



Cochrane Governance review

Responses to open
consultation

28 March 2016

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Consumer Network Executive

Thank you for the opportunity to comment on the draft proposal for Cochrane Steering Group Reform. The members of the Cochrane Consumer Network Executive (CE) have considered the consultation document and we would like to make the following comments. We also welcome the opportunity to discuss this face to face with Cochrane Steering Group Co-chairs at the Mid-year meeting.

We broadly welcome the proposals which we believe will refresh Cochrane's governance and bring important external perspectives to the Board. Creating a new Council will also bring representatives from all Cochrane constituencies together for the first time. This is an important opportunity for consumers to be integrated more meaningfully into the governance structure.

The formation of a Council will create a forum for all Cochrane entities to interact and have open discussion of ideas and plans for moving forward. We feel it will increase integration across all of Cochrane but will be particularly useful for groups to know what consumers have to offer and how they can contribute to each group.

We would welcome an organisational chart or diagram to illustrate the new structure.

The Board

The intention to involve external people on The Board is welcomed as it will ensure coverage of areas where expertise is lacking and will also provide a viewpoint from an "outsider" lens.

How will the criteria for selection to Board positions be set? Given that there will no longer be a representative model for the new Board, the appointment of an external Board member who can bring a true and experienced consumer perspective would be welcome and reassuring. We welcome the intention to seek diversity on the Board, and would also welcome an explicit commitment to this, for example by specifying a minimum number of female Board members and people from non-English-speaking countries, along with other measures to ensure diversity.

We note that the Board may decide to set the number of external members to between to five or fewer and would like clarification about the rationale for this, and how the decision would be made.

We also have concerns about the intention to give members of staff the right to vote for the six internal members of the Board. We wonder whether this is right in principle or in law and if this might result in conflicts of interest. As the Board is the governance structure and therefore the ultimate authority over the staff, we also question the optics of this. We can't think of places where staff "vote" for their "boss" other than in unions.

Whilst we understand the new Board will have the ultimate responsibility for governance, we hope that the voice of the Council will carry sufficient weight in its deliberations. Is there some way that this could be enshrined in its constitution?

The Council

We note that appointment of the Council will initially be made from existing executive groups, and proposals will be developed in time for the October Colloquium for moving to the new structure. It would be useful to have a clear timeline and process for convening the new Council group if possible.

We would support involving additional external advisors, other than those on the consumer executive to the council. This would bring balance to the Council which is in danger of being dominated by internal perspectives if solely made up of current executive group members. Perhaps the council could encompass a “user group” made up of representatives of the users of Cochrane products such as patients and the public, doctors, funders and policy makers.

Consumer involvement

Overall we welcome the new structure however we are concerned that the voice of consumers both as prime users of Cochrane evidence, and as active participants in the process of producing and disseminating Cochrane evidence, will be weakened. It is not clear that the new voting processes, and the appointment of internal and external members of the Board and Council, will ensure a minimum level or quality of involvement of this key group of stakeholders in Cochrane. Good practice recommendations outside Cochrane often specify a minimum number of consumers, not least so that they can support one another in forums that can be intimidating for people who are not researchers or clinical professionals. We would therefore recommend that you consider ways to establish and maintain a significant and meaningful level of consumer involvement.

Centre Directors Executive

We discussed this briefly during one teleconference. No one raised any objections, and those who did voice an opinion have been supportive of the direction the governance reforms are heading. The case for change is clearly laid out – Cochrane has expanded significantly and the new governance structure will reflect the modern environment that Cochrane operates in.

General and specific comments

- The removal of the representative model for electing the internal members probably affects Centres less than the current CRG positions, and is not so concerning provided the new Council structure works as anticipated. The new Council's terms of reference, composition and how it interfaces with the Board are all important issues to get right to ensure there is a meaningful connection between the Board and the membership, otherwise the risk is that a 'them and us' mentality develops.
- Because of the scale and significance of the changes, when and how will Cochrane review if the changes are effective or not? Would be good to include reference to this issue in the document.
- Most of the detail in the paper is on the Board structure and the rules and processes for constituting the new Board. Statements in relation to ensuring diversity of the Board and managing conflicts of interest were noted, but may prove operationally challenging. A point was raised re representation from non-English backgrounds and how this is achieved.
- Recommendation 3: need to be careful that in providing alternative pathways to provide feedback/raise issues you don't undermine or relegate the role of the Council
- Recommendation 8: clarify that those roles which rule you ineligible to vote are in the absence of other eligible roles, (i.e. if you are an ME and a web publisher, you are still eligible to vote)
- External Board positions: there's an inconsistency between recommendation 12/appendix 2 and appendix 1. Appendix 1 states external board members should "have **no previous** staff, editorial or leadership role with Cochrane" whereas recommendation 12/appendix 2 states "do **not currently** hold". The Appendix 1 wording potentially rules out some very eligible candidates.

Alvaro Atallah, Centre Director Representative, Cochrane Steering Group

As the representative of the Center Directors in the Steering Group, I cannot support the process proposed for the change in governance.

In my opinion the new governance proposal is going to create a Steering Group that extinguishes the "Collaboration" principle that was the basis for the creation of the Cochrane Collaboration. With the proposed changes, this organization will simply become another NGO, run by a board of persons who do not necessarily represent the fundamental and different types of volunteers who have created the Collaboration and who continue to produce the work (systematic reviews) that give Cochrane its name and reputation. I fear that this change in governance will affect the ethos and basic principles upon which Cochrane was founded. If for

example, no author or no Center Director is elected to be one of the 6 internal Board members, how will the many other authors and Directors feel about being represented and valued in the Collaboration? Having a representative in the Council, who can only advise the Board but does not have the right to vote on important decisions, is definitively not the same as having a representative in the Board.

Changes in rules and regulations in the Steering Committee should not proceed without first having an ample and rigorous consultation involving all the members of the Collaboration. It is not correct to take decisions of this type without a democratic process that involves presenting this proposal (to change from Steering Group to this Board model) to all the members of the Cochrane community and giving them enough time to analyze and discuss this general idea before asking them to vote for or against the process proposed. It is not correct, in my opinion, to ask them to vote for this only after the process has been 99% finalized and basically only asking for their approval at the end of the game.

Information Specialists Executive

This feedback incorporates discussion by the Information Specialists Executive, comments from the Cochrane Information Specialist email list and brief discussion at the IS meeting at the UK Cochrane Symposium in March 2016.

Firstly, it's important to say that we think the overall concept is a good one, the message is good, and there was general agreement about the need for change, and that Cochrane's governance structure needs to be more outward-facing, and that inclusion of external members will help. We didn't hear from anyone who fundamentally disagreed with the proposed restructure of the Board and creation of a Council, or who thought the CSG should retain its current representational model.

The rest of our comments mainly relate to points we felt need clarification, and about the way the proposal is written.

- As we've said above, there was agreement for change, however, there was a comment that the paper didn't clearly explain how the proposed new structure would address the issues raised in the rationale.
- There was quite a bit of uncertainty around the definition of external candidates:
 - There is a discrepancy between Appendix 1 and Appendix 2 of the "Proposal for transition to a new Cochrane Board": in Appendix 1 it is stated that "external members should have **no previous** staff, editorial or leadership role within Cochrane"; in Appendix 2, "external members should not **currently** hold a staff, editorial or leadership position in any Cochrane Group".
 - We were uncertain about the status of authors in the external/internal definition. They could quite clearly fall into both categories. If authors are also to be represented on the Council, then there could start to be an imbalance between the number of external and internal members, depending on how the Council is ultimately structured.
 - Related to this, we were not clear on whether the Council is intended to be a solely 'internal' body.
 - Because of the uncertainty about definitions of internal/external, we were not all clear about who is eligible to run for a place on the Board as an internal candidate.
 - As the structure of the Board has yet to be confirmed and approved, some considered that the advertisement to recruit the first group of external Board members was premature.
- We have a few points relating to representation and the role of the Council:
 - An important issue was raised about one of the proposed parameters for the Council: '*Once a Board decision has been made, the Council must act in concert with the Board and will not have the power to formally lobby or advocate against Board decisions in the Cochrane community at large*'. What will the process be if the Council unanimously disagrees with a Board decision? Of course we hope this would never

happen, but there needs to be some sort of process to manage a situation like this if it should occur.

- In removing the representation of specific constituencies (such as Managing Editors, information Specialists, Coordinating Editors etc), the Board could end up with a reduced knowledge of issues affecting how the final Cochrane “products” i.e. reviews and the CRS, are produced.
 - By removing the direct “feed” of opinions from each constituency to their Exec, and then to the (current) steering group, if no representative of a specific constituency is elected to the Board, that constituency will have a reduced voice.
 - There was some confusion about the future role of the Executives. While some people read the document to mean the Execs would continue to exist as they are now, with representation on the Council, others read the document to mean that the Execs would be replaced by the Council.
- Finally, we received quite a few comments on how the document was written, which we feel is important to relate as this affects how the proposal is communicated and understood by Cochrane members:
 - In general, the document was difficult to read in places and was especially challenging for readers whose first language was not English.
 - A few specific points:
 - In recommendation 2, we were not clear what was meant by ‘Group type’.
 - There were some inconsistencies where SG and CSG were both used, and people questioned if they were the same thing.
 - ‘Cochrane’ and ‘the Collaboration’ were used interchangeably.
 - The document is long and in all honesty some people struggled to get to the end of it. When communicating this proposal to the wider Cochrane Community following discussions at the mid-year meeting, we think some thought needs to go into a much briefer, simpler paper – a bullet pointed executive summary perhaps, with a more comprehensive paper for those who want to go into the full details.

Managing Editors Executive

Individual comments collated by the Executive

General comments

- The need for change is well-defined, and the direction of the modifications suggested address the problems identified.
- I support the proposal, and agree that there needs to be a change so that people with appropriate skills are recruited to govern the organisation.
- I think the proposed changes are fine.
- Appendix 2 refers in a number of places to ‘steering group’, I assume this should be ‘Board’.
- I am unclear who are meant by ‘core infrastructure teams’ on page 15 (‘why is Cochrane different’ section), would this for example be IKMD? Perhaps examples can be provided?

Terms of Reference

- I really welcome the inclusion of external board members although I am slightly concerned that we have begun a recruitment process for a position where there cannot yet be any terms of reference in place as the final structure has yet to be determined. Do we know what additional information interested parties are being given should they enquire and ask for more details than given in the call?

Representation

- I am less welcoming of scrapping the constitutional representation, particularly that we may end up with no ME or TSC representation on the board. The rationale is on the face of it sound – that the board should make decisions in the interests of the organisation as a whole, not for individual constituencies. However, I fear that the current recommendations do not guarantee enough diversity – for example do not exclude the possibility that all internal elected board members are from the same constituency. While I appreciate this would be an extreme example, we should be aware of the possibility that we end up with a board with only a very limited knowledge of how review groups work, and thus how reviews are produced with all those challenges along the way. If we as an organisation remain committed to having reviews as our core, all defining, product, then this surely is a risk.

External candidates

- I think that having a board with almost 50% external members is far too much, and can easily go wrong. I’m also worried that it is set to “5 maximum” to help on the buy in, but the projected schedule is already for the maximum, suggesting 5 will become the standard. I think that a proportion of three, with the chance to extend to five is far more reasonable. My rationale is that the external people should be people with a lot of credibility (let’s say Tim Evans calibre) and that can help to stimulate Cochrane. But I don’t think we can attract many of these high-level individuals to the board if we have too many positions. It should be the quality, not the quantity, that should make them valuable as board. So I think it will be more productive to set up the number on 3 as the “regular” amount, allowing to move it to 5 “if the expertise is required”. I think making the group smaller is an added benefit, as in my opinion will allow the externals to have more influence as they will have a better chance to influence the other board members. I am concerned, though, that external people won’t get voted (except for ratification at AGM). Whether I can see that the vote won’t have a lot of

sense for their first term, I think for the second it will have sense that they need to go for a vote: at this point they will have a much clear view of what they want for the Collaboration and I think it is good for accountability. I'm saying that because the articles of association 42 and 43 (and not 44 and 45 as wrongly indicated in the document for consultation) did indeed allow to induce members for the Steering Group, but it is written in the context of replacement of members more than a "generic" way to choose board members, and whether I can see it will be hard to vote for an external when nobody knows that person, I think that having a vote for ratification of a second term would be positive and it will encourage to engage with the constituency.

- On a number of occasions, the paper outlines the need to add people with skills in finance, legal knowledge etc. It would be good to see people with broadcasting skills, and science communicators on the list.

Definition of "external" and "internal"

- Appendix 1 states: 'External' members of the Board, defined as those who have had no previous staff, editorial or leadership role with Cochrane, are identified through a public call for nominations, and selected by the current Board members. The selections made by the Board must be ratified by the subsequent AGM. 'Internal' members of the Board, defined as anyone with a current active role with a Cochrane Group, are elected from among the membership. Full details of the eligibility and procedures for and election of internal members are outlined in detail in the Cochrane Electoral Procedure.

Appendix 2 states (my emphasis): Eligibility to stand as an external member will be defined as individuals who do not currently hold a staff, editorial or leadership position in any Cochrane Group (including positions of deputy or executive leadership). They may hold other roles with Cochrane Groups such as author or consumer roles.

It's a small discrepancy but one seems to be excluding anyone who leaves Cochrane, for example if I resigned tomorrow but wanted to run for the board, the appendix 1 statement appears to rule me out when the appendix 2 statement does not. This needs clarification.

- The board's internal co-chair eligibility criteria are 'anyone who holds or has held a leadership position within Cochrane'. I think 'leadership position' should be further defined (I am sorry if I have missed this). Is this a CoEd, someone who has been on a committee, someone who has been a (co-) convener of an executive or committee etc?
- Will representatives of current funding bodies of any of the CRGs be eligible to apply for board membership or whether this would be seen as a conflict of interest?
- Who will assess whether there is a Col? Will this be the electoral officer? Will the usual Cochrane Col policy be used or will there be amendments or a separate terms?

Voting

- 106 people have roles with the Central teams, although not all of them are paid (i.e. funding arbiters are central and don't get paid for their job). I guess that paid staff (including consultants as they are also listed) is around 60-70. Taking into account the relatively low rate of participation in Cochrane elections, this has the capacity to distort the results. But for me the main problem is of optics: I don't think that staff voting on the people who will decide on their salary or the future of their contracts is healthy, and might also tarnish the reputation of the Collaboration.

This is less of a concern if we keep the vote by entities, as they are likely to be a minority in all entities.

- On the one person, one vote proposal; it makes things easier in some sense, but it has some problems. Entities have different sides, and by far Pregnancy is the biggest of all groups. Allowing one person one vote might lead to a “dictatorship” of the majority, making that current contributors to Cochrane (i.e. white Anglo Saxons) dominate the votes and making difficult to be seen as inclusive. Whether I like the simplicity of one person one vote, I think that giving more power to small entities generates a separate balance that will be really hard to compensate for on the council.

Council

- The ‘ensuring a voice’ section is not clear on when the Council should be in place although I see in Appendix 3 (transition time table) that that will be by the end of 2016. I think this should be added also to the ‘ensuring a voice’ section.
- On page 5, it outlines the terms of reference for the Council and also the decisive nature of the Board. Hopefully there will be some avenue/body to discuss contentious/conflicting opinions.

Fields Executive

We are generally supportive of the proposed reforms.

It is unclear what is happening to the group Executives in light of the formation of the proposed new Council. We see it as optimal if the Executives continue to exist and that the three members on the Council representing each group type should be on the group Executive. The Executives carry out a valuable function of promoting communication and collaborative work, which is separate from governance.

Methods Executive

Thank you for the opportunity to comment on the revised governance proposals. We circulated an e-mail to all Methods Groups Co-Convenors (as members of the Methods Board) but received little response in the limited time requested. We discussed the proposals during our recent Executive meeting on 9th March but were unable to conclude, within the time constraints of our meeting, key points requiring further discussion. We aim to do so at our Mid-Year Meeting. This meeting will include other convenors along with the current Executive membership. Co-Chairs Cindy and Lisa will join us so our discussions may be more fruitful and our minutes will provide the feedback requested. We believe the Strategic Session will further discuss the governance proposals.

We suggest the only issue to raise at this point for other Executives to consider is whether these new arrangements imply the cessation of the Executive structure.

Co-ordinating Editors Executive

No response received.

Additional individual responses

I generally welcome the changes. Cochrane has been expanded significantly and the new governance structure will reflect the modern environment that Cochrane is surrounded by.

- 1) I guess the accountability of Cochrane is ultimately towards potential audience in the future (not current audience) and it may be good to be clearly stated so that those who make decision can note to consider these people.
- 2) This is big and significant governance structural changes and it will be good to state somewhere in this document that when and how Cochrane is going to review if the changes are effective or not.
- 3) It is always challenging, though it is also good to note that we would like to ensure representation should be considered also from those with non-English background and how it is achieved.

[My] group is positive about this proposal. Extending the Board to external parties is a good idea and the new approach to internal candidates is also welcomed.

1. It is possible that there may only be one representative of the Board with consumer interests so it will be important for the organisation to maintain a range of strategies to engage with consumer organisations. As consumer-led demand for health care is growing, the organisation may need to be more responsive to this issue than it has in the past.
 2. People in government departments and government organisations have a strong interest in evidence – but are not mentioned directly in this list [of key areas of experience for Board members], unless ‘Evidence-informed health care or policy’ implies someone from a government department. Are there any issues associated with people in government that would impede them standing for or when their participation could enhance the Board? For instance what if they are a funder, or from the section where funding originates? Are there issues here that need a bit more consideration?
 3. I think you may need to identify what the process would be if a candidate declared a conflict of interest – how would this be handled as it is not automatically assumed they would be disqualified, and in fact may not be necessary. But see comment above re funder.
 4. I think the Steering group in the past has not well supported members whose first language is not English. I think this needs some consideration. Meetings and decisions often are spoken/taken so fast that I know people have struggled and been disenfranchised. However, if we want to attract more European funding, for example, then this issue needs to be faced more directly. Perhaps in the Qualifications section of appendix 1, you could state that a high proficiency of English is not a prerequisite and that the Board will take steps to ensure participation.
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Comments on governance:

I trust the CSG working group to know that the current model of the CSG is not working well, and I was initially very excited to see that a constituency-based model was to be replaced by one based on skills and expertise. I very much like the addition of external Board members and an external perspective. However, after re-reading the proposal and thinking about it, I'm not sure that the current approach to internal Board members is the best that it could be.

Ideally, persons involved with different types of Cochrane groups or who play different roles within Cochrane view others as partners in the Cochrane enterprise and treat each other with respect. If this is true, then basing Board membership on skills and expertise is ideal and ensuring constituent representation in decision-making is not necessary, as the proposed Council provides information and input to the Board and is heard. On the other hand, if this mutual respect is present, then there should also be no problem with having a constituency representation model, as long as the skills and expertise are also present. The fact that this proposal does not focus only on the need for particular skills and expertise to be present amongst internal Board members but rather sees representation as a problem in and of itself, tells me that maybe we aren't there yet in terms of cooperation and collaboration between different constituencies. That doesn't mean that we won't get there eventually, but at the moment I think that entirely removing constituency representation may be premature. It is possible that internal candidates who compete in a single field will have a much harder time being elected if they are from smaller or less influential key constituencies, and that voices from the Council won't be listened to if they are from these less influential constituencies. The presence of external Board members might increase the chances that the less influential constituencies are listened to but doesn't guarantee it. If smaller or less influential key constituencies are not listened to, there is the potential for problems with functioning of the organization due not only to lowered morale but also to bad decisions.

To begin with, I'm not sure that the arguments presented against representation are persuasive. Higher-level representation (e.g., CRG roles) might not be a problem, as these roles are really key in producing reviews and the roles of editor and managing editor and information specialist are each very different and very important. However, since the three roles work closely together and are interdependent, perhaps not each role requires one or more representatives – so why not say that 1- 2 people should be elected from amongst the three roles? Unclear representation (e.g., Centres, Fields) could be made clearer, not just discarded. No representation (e.g., translators) might or might not be a problem – are they a key constituency that must be represented? Duplicate representation (e.g., author and Methods Group member) does not have to be a problem, because people with multiple roles can be required to stand in a single category, and if they are elected they bring a broad understanding of Cochrane to the table, which is actually a positive thing.

A possible alternate proposal would be for some key areas of skills and expertise, that are expected to be needed at all times by the organization, to be matched to different types of key constituencies, in accordance with the structure and function of different types of groups. For example, the key area of consumer engagement could be held for a person with a consumer role, and the key area of editorial policy and publishing could be held for someone from a CRG. These people could be voted upon by all Cochrane individuals (or groups, if voting by groups is retained), and not solely by their own type of group or role, ensuring that their constituency is clearly all of Cochrane. For example, everyone could vote for one of the consumer candidates offering to provide consumer skills/expertise, everyone could vote for one of the Fields candidates offering to provide KT skills/expertise, etc. A certain number of key roles/groups (CRG, Centre, Field, Consumer, Methods(?)) could be identified and matched with skills/expertise that will always be needed on the Board. Then a number of additional people

with combinations of the same or additional needed skills and expertise could be elected at large. The type of voting needed here would be different from that suggested in Recommendation 9 in which there is only one vote per individual, rather each individual would vote once for each of the candidates possessing the core key skills/expertise from a matched role/group, and then again once for the at large member(s). The number of internal members on the Board could be increased slightly from what is proposed, to 7 or 8, and the number of external members could be decreased slightly from the number proposed, to 3 or 4.

The above is a brief alternate proposal and not fully fleshed out. It or something like it may well have been considered by the Governance Reform Working Group and discarded. The central message here is that I am concerned that the move away from representation may be too soon and too great and there may be an alternate way to approach the problems of representation as it currently exists.

More minor points:

The Council is a great idea and cross-group communication on a broad level is very positive. This is something that Cochrane has been missing since MaRC/MaRG was disbanded. Having 3 people per type of group is a good number as it provides diversity of perspective within the group type and provides increased avenues of communication out from the group, without being an overwhelming number.

Interesting point about the Council not having the power to formally lobby or advocate against Board decisions. Where did this come from? The closest thing to the Council that I am aware of in Cochrane history is MaRC/MaRG and I don't think they ever mutinied. What scenario is envisaged in which the Council would come together and formally campaign against a Board decision? If the large number of diverse members of the Council could ever agree enough to formally advocate against a Board decision then it would probably be a really terrible decision.

It is not clear what is to become of the Executives. Executives have been really good for within-group/role collaboration and communication, and it would be a shame to lose this. Also, some of the functions of Execs go beyond communication. For example, the Fields Exec approves registration of new Fields and recommends them to the CEO who then passes the proposal to the SG/Board for approval. Will this function be retained by the Exec (if it still exists)? Taken over by the Council?

Definition of external on page 10 says no previous staff, editorial or leadership role with Cochrane, while definition elsewhere says no current role. I think no current role is better, although one could consider a 'cooling off' period of a couple of years.

Q1: What aspects of the proposal for governance reform are you excited about?

That all internal Board members are elected by the entire community, and no more split by constituency.

Q2: What aspects of the proposal for governance reform are you concerned about?

1. That Board co-chairs and external members are not elected by the community. 2. There may be a risk that small but critical constituencies are not represented anymore, due to no more constituency representation of the internal Board members. 3. That contributors who are not covered with the current definition of who is eligible to stand or vote for internal Board members are not able to participate until the implementation of the membership scheme is complete. 4. The definition of "external" is not very external, in fact it means very internal people are eligible, if I understand correctly.

Q3: What aspects of the proposal for governance reform would you like more information about?

1. Could key stakeholders that currently do not have a formal group constituency, e.g. LMIC, non-English speakers, become part of the Council, and how would that work? Who would define the eligible stakeholder groups, and how would individuals of such stakeholder groups be nominated or elected? 2. Why are co-chairs and external members not elected by the community in the same way as internal members? 3. How will the Board "seek diversity of gender, geographic location, language and other considerations of equity"? Will they ensure certain quota, for example? And will this also be considered for external Board members? 4. Are the definitions of "internal" and "external" overlapping? e.g. could authors stand for both types of Board membership? Or is "internal" only active "staff, editorial or leadership position in any Cochrane Group"? 5. How will the Board deal with requests / issues from the Council and community? What obligations do they have towards addressing these other than considering them? e.g. if a certain (high) number of community members asks the Board to take a certain strategic decision, or doesn't support a decision of the Board, what would a process look like?

Q4: Are there any other comments you would like to make?

I'm a Cochrane author but have little knowledge of Cochrane governance. I would have found a couple of diagrams or charts illustrating the current governance structure and the new governance structure helpful for understanding the proposal.

Q1: What aspects of the proposal for governance reform are you excited about?

None

Q2: What aspects of the proposal for governance reform are you concerned about?

That there will be a largely professional board and that it will lose contact with the base of the organisation

Q3: What aspects of the proposal for governance reform would you like more information about?

Why a council would function as it has no decision power

Q4: Are there any other comments you would like to make?

I am very much opposed against more professional management. I don't think it is going to help us innovate or regain our forerunner position

Q3: What aspects of the proposal for governance reform would you like more information about?

The section 'What makes Cochrane different' about whether employees of Cochrane can stand is not sufficiently clear concerning those members who are not part of the CET - more examples and clearer language would help. Specifically, "Many people who provide Cochrane's core services, whose salaries are paid for fully or in part by the Cochrane, are in fact employed by other organisations ***DO YOU MEAN UNIVERSITIES, FOR EXAMPLE?***. This places them in a difficult position in relation to their directly-employed colleagues ***WHY? WOULD HELP TO HAVE AN EXAMPLE***, and leaves them open to accusations of conflict of interest should they stand for office ***WHY? AGAIN AN EXAMPLE WOULD HELP***. "

Q4: Are there any other comments you would like to make?

p 10, 1st set of bullet points says: "Board members should be able to work with - sensitivity, openness and awareness of non-verbal communication" - what does the bit about non-verbal communication mean?

Q1: What aspects of the proposal for governance reform are you excited about?

I think it is high time the CSG actually became a policy board, as was recommended by many when the organizational review was done by Jeremy Grimshaw many years ago. It is also important that Directors are no longer representing a constituency, so are 'free' to look at the needs of the organization as a whole. Although this was always an expectation, it was a difficult balance for many. Seeking feedback from both internal and external stakeholders is important. I hope that the Advisory Council will be used to inform decisions, rather than just appeasing the internal stakeholders. There will be a lot of collective intelligence and history in Council, and it would be a shame if it were not well used.

Q2: What aspects of the proposal for governance reform are you concerned about?

I'm not sure I actually have concerns, as much as I think there is still some clarity and consistency needed in the document. I will list them under Q3.

Q3: What aspects of the proposal for governance reform would you like more information about?

1. The definition for external board members should be consistent throughout - are they 'never' to have been employed in a Cochrane role, or 'not currently'. If they are no longer employed in a Cochrane role, what time lapse would be acceptable between roles of staff and director? The same as someone who had stepped off the board and was re-applying for a position? 2. COI for external members - there should be no professional relationship, but what about personal relationships with current members? 3. It is unclear when the spots will be filled - I assume the call for members will go out with sufficient time to present the slate at the AGM, but this isn't consistently spelled out in the document - perhaps a link to the Appendix would suffice? 4. If the slate has to be ratified at the AGM before a director can vote, why the rush to get external directors for the mid-year meeting? There is no explanation for this 5. Internal roles in Archie include that of an author - the explanation suggests that 'in the past' the author had to have a published protocol or review. Given the challenges of getting some authors to complete a publishable protocol, I would suggest this definition be maintained - it is not clear if the intention is to do so 6. I do not support group-level voting (although I realize many do). Trying to collate votes from 'members' outside the editorial base would expand the denominator numbers, but could be unwieldy. 7. How many votes would be expected as a percentage of the possible votes? If the number of votes will be published, this could send a weird message - the denominator might help, but what about percentage instead of raw numbers? I think some more thought should go into the reporting of a winner 8. Suggest the guidelines for the letters of support for all candidates explicitly ask for components similar to those outlined for the Co-Chairs 9. Perhaps it is time to provide guidelines on what constitutes a 'member' of a group - or will the new membership scheme provide some guidance? 10. The Advisory Council membership still requires some work - and I realize much of it will come about when the remit is drafted, but if there are three members from each Executive group, that is potentially 24 members, if representation is sought from the: Co-Eds, MEds, Information Specialists (formerly TSCs), Fields, Methods, Centres, authors, editors (or perhaps I didn't understand this section).

Q4: Are there any other comments you would like to make?

This is an exciting and challenging move for Cochrane. Good luck:)

Q1: What aspects of the proposal for governance reform are you excited about?

Having external perspective represented, particularly those of users of Cochrane products - the public, patients, practitioners (students), policy makers, researchers, funders. I welcome the fact that the council will bring representatives from Cochrane constituencies together to talk to each other. The executive group silos do not function well, particularly for marginalised "external" constituencies like consumers. I would welcome the widening of the council membership to include the other users mentioned above.

Q2: What aspects of the proposal for governance reform are you concerned about?

That the numbers of external board members is limited and fewer than the internal members, and that the internal members can decide themselves if the expertise needed on the board is adequately covered by internal members.

Q1: What aspects of the proposal for governance reform are you excited about?

Broadening the governance structure with external Board members. There is clearly evidence of strategic thinking about various skills and perspectives needed. The development of the Council to provide input is a good innovation.

Q2: What aspects of the proposal for governance reform are you concerned about?

Concern over possibility that some skills or perspectives may still be missed--will it be evidence-informed healthcare OR evidence-informed health policy? Both need to be represented. Key areas could have less voice as one board member might be expected to represent more than one skill/perspective/constituency. As a minor point, if the external Board membership is variable in number that could also create a situation where there would be even numbers on the board and tie votes.

Q3: What aspects of the proposal for governance reform would you like more information about?

The process for selection of external Board members.