

DRAFT Minutes
of the 2015 Annual General Meeting (AGM) of
The Cochrane Collaboration
Sunday 4th October 2015 – 5:45 p.m.

Present: Lisa Bero (Cochrane Steering Group Co-Chair), Cindy Farquhar (CSG Co-Chair)
CSG members: Alvaro Atallah, Martin Burton (Treasurer), Karin Dearness, Anne Lyddiatt, Steve McDonald, Joerg Meerpohl, Mona Nasser, Holger Schünemann, Elizabeth Stovold, Denise Thomson and Mingming Zhang.
Cochrane Group representatives (see Appendix 1 for the list of voting representatives), other contributors to Cochrane and observers.
Mark Wilson (CEO), David Tovey (EiC), Hugh Sutherland (Company Secretary) and other centrally funded staff.

Apologies: Apologies from Cochrane members can be found in Appendix 2.

A video recording of the AGM can be seen in full at:

https://www.youtube.com/watch?v=xDd8IFGzQoM&list=PLCo8P5_ppmQgoKl5ofhvBn-OyZnylWoMD&index=3

1. Welcome, apologies for absence and approval of Agenda

Lisa Bero opened the meeting and welcomed everyone. A short video entitled 'We Are Cochrane' was shown. The Agenda was approved.

2. Approval of Minutes of 2014 AGM (Hyderabad, India)

There were no changes proposed to the Minutes. Approval of the Minutes was proposed by Mona Nasser and seconded by Karin Dearness; a vote was taken and the motion carried, with one abstention.

3. Cochrane Trustees' Report and Financial Statements for the period ended 31st December 2014:

Lisa explained that the Cochrane Trustees' Report and Financial Statements (for the year ended 31st December 2014) for both the Charity and Trading Company had already been approved by the Steering Group and filed with Companies House, but she called on the members to note them. This is due to the Steering Group's decision to change Cochrane's accounting and reporting procedures from the UK financial year (April-March) to the calendar year. Lisa introduced the members of the Cochrane Steering Group (CSG) and Trading Company Governing Board, welcoming Ian Shrier to the latter. Ian replaced Lorne Becker, who stepped down from his role as Trading Company Director in 2014.

3.1 Co-Chairs' report

Lisa began by outlining the four major goals that underpin Cochrane's *Strategy to 2020* ([see presentation](#)). She described the CSG's efforts to move to working at a more strategic level and its

main concerns: to ensure that Cochrane consistently delivers high-quality, relevant reviews that matter; to have a plan for how the organization wants to grow; to develop leaders and partnerships; to preserve Cochrane's distinct culture and ethos; to secure the organization's financial model both centrally and externally; and to manage change effectively.

She acknowledged the many changes currently occurring within Cochrane, and spoke of the additional time and efforts devoted to helping the CSG become a more strategic Board, and reported that the CSG had held an additional development day at this Colloquium to focus on financial strategy. A Governance Review was taking place, led by a special CSG Working Group chaired by Denise Thomson, and Lisa outlined the rationale for change and the plan for an initial report to be prepared for consultation at the Mid-Year Meeting in April, with final proposals put forward for ratification by Cochrane's members at the 2016 AGM in Seoul. She summarised the key areas that the CSG would continue to focus on: including strategic discussions of review quality, open access, the organizational structure and function review, financial strategy, partnerships, communications strategies (external and internal), and direct support for Cochrane Review Groups.

3.2 Chief Executive Officer's report

Mark Wilson began his presentation with a brief summary of the headline messages for Cochrane in September 2015. He reported that work on the *Strategy to 2020's* overall objectives and annual targets is on track with a high level of development and change across the organization arising as a result. 2015 had seen the delivery of major *Strategy to 2020* projects and initiatives, with much more to come in the next 18 months. He summarised some of the key achievements and issues around each of the goals ([see presentation](#)) including:

- The development of a new Cochrane Review quality assurance strategy to be implemented in 2016.
- Publication of Cochrane's new priority list in January 2015 containing over 400 reviews addressing some of the most important evidence needs.
- The major investments being made in IT platforms and systems: including 'Project Transform' – the Game Changer initiative to improve the way we produce Cochrane evidence and deliver it to our users; the Covidence author support tool; the Cochrane Register of Studies (CRS); development of Revman as a browser based tool; and the annotation of reviews and studies and piloting of a Cochrane PICO finder as part of the 'Linked Data' project.
- The successful launch of Cochrane's new logo, name and website in January 2015, with a 21% increase in users coming to the Cochrane.org website since then. The website will be launched in five new languages by the end of the year, with our evidence now available in 12 languages on the site.
- The CSG had approved and launched a new Spokesperson Policy at the 2015 Mid-Year Meeting in Athens, along with a framework for future policies' development.
- The launch of the Cochrane Training website at this Colloquium, with a new online learning support environment to be developed in 2016.
- Cochrane now has representatives in 43 countries and 10 new branches have been established since the launch of *Strategy to 2020*. New 'Affiliate' Groups, smaller than traditional Cochrane Branches, can now be set up that will allow Cochrane's global network to expand further still.

He also announced the CSG's decision to increase Cochrane's open access (OA) provision by agreeing that all Cochrane Protocols would be available OA on the Cochrane Library from 2016; and all Cochrane Reviews would be automatically deposited into PubMed Central 12 months after publication. Meanwhile, demand for, and sales of, the Cochrane Library continue to rise, with growth projected to be at 5-7% this year. Cochrane's financial position is excellent; with investments in *Strategy to 2020* initiatives in 2015-16 beginning to draw down into the organization's reserves, as planned. He reported that two of the 2015 Targets would not be met (launching a new multilingual Cochrane Library website in 2015 and completing the review updating classification), both because of the technological inadequacies of the current Wiley publishing platform. A major initiative in 2016 would be the commissioning and development of a new, bespoke and much more powerful and flexible publishing platform for the Cochrane Library that we intend to launch in early 2017. He reminded members that the detailed plans and progress reports on *Strategy to 2020*, including quarterly 'Dashboards', are available to all Cochrane contributors at: www.cochrane.org/about-us/our-strategy

Mark then addressed the main organizational challenge in 2015: the funding difficulties faced by Cochrane Canada over the past year. He noted that this was an exceptional situation related to the specific context of the Canadian funder, and it had no relevance to the outstanding performance of the Cochrane Groups in Canada or elsewhere. Mark thanked Jeremy Grimshaw, Holger Schünemann, Jordi Pardo Pardo and their colleagues for their efforts in finding alternative sources of funding for 2016 and beyond.

He acknowledged that both the conclusions of the Structure & Function reviews of Cochrane Groups and the new membership scheme meant there would be new challenges and exciting changes on the horizon. Cochrane was two years into *Strategy to 2020* and progress is good; we are on target to achieve the objectives we have set ourselves. He stressed that the strategy is a collective one that can only be achieved with the input of the whole organization. He thanked everyone for their contributions and hoped that they were as excited as he was by the prospect of achieving this together.

3.3 Editor in Chief's report

David Tovey spoke of the achievements and challenges of Cochrane's review production over the last year ([see presentation](#)). He noted that the scale of production of new reviews was stable, but unfortunately the time taken between publication of a protocol to publication of a review had not changed significantly. In the last year 11 of the prioritised Cochrane Reviews had been produced (from protocol to review) within 20 months and this was promising. But the minimum time taken for Cochrane empty reviews to be published between 2010-15 was 240 days; and he highlighted the need to be able to demonstrate the absence of evidence in ways other than a full systematic review, and the recent 'Reward' conference which had stressed the fundamental role systematic reviews could play in reducing waste in research.

He reported that overall demand for Cochrane Reviews was higher in 2015 compared to the year before; and that the impact factor of the Cochrane Database of Systematic Reviews (CDSR) had increased to 6.032 with more than 11,000 citations. He then focused on the impact of translating Cochrane evidence on demand for it across the world. The country showing the highest use of the

Cochrane Library was the United States, but the second highest was France and of the top 10 countries six are those where English is not the first language. David also stressed the growing importance of social media coverage of Review outcomes. Remarkably, in the last week a new review from the Public Health Group on portion, package and tableware size in relation to consumption had achieved an unprecedented impact for Cochrane on social media, and particularly on Twitter, resulting in an Altmetric score of 545.

David explained that the coming together of a number of technological initiatives, such as crowdsourcing and machine learning to extract distinct elements from citations, would increasingly have an impact in making the Cochrane Review production process faster and more efficient.

However, the core tasks of the Central Editorial Unit (CEU) would continue to focus on quality and Goal One of *Strategy to 2020*. The review screening project has been very successful, but it continues to identify quality issues of Reviews at the end of the process that should have been found much earlier. Therefore, the CEU will now be working on a combination of ‘on demand’ and random sampling for screening, allowing the team to look at other things such as earlier intervention and updating. The CEU will also ensure that policies are in place so contributors know the expectations for editorial and methodological processes, look at how further efficiencies could be made in the editorial process, and review and revise the prioritisation list.

3.4 Financial report

Martin Burton (Cochrane’s Treasurer) presented the [financial report](#). He drew members’ attention to the change in Cochrane’s financial year to the calendar year, (previously the traditional UK tax year); and reported that Cochrane’s financial position was healthy, with £6.8 million cash reserves (likely to be £6 million by the end of year). 2015 income was projected to be £5.3 million. The growth in royalties from the Cochrane Library is continuing and other income is on target. Martin highlighted that the CSG had signed off on a deficit budget in 2015, with spending set at £5.7 million, and that this was an intentional investment of resources in *Strategy to 2020* and Cochrane’s future. In 2016 total spending would continue to be in excess of total income as these investments continued.

He highlighted Cochrane’s strong balance sheet, but that the CSG was taking an appropriately cautious approach to the investment of the organization’s reserves. The CSG had just approved a risk-adjusted Investment Policy and the appointment of ethical fund managers (CCLA); a specialist charity fund management company that serves some of the largest UK charities.

4. Cochrane Steering Group (Trustees) membership

Cindy Farquhar explained that Lisa Bero has completed her first two-year term as the CSG Co-Chair but was now being nominated for a second term of two years ([see separate documentation](#)). There were no other nominated candidates. Her extension was supported unanimously by the Steering Group but must be confirmed by Cochrane members at the AGM. The motion to approve Lisa’s second term as Co-Chair of the CSG was proposed by Joerg Meerpohl and seconded by Denise Thomson. A vote was taken and the motion was carried.

Mingming Zhang has completed her second term as Consumer Network representative (ending in October 2015). However, Cindy explained that the Steering Group was proposing that her term be extended by one year. This is so that any replacement election takes place in quarter four of 2016, alongside other new CSG members, following any approved reforms of the CSG structure and electoral process by Cochrane members at the AGM in October 2016. Her one-year extension therefore needed to be confirmed by Cochrane members at the 2015 AGM. The motion to approve extension by one year of Mingming Zhang's second term to the Steering Group was proposed by Anne Lyddiatt and seconded by Elizabeth Stovold. A vote was taken and the motion was carried.

Cindy informed members that three Steering Group members had stepped down this year:

- Rachel Churchill was confirmed as a non-voting member of the CSG at the 2014 AGM to provide additional continuity, and remained on the Steering Group until the end of the May 2015 mid-year business meeting in Athens, when she stepped down.
- Chris Eccleston resigned from the Steering Group in August 2015 due to pressing work commitments. Cindy explained that his position will not be replaced while the Steering Group undergoes a review of its structure and electoral process as part of the *Strategy to 2020 Governance Review*.
- Steve McDonald was confirmed as a non-voting member of the CSG at the 2014 AGM to provide additional continuity and remained on the Steering Group until the end of the October 2nd CSG meeting in Vienna, when he stepped down.

Cindy thanked Steve, Rachel and Chris for their contributions to the work of the CSG.

5. Re-appointment of Auditors

Mark explained that Cochrane had intended to run a competitive tender in the previous 12 months for the appointment of auditors for the Charity, Trading Company and Cochrane Innovations. However, due to foreseeable staff changes (Head of Finance & Core Services), as well as complexities in new UK charity law legislation and the changing of Cochrane's financial year to reflect the calendar year, it was decided to postpone the tender until 2016. In the meantime, therefore, members were asked to approve the re-appointment of Mazars as Cochrane's auditors for the current financial year. The appointment was proposed by Martin Burton, and seconded by Cindy Farquhar. A vote was taken and the motion was carried.

6. Open discussion

The floor was opened for questions from Cochrane contributors. Bernd Richter spoke of the huge current crisis of hundreds of thousands of refugees seeking shelter and protection in Europe and asked if Cochrane was planning to respond in any way? Lisa thanked Bernd for highlighting the issue and responded by saying that no communication had been put together as yet but Cochrane could pull together relevant reviews as a special supplement to be made available open access – as with the recent supplement on indigenous health. [Note: A Special Collection of Cochrane Reviews on the 'Health of refugees and asylum seekers in Europe' was compiled and made available on the Cochrane Library. It can be viewed at: [http://www.cochranelibrary.com/app/content/special-collections/article/?doi=10.1002/\(ISSN\)14651858\(CAT\)EvidenceAidFreeaccesstoreviews\(VI\)SC000046](http://www.cochranelibrary.com/app/content/special-collections/article/?doi=10.1002/(ISSN)14651858(CAT)EvidenceAidFreeaccesstoreviews(VI)SC000046)]

Tom Jefferson asked why Cochrane issued a signed statement [by its Co-Chairs, CEO and Editor in Chief] ‘apparently distancing us all – or distancing some of us – from the work of Peter Gøtzsche, who is a very distinguished member and also a founder of the collaboration’. Lisa explained to the members that this statement was posted on the website in response to media coverage about Peter’s personal views on psychiatric drugs which could have been confused as the views of Cochrane. This was, in the Cochrane leadership’s view, a breaking of the organization’s Spokesperson Policy, which sets parameters around when someone is speaking on behalf of Cochrane and when they must make clear they are speaking in a personal capacity. Lisa said that the website statement does not make any judgements on Peter’s work, but simply says that he was not speaking on behalf of The Cochrane Collaboration. Lisa likened this to her experiences as an academic, where she has published controversial materials on conflicts of interest or commercial sponsorship and their association with research outcomes which generated wide discourse – which as an academic is welcome. However, it would be inappropriate for her to say that she had done this work on behalf of, or the views were those of, Cochrane (or her university).

Peter Gøtzsche responded that he did not think he had broken the Spokesperson Policy and he felt it was abundantly clear in the article that he was speaking on his own behalf, and he did not think that anyone could have misunderstood that. He thought the Spokesperson Policy was not clear enough and should be discussed further. Lisa encouraged people to read the statement online; and to familiarize themselves with the Spokesperson Policy, which had gone through extensive consultation amongst all of the Cochrane groups last year.

Mark added that the Spokesperson Policy is not the only reference point related to the issuing of the statement on Cochrane’s website. There were other reference points that he did not want to go into but he explained that Peter, David and himself had met in July in London and agreed Minutes of that meeting and an approach in respect of Peter’s communication on this and other issues in future. The application of these agreements, as well as the Spokesperson Policy, lay behind the need to make a definitive statement in the public domain.

Carl Heneghan said that when the Cochrane Review on Neuraminidase inhibitors for influenza was published, in media interviews he described himself as part of The Cochrane Collaboration. However, now he would not do so, and said he was confused as to whether Cochrane was still a collaboration. Later he asked if the word ‘collaboration’ could be brought back into the logo. Lisa clarified that a Cochrane Review was always considered the work of Cochrane, and the issue was where you draw the line if you’re talking about research which you conducted as an independent researcher that may or may not be part of a Cochrane review. Mark confirmed that Cochrane’s logo has changed, and that the choices and the policies that the organization has made were being implemented. There is a governance process through which decisions are made and he encouraged those who have dissenting views to make them known, to stand for election and to continue to hold us to account. We would not always agree and disagreement is an integral part of the collaboration’s past, present and he expected it would be in the future. We cherish this notion and would go forward and handle our disagreements in an effective way, as he believed the Cochrane leadership

had done in this case. Lisa agreed: some things about the collaboration would change but not that there would continue to be disagreements within it.

Andrew Herxheimer spoke of the way that Cochrane deals with harms of medicines and other treatments. He said they are still very underrepresented in Cochrane Reviews and there is still not a good balance between benefits and harms of interventions and of any health related activities. He urged the CSG to think about how to address this.

Mark Helfand returned to the discussion of the Spokesperson Policy and feared that if misunderstood it could have a chilling effect on speaking about Cochrane when someone was in the public eye. He asked whether the policy meant: 'Don't say you are part of Cochrane unless you are speaking specifically about a Cochrane review?' Lisa responded that was not what the policy meant. It gave guidance and clarified when people were speaking on behalf of Cochrane as an organization; and when they were not. Mark H. suggested a disclaimer such as: 'I'm not speaking on behalf of Cochrane, but I'm a long time contributor and I learned many things in terms of how to critically assess evidence' could help. Lisa confirmed that the Spokesperson Policy mentions the use of disclaimers and provides some examples.

Jeremy Grimshaw raised the point that when people around the world think that an individual is speaking on behalf of Cochrane, this gives greater weight to the comments made, because of the perception of Cochrane as a trusted place of evidence. It is very hard to know what will happen when dealing with journalists and so you have to be very clear. There has been some harm done – as there have been discussions about whether or not Cochrane supported a number of statements made by Peter. This issue is very difficult, there is more than one side, and he thought that the Co-Chairs and Central Executive Team is trying to find a way through this challenging issue. Tom Jefferson agreed that it is a difficult issue and there may be cultural factors affecting things, but wanted the collaboration to recognise the value of Peter and his work.

7. Any Other Business.

Lisa closed the business elements of the meeting. There were several additional items:

In Memoriam: Tributes were made by colleagues and friends in memoriam of Cochrane contributors who had recently died:

Monica Kjeldstrøm:	presented by Chris Mavergames and Jacob Riis
Adrian Grant:	presented by Jeremy Grimshaw
Dave Sackett:	presented by Holger Schünemann
Liz Waters:	presented by Davina Ghersi and Lisa Bero.

8. Anne Anderson Award 2015:

Regina Torloni presented the award to Lisa Bero. Lisa is a specialist in pharmacology and health policy. She joined Cochrane in the early 1990s and has served in many posts, including Branch Director and Cochrane Co-Chair. Lisa has always emphasised and advocated for the important roles and contribution of women within Cochrane. She speaks up, defends her ideas and gets involved in

very complicated debates and sets a wonderful example to women of getting involved and fighting the good fights.

[Post AGM Note: Lisa gifted her prize to Sheena Ruzive from Gweru, Zimbabwe, a female collaborator in the nutrition field. Her MSc research project at Stellenbosch University is on identifying research gaps from Cochrane nutrition reviews addressing non-communicable diseases, using content analysis of the “implications for research” section guided by the EPICOT+ framework, and exploring the extent to which conflict of interests have been reported in primary nutrition studies included in the Cochrane nutrition reviews.]

9. Chris Silagy Prize 2015:

Denise Thomson had been the recipient of the 2014 prize. Denise presented the 2015 prize to Jenny Bellorini (Managing Editor of the Cochrane Ear, Nose & Throat Review Group) for ‘someone who exemplifies quiet reliability and is highly respected and sought out by her peers. She is someone who demonstrates tremendous dedication to carrying out key editorial roles at a consistently high standard over the course of many years.’ Jenny added she was accepting the prize on behalf of the entire copy editing team.

Appendix 1: Voting members

Review Groups

Acute Respiratory Infections
Airways
Anaesthesia, Critical and Emergency Care
Back and Neck
Bone, Joint & Muscle Trauma
Breast Cancer
Childhood Cancer
Colorectal Cancer
Common Mental Disorders
Cystic Fibrosis and Genetic Disorders
Dementia and Cognitive Improvement
Developmental, Psychosocial and Learning Problems
Drugs and Alcohol
Ear, Nose and Throat
Effective Practice and Organisation of Care
Epilepsy
Eyes and Vision
Fertility Regulation
Gynaecological, Neuro-oncology and Orphan Cancer
Gynaecology and Fertility
Haematological Malignancies
Heart
Hepato-Biliary
HIV/AIDS
Hypertension
Incontinence
Infectious Diseases
Injuries
Kidney and Transplant
Lung Cancer
Metabolic and Endocrine Disorders
Methodology
Movement Disorders
Multiple Sclerosis and Rare Diseases of the Central Nervous System
Musculoskeletal
Neonatal
Neuromuscular Disease
Oral Health
Pain, Palliative and Supportive Care

Pregnancy and Childbirth
Public Health
Schizophrenia
Sexually Transmitted Infections
Skin
Stroke
Tobacco Addiction
Upper Gastrointestinal and Pancreatic Diseases
Urology
Vascular
Wounds

Centres

Cochrane Australia
Cochrane Brazil
Cochrane Canada
Cochrane China
Cochrane Germany
Cochrane Iberoamerica
Cochrane Italy
Cochrane Netherlands
Cochrane Nordic
Cochrane South Africa
Cochrane South Asia
Cochrane UK
Cochrane US

Methods Groups

Applicability and Recommendations
Comparing Multiple Interventions
Equity
Individual Participant Data Meta-Analysis
Information Retrieval
Non-Randomised Studies
Patient Reported Outcomes
Priority Setting
Prognosis
Prospective Meta-Analysis
Qualitative and Implementation
Statistics

Fields

Child Health
Complementary Medicine

Consumer Network
Neurosciences
Nursing Care
Pre-Hospital and Emergency Care

Appendix 2: Apologies

Review Groups

Consumers and Communication Group
IBD Group

Centres

Cochrane France

Methods Groups

Adverse Effects Methods Group
Bias Methods Group
Economics Methods Group
Screening & Diagnostic Tests Methods Group

Fields

Cochrane Health Care of Older People
Cochrane Insurance Medicine
Cochrane Justice Health
Cochrane Primary Care
Cochrane Vaccines

Networks

Consumer Network