two and Three into one tier.

V. ACTION: Mark W and Chris to work to make point 12 clearer or possibly even take out the advocacy element.

- Irena requested that Mark W describe in detail the requirements for becoming an Affiliate, as the expectations are too broad in the current document.
- Joerg spoke of governance and accountability; at present it is expected that Centres and Associated Centres are responsible for, and monitor the work of, Affiliates or Hubs. He said it is important that Centres are aware of the additional work this will involve.
- Xavier said hand searching is not included in functions. Mark W said this is because feedback indicated this wasn't a requirement of a Centre but if CBDs want to include as a desirable function.

DECISION III: The CBDs agreed that handsearching should be kept as a desirable function of Centres.

9. Cochrane-Wiley Management Team report

This had been discussed earlier in the meeting. Mark W noted he had requested feedback on CBDs' experiences with Wiley and had only received six comments, which were split in opinion. He would like to use feedback from CBDs to help with assessments of the Cochrane-Wiley relationship and also to be used to press Wiley to engage further with CBDs at a regional level. Mark urged the CBDs to sign up to the regional sales meetings being held by Wiley on Monday-Wednesday of this week, as they provide a great opportunity for Wiley to know how they can work better with Cochrane as a partner in future.

10. Cochrane Events and Colloquium review

Mark W explained that feedback resulting from consultation was that, despite the multiple challenges, the Colloquium 'does a good job'. However, it might be required to serve too many functions and could be sharpened up. In their meeting today, the CSG recognized the need to provide more efficient support from the Central Executive to the Colloquium organizers year on year so that learning doesn't have to start from scratch each time. The CSG had been very supportive of a global evidence event in Cape Town in 2017.

Irena mentioned that at present members of Branches cannot apply for funding to put on events, would there be any changes to that?

Mark W said that, once the Structure & Function processes had been completed, he believed that Associated Centres and Branches should be given the same stipend opportunities as Centres. Mark suggested that this would also apply to voting at the AGM, but noted we are in the process of a Governance Review which would look at the AGM process and how voting occurs. Once we have established what our formally registered groups of all kinds will be, they should be empowered in a structured and fair way.

Tianjing said she would like to see more standardized evaluation of Colloquia, including how well our plenary sessions and workshops are organized. This could be as simple as a function on the Colloquium app where you can rate parts of the event.

Tamara requested the CBDs' views regarding the proposed global evidence event. There is an idea on the table to bring together organizations involved in conducting and using reviews (such as JBI, Campbell, ISEHC, G-I-N) – not in a Cochrane event, but a joint event which would be held every four years. There are pros in terms of not attending five different events annually, and it would bring together the top people in evidence in one place.

Sally declared a COI (as she is a board member of ISEHC, as is Ken Kuo). Sally said the idea provides enormous opportunities in terms of advocacy, to find shared agendas, find where our differences might be, preventing duplication, and could do so much in terms of moving things ahead in the plenaries.

Steve added that part of the paper mentioned that CEAD are trying to help encourage and enable groups to consider putting on an event and providing an event support pack.

11. Cochrane Membership scheme

Chris C reported that the concept paper circulated in Athens generated a huge amount of helpful feedback and the paper attached to this item is being considered by CSG and now involves much technical detail around implementation of the scheme. It is a straightforward, simple scheme and focuses on building the engagement strategy to allow people to become part of Cochrane more effectively. We want to solve the difficulties faced by people who want to get involved. Project Transform will deliver a lot of the technological platforms required, as well as working with the Learning & Support Department on learning pathways. The Membership Scheme will bring all of this together and give people a clear route for how you can get involved in Cochrane, how to contribute and how to find things to do. The paper sets out ideas around how the implementation will work.

Mark W said this is another potentially transformative change, with important implications for Centres. He explained a Customer Relationship Management (CRM) system would be put in place and the data would be usable by Centres for things such as broadcasting newsletters automatically, etc. Mark W welcomed any thoughts or ideas from the CBDs on the scheme.

Steve asked at what point will there be roll out. Chris said it would be very much linked with Transform, as more comes online with project Transform over the next six months we'll have a better idea of timelines.

Alvaro raised concerns over controls around membership and who could become a member. Mark W explained that just signing up and stating interest makes someone a supporter – and we decide at what point they become members.

Tianjing noted that the Membership Scheme could be used strategically as a way to disseminate about Cochrane. She also asked if we have any idea of how many people would like to join up as supporters and members. Chris responded that support will grow over time and we would initially migrate active collaborators over as members, recent Archie usage indicates this would be approximately 10-15,000 people.

Mark W said all Archie users that want to automatically become members will become members. All 36,000 Archie account holders will either be approached to see if they would like to join the scheme, or the process might be that they have to opt out.

Chris added that there would be a clearly documented and transparent pathway to full membership. It may be that when people complete a protocol they automatically become a member.

Karsten asked whether membership is for life and, if not, how/at what point would membership cease?

Mark W said that the CRM system will allow us to monitor and make decisions about what point would be appropriate to cut membership off.

Any further questions from CBD could be sent to Mark/Chris by email.

12. Items to feed back to the Steering Group

Joerg recapped two major points to feed back to the CSG:

- The Translation work delay with Wiley is a serious concern for CBDs and the suggestion that we could redesign Cochrane.org in the meantime to incorporate translation activities in PLS and to ask the CSG to support this.
- For the CSG to review the changes and suggestions to adapt the Centres Structure & Function Review paper, as discussed during this meeting.

13. Next meetings

- a. London, 5-6 April 2016
More details on this will come soon after Vienna.
- b. Seoul, 23 October 2016 (To be confirmed)

14. Any other business

Sally raised an email she had received from the UK funders NIHR, which had been sent to a subset of CBDs, asking for input for a review NIHR were in the process of conducting on Cochrane. She requested advice on how best to respond.

Mark W explained that NIHR is conducting a review of Cochrane in the UK. Mark and David have not been requested to be involved or engaged in the process to date. However, the NIHR review team have requested to meet with Mark and David in Vienna. Mark will ask how they came about the subset of CBDs to approach and will send the CBDs approached guidance to help with their inputs within the next few days.

Therese added that a few years ago NIHR did a review of the Health Technologies Assessment programme (part of the systematic reviews programme that NIHR fund) and she suggested that it's a similar approach to look at the value of the investment they make looking at the UK based CRGs and the UK Centre. It's an independent review and it appears they are looking for feedback regarding other Centres' activities. The review is due to be published in February.

Tamás Decsi made an informal invitation for the 2017 mid-year meeting to be hosted by Cochrane Hungary, at the University of Pécs. He noted that 2017 would be a significant year for the university as it is their 650th anniversary. Mark W thanked Tamás and said we would soon be officially opening up the application process for hosting the mid-year meeting for the next few years.

Joerg congratulated Karsten on his appointment to the role of Deputy Director of the Nordic Cochrane Centre.

Mark W congratulated Joerg on his appointment to the role of Co-Director of Cochrane Germany.

Joerg noted the CD's Exec would be available for next 30 minutes to discuss any matters the CBDs may wish to speak to without members of the CET being present.

Mark W thanked everyone for their attendance and closed the meeting.