Cochrane Governance Reform
Final consultation response summary

August 2016

We received 44 direct responses from individuals and Groups, as well as collated responses from the Fields, MEs, ISs, Co-Eds (collated individual responses), Methods and Consumers (joint positions) Execs. Although there were a few comments about holding consultation during the northern summer and the four-week turnaround time, this represents a higher response rate than the previous consultation round earlier this year.

Feedback was by a large majority supportive of the changes, with just a few exceptions, although many Groups had queries and concerns about some aspects of the proposal. Those with concerns were more likely to provide detailed feedback. Comments on specific issues are outlined below, organised around the questions posed in the consultation document.

Several members communicated a sense of sadness or anxiety at the transition away from Cochrane's altruistic roots towards a more business-focussed model, and collaboration with the Community will be important to alleviate this concern.

Several respondents made comments that were more directly relevant to the Structure & Function review process. These comments have been forwarded to David Tovey.

Board

1. Do you approve the proposed changes to Cochrane's Governing Board?
The proposed changes to the structure of the Board had been the subject of previous rounds of consultation, and the majority of respondents remained in support of the proposal. Comments indicated that respondents acknowledged the need for the Board to consider the organisation as a whole rather than the views of individual constituencies, that the new structure would be more inclusive of contributors not currently represented, and that external input on the Board would be valuable.

Accountability to the Groups: Several contributors raised concerns about whether the Board would retain its awareness of and accountability to the Groups doing the work of Cochrane on the ground. They found the prospect of increased distance between the Groups and the Board demotivating, and were not convinced that the Council, elections or AGM would compensate for this loss.

Steering Group decisions:

- **To acknowledge these concerns and focus effort on ensuring excellent communication from the Board to the community. Proceeding with the first election for the new Board and establishment of the Council should demonstrate that the new structures retain strong connections to Cochrane. Focus**

- **To establish a mechanism for individuals and Groups to communicate directly with the Board and receive a public response, e.g. an email address or web form.**

External members: A few contributors were concerned about the appointment of external members, and that the influence of external members could steer Cochrane towards 'business interests' rather than its original mission. A few suggested that the number of external members should be reduced. They emphasised the importance of selecting the 'right' members.

One contributor was concerned that the external Board members are not elected by the members. Two contributors suggested that external members should be included in the Council or the Executive, respectively, rather than on the Board.

CSG decisions:

- **To work to increase visibility of current external CSG members with the Cochrane community.**

Election of internal members: There were several suggestions regarding this issue. The Methods Groups felt strongly that the Board should include someone with a strong understanding of methodology, and provided the following definition:

> "At least one Board member should be able to provide high level input on methods research and implementation matters that might arise. This person would have a background in research methodology in methods relevant to Cochrane. They will work at a senior level in the field of methods research with the responsibility such a position typically carries, (e.g. widely respected in their specific field and a recipient of grant awards for methodological research)."

A few other contributors also felt it important that the Board should include members with editorial and methodological expertise, and that there should be a balance of appropriate areas of experience, not dominated by any one group.

The Consumers Exec noted their support of the proposed changes, despite the reduced certainty that consumers would be included in the Board.

One member noted that one of the proposed characteristics for Board members was unclear and should be edited: "Sensitivity, openness and awareness of non-verbal communication".

CSG decisions:

- **Not to adopt the wording proposed by the Methods Exec, but continue to include methodological and editorial expertise as desired areas of expertise when calling for nominations.**

- **Review wording of position description for Board members for clarity of wording ahead of the next election.**

There was some difference of opinion about enabling the **CET staff** to vote. One respondent felt that it was discriminatory to treat the CET differently to other Group staff,

and the Consumers Exec felt that it was not good practice to allow the CET to vote. There was also some confusion about which staff fell under this category, especially those who hold other roles in addition to CET roles.

CSG decisions:

- **Not to change the proposed eligibility of CET staff to vote, but to provide clarification on who is covered by this definition (see accompanying FAQs).**

Articles of Association

2. Do you accept the proposed change to the Charity's Objects?
A few contributors were concerned about the breadth of the new Objects, for example "This seems much too vague and detracts from one of Cochrane's strengths, namely its focussed purpose and vision.", and a few respondents were not clear on the meaning of the new wording.

CSG decisions:

- **To keep the proposed change to the Charity's Objects, and provide examples of the kinds of activities that this would allow (see accompanying FAQs).**

3. Do you accept this framework to describe the membership of the Board?
There were very few comments on this question. One Executive response requested that both Co-Chairs be Cochrane members.

4. Do you agree that Cochrane should change from Group to individual membership of Cochrane for all purposes, not just voting for Board elections?
Most were supportive of this change, and one Group commented in favour of the principle of 'one member, one vote'. Some queries were raised, including some confusion about the definition of individual, who is currently eligible and who will become eligible to vote and stand for the Board.

A few contributors wondered about the impact of the Structure and Function changes on membership, and felt this should be resolved before making changes.

Two Groups rejected this change, and felt that processes would be required to prevent vote stacking. One respondent felt that the change would increase costs and create a barrier to participation for those from low- and middle-income countries, although the mechanism for this was unclear. One contributor queried whether there was evidence for the benefits of the change.

An important note: although the initial definitions to be used arise from Archie roles, the precise definitions of membership will be developed over time in consultation with the Community.

CSG decisions:

- **To keep the current proposed change, and to provide clarification on who will be enabled to participate and vote under the new structure, and how this will be affected by the Structure & Function changes (see accompanying FAQs)**

5. **Do you agree with the way individual membership is framed in the Articles, including the Quorum and keeping the option of organisational membership in future?**

There was some concern about the Quorum for General Meetings, and several Groups and individuals suggested that the Quorum of 50 was not sufficient to reflect the broader Cochrane community, especially given its importance as the only venue in which the Board will be held accountable to the members, and at which important decisions such as the ratification of external Board appointments will be conducted.

Several contributors emphasised the importance of robust processes for electronic voting and the use of proxy votes, and noted that this was important to support the switch to individual membership.

There were no objections raised to organisational membership.

CSG decisions:

- **To change the quorum for General Meetings from 50 to 100 members.**

- **To ensure that policies for electronic and proxy voting are carefully drafted and considered before the first Annual General meeting at which they will be used in 2017.**

6. **Do you agree to add this reference to a Council in the Articles?**

Contributors were generally supportive of the establishment of the Council. A small number of respondents felt the Council should have special status, such as that it 'must' be established (current wording says 'may'), or that its membership should be approved by the AGM, however this does not seem practical given the emphasis from many contributors on the need to review and improve the role of the Council over time. Further detailed comments on the operation of the Council are below.

7. **Do you have any other comments on the changes to the Articles?**

No other issues of importance were raised.

Council

Contributors who wrote comments felt strongly that the role of the Council would be useful in providing a forum to solicit and summarise the views of Groups, and in ensuring a continued sense of ownership of Cochrane by the Groups, but concerned that its role and operations were not well enough defined to ensure that it would be successful and a good use of resources.

A number of respondents confused questions about the Board and the Council, indicating poor understanding of the difference in role between these two bodies.

CSG decisions:

- **To work closely with the Cochrane Execs to establish the first iteration of the Council, develop its role and ensure ongoing communication with the community.**

- **To ensure the criteria for success of the Council are defined in advance and can be reviewed as planned in 2018.**

8. Which of these communication and/or transparency options do you prefer? How can the Board and Council best communicate with each other?

Members noted that effective communication between the Board and the Council would be critical to ensure a productive and meaningful role for the Council. As a reminder, the following options for communication and transparency were offered in the consultation document:

- Designated observer (1 or 2)
- Joint meetings (90 m ins, face to face)
- Online meetings (1 hour, 4 per year)
- Multiple observers

A large majority of respondents supported the use of joint face-to-face meetings.

CSG decisions:

- **To adopt joint face-to-face meetings to facilitate communication between the Board and the Council. The first such meeting will be planned at the Mid-Year Meeting in Geneva in 2017.**

- **To work closely with the Council to establish and maintain a good working relationship with the Board and the wider community.**

- **To review communication between the Board and the Council frequently.**

9. Is this the right balance of initial members for the Council?

As a reminder, the consultation document proposed the following make-up of the Council:

- Centre and Branch Directors' Executive (2 members)
- Cochrane Consumer Network Executive (2 members)
- Review Groups:
    - Co-ordinating Editors' Executive (1 member)
    - Managing Editors' Executive (1 member)
    - Author's Forum (2 members)
- Information Specialists Executive (1 member)
- Fields' Executive (2 members)
- Methods Board Executive (2 members)

Many Co-Eds and some MEs felt strongly that there should be 2 Co-Eds on the Council, as they lead the Review Groups who perform the majority of the production 'work on the ground', and that the diversity of Groups would be better reflected by more than one representative. A few contributors suggested Editors could have a role on the Council.

Four contributors suggested that there be 2 MEs on the Council. One Group suggest that there also be 2 ISs and 2 Editors added to the Council.

One contributor noted that this will create an additional demand for volunteers to fill representative positions, at the same time that the creation of Hubs will also increase administrative roles, and that there may be insufficient volunteers available.

Two contributors noted that the Execs should have transparent and consistent processes for selecting representatives, and one further noted that the Execs should have transparent terms of reference.

The Consumers Exec noted that the Council could also consider including users of Cochrane reviews, including clinical, policy and guideline users (in addition to consumers).

CSG decisions:

- **To increase the number of representatives for Co-Eds, MEs and ISs to 2 each.**

- **To allow flexibility to include other Editor or similar roles if the Execs wish to nominate them as their representatives.**

- **To review the structure of the Council as planned in 2018.**

10. Do you have any other comments on the structure or operation of the Council?
No further comments received.

11. Do you have any other comments on any aspect of Cochrane's proposed Governance reform?
The Consumers Exec found the consultation document difficult to understand, particularly for readers whose first language is not English. They requested that plainer language be used in communications.